Project Title:	**Hurricane Fiona Recovery: PR Direct Support and TA**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide Direct Support and Technical Assistance to Puerto Rico for capacity building related to the consequences of Hurricanes Fiona and Ian.
CIO:	ATSDR
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-2324-0943 Consolidated Appropriations Act, 2023
Funding Statutory Authority:	P.L. 117-328
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Applicant organizations must demonstrate sufficient capability and capacity to carry out activities proposed. The applicant organization must have the capacity to effectively and efficiently collaborate with state and territorial environmental health directors and other state level public health staff. This project requires a significant level of staff time and diligence to ensure constant communication. The applicant organization should possess the capacity to facilitate discussions with assess needs, developing jurisdictional specific support, implementing/executing timely activities, and evaluating impacts. The organization must implement work activities and meet specified objectives with defined deliverables in a time-oriented manner as identified in the work plan for each jurisdiction. Additionally, applicants should provide evidence of past success in organizing, managing, and implementing similar disaster recovery projects with state and territorial environmental health professionals.
Recipient Program Experience:	The applicant must have experience providing similar disaster recovery projects with state/territorial environmental health directors and other state level public health staff. The applicant should have staff that are knowledgeable of environmental health principles. Experience coordinating disaster recovery projects is essential. Additionally, applicants must demonstrate expertise in helping state and territorial public health agencies build capacity to respond to environmental public health challenges, and must serve environmental health directors in state and/or territorial public health agencies. Additionally, applicant must demonstrate past experience with successfully organizing, managing, and implementing disaster recovery projects.
Expectations for Collaboration:	The applicant will be expected to regularly collaborate with state and territorial jurisdictions on their needs, priorities, timelines, and deliverables. The applicant organization should consider their support to the jurisdictions in a manner that is not burdensome to the jurisdiction.
Expected Subcontractual Work and Criteria:	The applicant is expected to subcontract as needed under the activities outlined in this project plan and as determined based on jurisdictional requirements. Applicant should have successful experience with implementing sub contractual work and required criteria.

General Instructions for Use of Funds:	Disaster recovery support to Environmental Health equities with PR. The recipient is encouraged to maintaining continuity of support from the FY24 partner support to same jurisdictions. Work closely with technical monitor to coordinate support. Applicants should follow all other budget requirement outlined in the NOFO.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Trainings and Technical Assistance: • Engage jurisdictional stakeholders to align training requests to post disaster needs, timelines, existing workforce development plans, and other requirements. • Facilitate and coordinate trainings and/or train the trainer opportunities to build technical competencies and capacity based on consequences of Hurricanes Fiona and Ian, with emphasis on environmental public health preparedness, response, and recovery. • Provide subcontracting as needed/required by jurisdictions to ensure effective and appropriate training. • Ensure trainings are provided via in-person and/or remote and language appropriate, while promoting accessibility and equity of all participants based on jurisdictional needs and requirements. • Evaluate trainings for effectiveness. Supplies/Printing: • Provide direct support to state and territorial health agencies for printing of materials and procurement of supplies related to the consequences of Hurricanes Fiona and Ian (up to $20K).
Process Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: Trainings and Technical Assistance: • Status of trainings planned and conducted • Percent of trainings conducted • Cost per training, by jurisdiction and number of participants • Evaluation of training content, impact, quality, relevance, usefulness by trainees Supplies/ Printing: • Status of requesting list of need for supplies and licensing • Percent procured
Outputs:	Trainings and Technical Assistance: • Training Materials • Training Evaluation Plan • List of trainings, categorized by environmental public health competencies and capabilities • Training Evaluation Report Supplies/ Printing: • List of supplies and licensing by jurisdiction • Delivery of supplies and licensing to each jurisdiction

Budget Period Outcomes:	Trainings and Technical Assistance: • Increased competencies for public health staff in support of environmental health emergencies • Enhanced jurisdictional workforce development programs • Improved quality, effectiveness and efficiency of EH preparedness and response activities. Supplies/ Printing: Increased capacity and improved performance of environmental health programs as a result of direct support of materials provided.
Outcome Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: Trainings and Technical Assistance: • Enhanced decision making of disaster response leadership during emergencies • Increased productivity, effectiveness, and job satisfaction among workforce • Enhanced capacity for public health workforce to implement environmental health emergency capabilities • Improved comprehensive curriculum for environmental health emergency management • Strengthened workforce with improved technical competencies for environmental health emergency capabilities • Change in knowledge acquired, attitude changed, and behavioral skills used (acquisition of skills/ modification of existing activities, and uptake of new skills). • Intent and opportunity for application of knowledge, skills, expertise via actionable steps • Perceived benefits to the organization relative to the training • Increase in confidence level and capabilities to carry out roles and responsibilities as it pertains to EH preparedness and response • Impact of trainings on overall preparedness for future hurricanes and related storms. Supplies/ Printing: Explanation of how the supplies will be utilized for hurricane recovery work. Improved efficiency and productivity as a result of use of supplies and/or licenses.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	• Provide direct environmental health related staffing support, financial support (e.g., subaward), and technical assistance to state and territorial health agencies for capacity building related to the consequences of Hurricanes Fiona and Ian. This includes support to address the specific jurisdictional needs of hiring, which could include: conducting the interviewing and hiring process; providing appropriate on-boarding and payroll services; procuring needed equipment to perform their duties; travel; developing workplans and resolving any direct staffing related issues. • Regular communication, follow-ups, and updates to jurisdictions. • Evaluate the impact of direct staffing support to the jurisdictions.

Process Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: • Status of engaging jurisdictions to scope program development needs • Status of engaging key partners • Status of program development guidance for jurisdictions • Status of supporting jurisdictions to develop workplans • Status of supporting jurisdictions to develop jurisdictional environmental health emergency planning • Status of scoping additional technical assistance needs
Outputs:	• List of jurisdictional needs • Program development guidance materials • Workplans with deliverables and timelines • Technical assistance to jurisdictions • Evaluation report
Budget Period Outcomes:	• Increased effectiveness of environmental health emergency coordinators • Enhanced capacity for environmental health emergency planning • Strengthened jurisdictional emergency environmental health capabilities
Outcome Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: • Improved effectiveness and efficiency of environmental health programs and services • Enhanced role of environmental public health in protecting communities • Improved implementation of evidence-based emergency operations standards • Increased capacity for jurisdictions to build emergency environmental health capabilities • Projects completed/ executed in priority areas of EH recovery and hurricane preparedness for jurisdiction. • Increase in jurisdiction’s abilities to prepare for and recover from future hurricanes.

Project Title:	**Local Health Official Chemical Emergency Guide**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to utilize knowledge gained to further develop guidance and training opportunities for local health departments to engage in low probability/high risk incidents within their jurisdiction. This will be accomplished to further continue efforts to improve upon and socialize the LHO Chemical Emergency Guide through tabletop exercises and feedback from federal partners in order to help local health departments to be plan for and respond to low probability/high risk chemical events.
CIO:	ATSDR
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$165,000.00
Funding Appropriation:	75-23-0944; ATSDR
Funding Statutory Authority:	CERCLA
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Organization needs the capacity to identify and access participants in small, medium, and large local health departments with jurisdictions representing various chemical industries, transportation hubs and agricultural economies. Ability to engage with variety of jurisdictions and select appropriate jurisdictions to participate in the project. Ability to identify low-cost training options to cross train local staff members in working with hazardous substances, engaging with first responders and first receivers reviewing environmental data and acting as a support agency to risk managers. Ability to conduct tabletop exercises for jurisdictions and incorporate feedback into additional training opportunities. Ability to produce and publish tabletop exercises and communication templates related to chemical emergencies.
Recipient Program Experience:	Recipient should have appropriate subject matter experts with experience in chemical emergency response, environmental health, and the aftermath of such incidents. Recipient should also have knowledge and experience in interagency preparedness and response activities: including emergency or contingency planning, exercise planning and execution, incident management systems.
Expectations for Collaboration:	Collaborations with other organizations that can expand the outreach to the target professional to contribute to the understanding of the issues of public health response to chemical emergencies in a community. Such emergencies for most communities are low probability events that can have significant consequence.
Expected Subcontractual Work and Criteria:	The applicant is expected to subcontract as needed under the activities outlined in this project plan and as determined based on requirements. Applicant should have successful experience with implementing sub contractual work and required criteria.

General Instructions for Use of Funds:	Recipient should be prepared to conduct tabletop exercises with local health departments using the local health department chemical emergency guide and other relevant resources during the project period. The health departments should differ in size of population, rural versus urban domain, and risks to hazards identified. The tabletop exercises should be conducted in person and should include all relevant state, local, and federal health partners and organizations, such as the state and regional response teams, etc. as appropriate.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	- Publish and promote 3-5 finalized tabletop exercise toolkit (e.g. templates, instructions, and guidance materials) for self-administration by Local Health Departments to prepare for low probability/high risk chemical events - Coordinate with Subject Matter Experts and jurisdictions that have experienced chemical emergencies to develop communication materials (e.g. fact sheets, frequently asked questions, and templates) and resources that could be used by local health departments during and after a chemical emergency
Process Measures:	- Number of published tabletop exercises toolkits - Number of published Communication materials - Number of promotional outreach and/or communication materials for tabletop exercises - Number of tabletop exercises conducted
Outputs:	- Tabletop exercise toolkit - Communication materials and templates - Revision of the Local Health Officials Chemical Emergency Guide to include updated information and materials based off tabletop exercises conducted.
Budget Period Outcomes:	- Enhanced capability and understanding at local health departments in how to respond to chemical emergencies - Increased partnerships with local, state, and federal partners and organizations local health departments can utilize to respond successfully to chemical emergencies. - Increased awareness of tools and resources available for local health departments to respond to chemical emergencies.
Outcome Measures:	- Increase capability of local health departments to engage in low probability/high risk chemical emergencies through the development of at minimum of the creation and publication of one fact sheet regarding frequently or commonly asked questions from communities before, during and after chemical emergencies and the development of at least three communication templates for jurisdictions to use to communication shelter in place, evacuation and returning to a home after a chemical emergency. - Increased availability of training and resources to respond to for low probability/high risk chemical emergencies by publishing on recipient or comparable website. - Increase in partnerships at the local health department to respond to low probability/high risk chemical emergencies by adding at least one new partner and/or increasing awareness of additional partners at the local, state, or federal level when respond to chemical emergencies.

Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	- Engage with state and federal partners who respond to chemical emergencies to enhance understanding, capacity, and coordination at local health departments. - Establish a community of federal, state and local health jurisdictions to discuss and identify areas, practices and skills by which Local Health Departments can engage with partners before, during, and after incidents.
Process Measures:	- Number of Federal and state partners engaged - Number of presentations to federal and state partners - Number of facilitated sessions between local, state and federal partners
Outputs:	- Promotion of community and engagement of partners - Notes and summaries from the facilitated meetings - Publishing of best practices gathered from community
Budget Period Outcomes:	Increased awareness of how all partners work in the chemical emergencies space and resources available to local health jurisdictions before, during and after a chemical emergency
Outcome Measures:	Increased communication and collaboration between local health departments, state health departments and federal partners before, during and after a chemical emergency. At least one presentation to a federal group of partners about the Local Health Officials Chemical Emergency Guide.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	- Design, plan, and publish 3-5 tabletop exercises using the Local Health Officials Chemical Emergency Guide, with an emphasis on improving chemical preparedness, planning, and response under jurisdictional variations of governance structures (home rule and centralized decision making), chemical scenarios, and population levels (urban, suburban, and rural) - Conduct tabletop exercises with a mixture of both rural and urban jurisdictions, to build technical competencies, capacity for public health emergency capabilities during chemical emergencies and to help local health departments understand their roles and responsibilities in a low probability/high risk chemical emergency. - Collaborate with key partners to design tabletop exercises with best practices, lessons learned, and new information and guidance related to chemical emergencies. - Ensure exercises are provided via in-person and language appropriate, while promoting accessibility and equity of all participants based on jurisdictional needs. Locations could be at local health departments or at national conference. - Engage jurisdictional stakeholders to align tabletop exercise to existing emergency planning, workforce development, and other requirements. - Evaluate trainings for effectiveness.
Process Measures:	- At minimum, conduct monthly meetings with ATSDR partners - Status of exercises designed, planned, and conducted on a routine bases (or monthly, etc.) - Percent of exercises conducted - Percent of exercise evaluated
Outputs:	- Exercise Materials for in person tabletop exercises - Exercise Evaluation Plan - Published tabletop exercises for jurisdictions to use to prepare for chemical emergencies.
Budget Period Outcomes:	- Enhanced jurisdictional planning for and responding to chemical emergencies - Enhanced coordination with and understanding of local, state and federal roles in chemical emergencies
Outcome Measures:	- Enhanced decision making of disaster response leadership during chemical emergencies - Enhanced capacity for public health workforce to implement environmental health emergency capabilities through the publication of tabletop exercises dealing with low probability/high risk chemical emergencies that jurisdictions may use to enhance training and capability. - Improved comprehensive curriculum for environmental public health emergency management, which includes the development and implementation of tabletop exercises for jurisdictions dealing with chemical emergencies. - Strengthened workforce capacity with improved technical competencies for environmental health emergency capabilities which will be demonstrated through the evaluation of the chemical emergency tabletop exercises.

Project Title:	**Hurricane Ian Recovery: NC/SC Direct Support and TA**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide Direct Support and Technical Assistance to North Carolina and South Carolina for capacity building related to the consequences of Hurricanes Fiona and Ian.
CIO:	ATSDR
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$800,000.00
Funding Appropriation:	75-2324-0943 Consolidated Appropriations Act, 2023
Funding Statutory Authority:	P.L. 117-328
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Applicant organizations must demonstrate sufficient capability and capacity to carry out activities proposed. The applicant organization must have the capacity to effectively and efficiently collaborate with state and territorial environmental health directors and other state level public health staff. This project requires a significant level of staff time and diligence to ensure constant communication. The applicant organization should possess the capacity to facilitate discussions with assess needs, developing jurisdictional specific support, implementing/executing timely activities, and evaluating impacts. The organization must implement work activities and meet specified objectives with defined deliverables in a time-oriented manner as identified in the work plan for each jurisdiction. Additionally, applicants should provide evidence of past success in organizing, managing, and implementing similar disaster recovery projects with state and territorial environmental health professionals.
Recipient Program Experience:	The applicant must have experience providing similar disaster recovery projects with state/territorial environmental health directors and other state level public health staff. The applicant should have staff that are knowledgeable of environmental health principles. Experience coordinating disaster recovery projects is essential. Additionally, applicants must demonstrate expertise in helping state and territorial public health agencies build capacity to respond to environmental public health challenges, and must serve environmental health directors in state and/or territorial public health agencies. Additionally, applicant must demonstrate past experience with successfully organizing, managing, and implementing disaster recovery projects.
Expectations for Collaboration:	The applicant will be expected to regularly collaborate with state and territorial jurisdictions on their needs, priorities, timelines, and deliverables. The applicant organization should consider their support to the jurisdictions in a manner that is not burdensome to the jurisdiction.
Expected Subcontractual Work and Criteria:	The applicant is expected to subcontract as needed under the activities outlined in this project plan and as determined based on jurisdictional requirements. Applicant should have successful experience with implementing sub contractual work and required criteria.

General Instructions for Use of Funds:	Disaster recovery support to Environmental Health equities with NC/SC. The recipient is encouraged to maintaining continuity of support from the FY24 partner support to same jurisdictions. Work closely with technical monitor to coordinate support. Applicants should follow all other budget requirement outlined in the NOFO.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Trainings and Technical Assistance: • Engage jurisdictional stakeholders to align training requests to post disaster needs, timelines, existing workforce development plans, and other requirements. • Facilitate and coordinate trainings and/or train the trainer opportunities to build technical competencies and capacity based on consequences of Hurricanes Fiona and Ian, with emphasis on environmental public health preparedness, response, and recovery. • Provide subcontracting as needed/required by jurisdictions to ensure effective and appropriate training. • Ensure trainings are provided via in-person and/or remote and language appropriate, while promoting accessibility and equity of all participants based on jurisdictional needs and requirements. • Evaluate trainings for effectiveness. Supplies/ Printing: • Provide direct support to state and territorial health agencies for printing of materials and procurement of supplies related to the consequences of Hurricanes Fiona and Ian (up to $20K).
Process Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: Trainings and Technical Assistance: • Status of trainings planned and conducted • Percent of trainings conducted • Cost per training, by jurisdiction and number of participants • Evaluation of training content, impact, quality, relevance, usefulness by trainees Supplies: • Status of requesting list of need for supplies and licensing • Percent procured
Outputs:	Trainings and Technical Assistance: • Training Materials • Training Evaluation Plan • List of trainings, categorized by environmental public health competencies and capabilities • Training Evaluation Report Supplies: • List of supplies and licensing by jurisdiction • Delivery of supplies and licensing to each jurisdiction

Budget Period Outcomes:	Trainings and Technical Assistance: • Increased competencies for public health staff in support of environmental health emergencies • Enhanced jurisdictional workforce development programs • Improved quality, effectiveness and efficiency of EH preparedness and response activities Supplies: Increased capacity and improved performance of environmental health programs as a result of direct support of materials provided.
Outcome Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: Trainings and Technical Assistance • Enhanced decision making of disaster response leadership during emergencies • Increased productivity, effectiveness, and job satisfaction among workforce • Enhanced capacity for public health workforce to implement environmental health emergency capabilities • Improved comprehensive curriculum for environmental health emergency management • Strengthened workforce with improved technical competencies for environmental health emergency capabilities • Change in knowledge acquired, attitude changed, and behavioral skills used (acquisition of skills/ modification of existing activities, and uptake of new skills). • Intent and opportunity for application of knowledge, skills, expertise via actionable steps • Perceived benefits to the organization relative to the training • Increase in confidence level and capabilities to carry out roles and responsibilities as it pertains to EH preparedness and response • Impact of trainings on overall preparedness for future hurricanes and related storms. Supplies: Explanation of how the supplies will be utilized for hurricane recovery work. Improved efficiency and productivity as a result of use of supplies and/or licenses.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	• Provide direct environmental health related staffing support, financial support (e.g., subaward), and technical assistance to state and territorial health agencies for capacity building related to the consequences of Hurricanes Fiona and Ian. This includes support to address the specific jurisdictional needs of hiring, which could include: conducting the interviewing and hiring process; providing appropriate on-boarding and payroll services; procuring needed equipment to perform their duties; travel; developing workplans and resolving any direct staffing related issues. • Regular communication, follow-ups, and updates to jurisdictions. • Evaluate the impact of direct staffing support to the jurisdictions.

Process Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: • Status of engaging jurisdictions to scope program development needs • Status of engaging key partners • Status of program development guidance for jurisdictions • Status of supporting jurisdictions to develop workplans • Status of supporting jurisdictions to develop jurisdictional environmental health emergency planning • Status of scoping additional technical assistance needs
Outputs:	• List of jurisdictional needs • Program development guidance materials • Workplans with deliverables and timelines • Technical assistance to jurisdictions • Evaluation report
Budget Period Outcomes:	• Increased effectiveness of environmental health emergency coordinators • Enhanced capacity for environmental health emergency planning • Strengthened jurisdictional emergency environmental health capabilities
Outcome Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: • Improved effectiveness and efficiency of environmental health programs and services • Enhanced role of environmental public health in protecting communities • Improved implementation of evidence-based emergency operations standards • Increased capacity for jurisdictions to build emergency environmental health capabilities • Projects completed/ executed in priority areas of EH recovery and hurricane preparedness for jurisdiction. • Increase in jurisdiction’s abilities to prepare for and recover from future hurricanes.

Project Title:	**Hurricane Ian Recovery: FL Direct Support and TA**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide Direct Support and Technical Assistance to Florida for capacity building related to the consequences of Hurricanes Fiona and Ian.
CIO:	ATSDR
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$850,000.00
Funding Appropriation:	75-2324-0943 Consolidated Appropriations Act, 2023
Funding Statutory Authority:	P.L. 117-328
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Applicant organizations must demonstrate sufficient capability and capacity to carry out activities proposed. The applicant organization must have the capacity to effectively and efficiently collaborate with state and territorial environmental health directors and other state level public health staff. This project requires a significant level of staff time and diligence to ensure constant communication. The applicant organization should possess the capacity to facilitate discussions with assess needs, developing jurisdictional specific support, implementing/executing timely activities, and evaluating impacts. The organization must implement work activities and meet specified objectives with defined deliverables in a time-oriented manner as identified in the work plan for each jurisdiction. Additionally, applicants should provide evidence of past success in organizing, managing, and implementing similar disaster recovery projects with state and territorial environmental health professionals.
Recipient Program Experience:	The applicant must have experience providing similar disaster recovery projects with state/territorial environmental health directors and other state level public health staff. The applicant should have staff that are knowledgeable of environmental health principles. Experience coordinating disaster recovery projects is essential. Additionally, applicants must demonstrate expertise in helping state and territorial public health agencies build capacity to respond to environmental public health challenges, and must serve environmental health directors in state and/or territorial public health agencies. Additionally, applicant must demonstrate past experience with successfully organizing, managing, and implementing disaster recovery projects.
Expectations for Collaboration:	The applicant will be expected to regularly collaborate with state and territorial jurisdictions on their needs, priorities, timelines, and deliverables. The applicant organization should consider their support to the jurisdictions in a manner that is not burdensome to the jurisdiction.
Expected Subcontractual Work and Criteria:	The applicant is expected to subcontract as needed under the activities outlined in this project plan and as determined based on jurisdictional requirements. Applicant should have successful experience with implementing sub contractual work and required criteria.

General Instructions for Use of Funds:	Disaster recovery support to Environmental Health equities with FL. The recipient is encouraged to maintaining continuity of support from the FY24 partner support to same jurisdictions. Work closely with technical monitor to coordinate support. Applicants should follow all other budget requirement outlined in the NOFO.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Training and Technical Assistance: • Engage jurisdictional stakeholders to align training requests to post disaster needs, timelines, existing workforce development plans, and other requirements. • Facilitate and coordinate trainings and/or train the trainer opportunities to build technical competencies and capacity based on consequences of Hurricanes Fiona and Ian, with emphasis on environmental public health preparedness, response, and recovery. • Provide subcontracting as needed/required by jurisdictions to ensure effective and appropriate training. • Ensure trainings are provided via in-person and/or remote and language appropriate, while promoting accessibility and equity of all participants based on jurisdictional needs and requirements. • Evaluate trainings for effectiveness. Supplies/ Printing: • Provide direct support to state and territorial health agencies for printing of materials and procurement of supplies related to the consequences of Hurricanes Fiona and Ian (up to $20K).
Process Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: Training and Technical Assistance: • Status of trainings planned and conducted • Percent of trainings conducted • Cost per training, by jurisdiction and number of participants • Evaluation of training content, impact, quality, relevance, usefulness by trainees. Supplies/ Printing: • Status of requesting list of need for supplies and licensing • Percent procured
Outputs:	Training and Technical Assistance: • Training Materials • Training Evaluation Plan • List of trainings, categorized by environmental public health competencies and capabilities • Training Evaluation Report Supplies/ Printing: • List of supplies and licensing by jurisdiction • Delivery of supplies and licensing to each jurisdiction

Budget Period Outcomes:	Training and Technical Assistance: • Increased competencies for public health staff in support of environmental health emergencies • Enhanced jurisdictional workforce development programs • Improved quality, effectiveness and efficiency of EH preparedness and response activities. Supplies/ Printing: Increased capacity and improved performance of environmental health programs as a result of direct support of materials provided.
Outcome Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: Training and Technical Assistance: • Enhanced decision making of disaster response leadership during emergencies • Increased productivity, effectiveness, and job satisfaction among workforce • Enhanced capacity for public health workforce to implement environmental health emergency capabilities • Improved comprehensive curriculum for environmental health emergency management • Strengthened workforce with improved technical competencies for environmental health emergency capabilities • Change in knowledge acquired, attitude changed, and behavioral skills used (acquisition of skills/ modification of existing activities, and uptake of new skills). • Intent and opportunity for application of knowledge, skills, expertise via actionable steps • Perceived benefits to the organization relative to the training • Increase in confidence level and capabilities to carry out roles and responsibilities as it pertains to EH preparedness and response • Impact of trainings on overall preparedness for future hurricanes and related storms. Supplies/ Printing: Explanation of how the supplies will be utilized for hurricane recovery work. Improved efficiency and productivity as a result of use of supplies and/or licenses.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	• Provide direct environmental health related staffing support, financial support (e.g., subaward), and technical assistance to state and territorial health agencies for capacity building related to the consequences of Hurricanes Fiona and Ian. This includes support to address the specific jurisdictional needs of hiring, which could include: conducting the interviewing and hiring process; providing appropriate on-boarding and payroll services; procuring needed equipment to perform their duties; travel; developing workplans and resolving any direct staffing related issues. • Regular communication, follow-ups, and updates to jurisdictions. • Evaluate the impact of direct staffing support to the jurisdictions.

Process Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: • Status of engaging jurisdictions to scope program development needs • Status of engaging key partners • Status of program development guidance for jurisdictions • Status of supporting jurisdictions to develop workplans • Status of supporting jurisdictions to develop jurisdictional environmental health emergency planning • Status of scoping additional technical assistance needs
Outputs:	• List of jurisdictional needs • Program development guidance materials • Workplans with deliverables and timelines • Technical assistance to jurisdictions • Evaluation report
Budget Period Outcomes:	• Increased effectiveness of environmental health emergency coordinators • Enhanced capacity for environmental health emergency planning • Strengthened jurisdictional emergency environmental health capabilities
Outcome Measures:	Work closely with your CDC/ATSDR Technical Monitor(s) to determine specific measures once needs of jurisdictions have been defined. Some overarching measures include: • Improved effectiveness and efficiency of environmental health programs and services • Enhanced role of environmental public health in protecting communities • Improved implementation of evidence-based emergency operations standards • Increased capacity for jurisdictions to build emergency environmental health capabilities • Projects completed/ executed in priority areas of EH recovery and hurricane preparedness for jurisdiction. • Increase in jurisdiction’s abilities to prepare for and recover from future hurricanes.

Project Title:	**Disaster Recovery Support through a Community of Practice for jurisdictions impacted by Hurricane Ian and Fiona**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide a platform for jurisdictions impacted by Hurricanes Fiona and Ian to share best practices and resources for recovery and future preparedness.
CIO:	ATSDR
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$200,000.00
Funding Appropriation:	75-2324-0943 Consolidated Appropriations Act, 2023
Funding Statutory Authority:	P.L. 117-328
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Applicant organizations must demonstrate sufficient capability and capacity to carry out activities proposed. The applicant organization must have the capacity to effectively and efficiently collaborate with state and territorial environmental health directors and other state level public health staff. This project requires a significant level of staff time and diligence to ensure constant communication. The applicant organization should possess the capacity to facilitate discussions and assess needs, develop jurisdictional specific support, implement and /execute timely activities, and evaluate impacts. The organization must implement work activities and meet specified objectives with defined deliverables in a time-oriented manner as identified in the work plan for each jurisdiction. Additionally, applicants should provide evidence of past success in organizing, managing, and implementing similar disaster recovery projects with state and territorial environmental health professionals.
Recipient Program Experience:	The applicant must have experience providing similar disaster recovery projects with state/territorial environmental health directors and other state level public health staff. The applicant should have staff that are knowledgeable of environmental public health principles. Experience coordinating disaster recovery projects is essential. Additionally, applicants must demonstrate expertise in helping state and territorial public health agencies build capacity to respond to environmental public health challenges and must serve environmental health directors in state and/or territorial public health agencies. Additionally, applicant must demonstrate past experience with successfully organizing, managing, and implementing disaster recovery projects.
Expectations for Collaboration:	The applicant will be expected to regularly collaborate with state and territorial jurisdictions on their needs, priorities, timelines, and deliverables. The applicant organization should consider their support to the jurisdictions in a manner that is not burdensome to the jurisdiction.
Expected Subcontractual Work and Criteria:	The applicant is expected to subcontract as needed under the activities outlined in this project plan and as determined based on jurisdictional requirements. Applicant should have successful experience with implementing sub contractual work and required criteria.

General Instructions for Use of Funds:	Disaster recovery support to Environmental Health equities with jurisdictions impacted by Hurricanes Ian and Fiona, includes: Florida, North Carolina, Puerto Rico, and South Carolina. Maintaining continuity of support from FY24 partner support to same jurisdictions.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Facilitate a community of practice among disaster impacted jurisdictions • Coordinate subject matter expertise in support of and based on needs determined by community of practice • Create a platform of shared learning • Coordinate a Community of Practice based on needs determined by impacted jurisdictions • Coordinate a monthly community of practice with at least one in-person meeting at a location TBD, including taking care of logistics, notetaking, presenters and format of meetings.
Process Measures:	• Level of participation and engagement (number of community members, frequency of interactions, attendance at events or meetings, Number of facilitated sessions, Number of needs identified)
Outputs:	• Community of Practice Meetings • Formal/informal Peer to Peer Support • Formal/informal Subject Matter Expert Support • Sharing of evidence-based practices (e.g. trainings, workshops, exercises, plans, etc) • Sharing of resources • Compilation of resources and best-practices that can be used by Community of practice • Presentations on the hurricane supplemental related efforts in jurisdictions • Dialogue among jurisdictions, partners and public health collaborators on ways to strengthen support, opportunities to collaborate.
Budget Period Outcomes:	• Increased awareness of environmental health practice • Enhanced capabilities by jurisdictions • Strengthened networks and opportunities for new collaborations. • Built long-term connections across jurisdictions, so they can reach out to one another for support and coordination on common disasters or other environmental health emergency preparedness & response topics
Outcome Measures:	• Frequency of engagement/ active participation in community of practice • Increase in capabilities to improve EH practice during preparedness, response and recovery. • Increase in collaborations/ connections established through the community of practice. • Increase in knowledge-sharing, networking • Examples of resources/ ideas shared across jurisdictions • Examples of opportunities to collaborate discussed. • Examples of support offered among participants.

Project Title:	**Enhancing modeling and forecasting capacity of state health departments utilizing CFA resources**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments as well as the public health decision makers these entities support (e.g. elected officials, and those with decision - making authority).**
Project Plan Details	
Project Purpose:	The project builds upon previous (and recent) efforts funded by the Center for Forecasting and Outbreak Analytics (CFA) through the CDC Partnership Cooperative Agreement: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health. The goal of this project is to provide capacity building assistance to STLT jurisdictions and the public health professionals working within such in the awareness of, CFA resources and the ability to shape the development and dissemination of such to support utilization of these resources and enhance understanding of and appropriate application of disease forecasting and modeling resources. Earlier efforts have focused on needs assessments analyzing the interest in and ability of STLT entities to engage in disease forecasting and modeling efforts as well as the extent to which results can be easily understood and utilized as actionable decision making support, especially in times of public health response to outbreaks. Through these needs assessments, it was determined that while there is great interest in and recognition of the need to utilize disease forecast and modeling analytics, both the capacity to develop as well as the ability (particularly among public health decision makers without a public health background) to appropriately interpret and understand the results of which are significantly lacking. Through this project, the Center for Forecasting and Outbreak Analytics (CFA) seeks to build on earlier findings to support the capacity of state and territorial public health officials and professionals by: (1) fostering awareness of CFA resources / outputs including training materials and tools and their use , (2) enhance the ability of public health decision makers to appropriately interpret and utilize output from CFA and (3) evaluate the extent to which efforts towards objectives 1 and 2 have been successful - why and why not, obtaining unique perspectives among their population of focus as to how to improve their utility and impact.
CIO:	CFA
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$200,000.00
Funding Appropriation:	75-2324-0943
Funding Statutory Authority:	2 year appropriation given to CFA for use in FY 23 and FY 24.
Expected Project Length:	1 Year

Recipient Organizational Capacity:	Successful candidate organizations will have knowledge of and established connections with public health professionals and officials at State and territorial public health entities. More specifically possess the ability to gather substantial and representative feedback (quantitative and qualitative, routine and ad hoc) from STLT partners, and provide such to CFA. Particular emphasis will be sought from organizations that have established workgroups or listservs that focus on disease analytics and/or forecasting. The goal is to utilize feedback from these individuals in their professional and organizational capacity to make them aware of CFA resources and to solicit and utilize their feedback in the refinement of such resources to increase capacity and utility especially during outbreak responses. Desired, but not essential, capacity is that organizations reach underserved populations.
Recipient Program Experience:	Successful recipient organizations should have experience in working with and fostering collaboration among representative groups of states and territories (e.g. geographic and demographic) , especially those working in or interested in infectious disease modeling, to collect assessments or feedback on initiatives or specific products as well as convening workgroups or representative groups to engage in collective such.
Expectations for Collaboration:	It is expected that successful candidate organizations will collaborate with CFA on a routine and 'as needed' basis ensuring that the objectives and specific goals of the cooperative agreement are being met.
Expected Subcontractual Work and Criteria:	N/A
General Instructions for Use of Funds:	It is expected that successful candidate organizations will use funds provided via the cooperative agreement to support appropriate staff engagement with CFA, cover ancillary travel and participation costs (e.g. conference registration fees) associated with cooperative agreement objectives or initiatives
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The selected organization will convene / recruit a cohort of geographically and demographically diverse state and territorial PH professionals and officials and host routine (e.g. monthly) calls and foster requests from CFA for feedback on CFA products or resources from representatives from this cohort. Providing analyses and aggregated data on feedback that may improve workforce capacity and/or improved utility of CFA products.
Process Measures:	By the end of the 6th week of the performance period, the recipient organization will have recruited / identified a representative and substantial group of participants to engage in plan objectives. Within 7 days of each routine (e.g. monthly) call or request for feedback with cohort recruited by recipient organization, they will provide notes / action items to CFA
Outputs:	Baseline assessment of awareness, perceived utility and identification of best features or identified gaps in CFA outputs. Ongoing feedback that will improve / shape both development and dissemination of CFA outputs. and final report.

Budget Period Outcomes:	Final report summarizing and stratifying feedback and recommendations as well as 'use case' examples from participants.
Outcome Measures:	At least 30% of participants report increased awareness and intended utility of CFA products from initial ./ baseline assessment conducted at beginning of budget period.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Anticipated activities include: Recruiting, assembling and ensuring participation of a substantial number of representative (e.g. geographic and demographic diversity) public health professionals within state and territorial health departments to review and provide input on selected CFA materials including means of promotion / dissemination, construct and clarity for non PH professional decision makers as well as utilization or barriers to such. This group will meet at least once every three months via virtual meeting platforms, then once in person in the 4th quarter of the performance period.
Process Measures:	It is expected that the workgroup assembled by the recipient organization will encompass at least 20 states and territories and as part of each meeting, 50% participation will be achieved with at each participant participating in at least 30% of the meetings and responding to calls for input / feedback. Also a 30% increase is expected among participants of awareness / perceived utility and/or use of a CFA product from the baseline assessment to the end of the performance period.
Outputs:	The successful candidate organization will provide to CFA contact information for participant organizations/ staff as well data and analysis following each quarterly meeting on metrics established by CFA and recipient organization and a final report to include data analysis and recommendations.
Budget Period Outcomes:	All outputs noted above will be delivered to CFA by the end of the budget / performance period.
Outcome Measures:	Desired outcomes include achieving at least 30% of senior leaders in state and territorial health department jurisdictions participating in the cohort, as being knowledgeable about at least one CFA product and helping to forge connections with at least 2 state or territorial health departments to utilize a CFA product as a resource within a public health response by the end of the performance period. as well as sharing information about CFA outputs including the quarterly 'forecast broadcast' newsletter.

Project Title:	**Enhancing modeling and forecasting capacity of large metropolitan health departments utilizing CFA resources**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Large metropolitan or big city health departments, or coalitions of such.**
Project Plan Details	
Project Purpose:	The project builds upon previous (and recent) efforts funded by the Center for Forecasting and Outbreak Analytics (CFA) through the CDC Partnership Cooperative Agreement: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health. The goal of this project is to provide capacity building assistance to large metropolitan health departments and the public health professionals working within such in the awareness of, CFA resources and the ability to shape the development and dissemination of such to support utilization of these resources and enhance understanding of and appropriate application of disease forecasting and modeling resources. Earlier efforts have focused on needs assessments analyzing the interest in and ability of STLT entities to engage in disease forecasting and modeling efforts as well as the extent to which results can be easily understood and utilized as actionable decision making support, especially in times of public health response to outbreaks. Through these needs assessments, it was determined that while among the thousands of health departments, there is great interest in and recognition of the need to utilize disease forecast and modeling analytics, both the capacity to develop as well as the ability (particularly among public health decision makers without a public health background) to appropriately interpret and understand the results of which are significantly lacking. This is not necessarily the case in health departments within large metropolitan areas who may be unique in their staffing and access to disease forecasting and modeling efforts. Through this project, the Center for Forecasting and Outbreak Analytics (CFA) seeks to learn more about the extent to which large metropolitan health departments and associated coalitions have capacity, / interest in and appropriate understanding of how such resources can be utilized as decision support. More particularly their awareness of and recommendations regarding outputs from CFA on how they may build upon or fill in gaps in forecasting and modeling and the extent to which their efforts may improve capacity of neighboring / outlying areas. This will be done by : (1) fostering awareness of CFA resources / outputs including training materials and tools and their use , (2) enhance the ability of public health decision makers to appropriately interpret and utilize output from CFA and (3) evaluate the extent to which efforts towards objectives 1 and 2 have been successful - why and why not, obtaining unique perspectives among their population of focus as to how to improve their utility and impact.
CIO:	CFA
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$125,000.00
Funding Appropriation:	75-2324-0943
Funding Statutory Authority:	2 year appropriation given to CFA for use in FY 23 and FY 24.
Expected Project Length:	1 Year

Recipient Organizational Capacity:	Successful candidate organizations will have knowledge of and established connections with public health professionals and officials within large metropolitan health departments, particularly those involved in disease forecasting and modeling. More specifically possess the ability to gather substantial and representative feedback (quantitative and qualitative, routine and ad hoc) on needs, gaps and impressions of outputs from CFA and provide such CFA, helping CFA refine its products and health department understanding on how to appropriately apply these resources to their work. Particular emphasis will be sought from organizations that have established workgroups or listservs that focus on disease analytics and/or forecasting. Desired, but not essential, capacity is that organizations reach underserved populations.
Recipient Program Experience:	Successful recipient organizations should have experience in working with and fostering collaboration among representative groups of large metro area health departments (e.g. geographic and demographic) , especially those working in or interested in infectious disease modeling, to collect assessments or feedback on initiatives or specific products as well as convening workgroups or representative groups to engage in collective such.
Expectations for Collaboration:	It is expected that successful candidate organizations will collaborate with CFA on a routine and 'as needed' basis ensuring that the objectives and specific goals of the cooperative agreement are being met.
Expected Subcontractual Work and Criteria:	N/A
General Instructions for Use of Funds:	It is expected that successful candidate organizations will use funds provided via the cooperative agreement to support appropriate staff engagement with CFA, cover ancillary travel and participation costs (e.g. conference registration fees) associated with cooperative agreement objectives or initiatives .
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The selected organization will host routine (e.g. monthly) calls and foster requests from CFA for feedback on CFA products or resources in order to make them useful to large metropolitan health departments as actionable decision-making support. Providing analyses and aggregated data on feedback that may improve workforce capacity and/or improved utility of CFA products.
Process Measures:	By the end of the 6th week of the performance period, the recipient organization will have recruited / identified a representative (demographic and geographic) and substantial (5 +) group of participants to engage in plan objectives. Within 7 business days of each meeting, the recipient organization will provide notes / actions items from the meeting and share with CFA.

Outputs:	Baseline assessment of awareness, perceived utility and identification of best features or identified gaps in CFA outputs. End of performance period assessment of same metrics. Ongoing feedback that will improve / shape both development and dissemination of CFA outputs. and final report tracking / aggregating feedback and improvements in awareness and utility of CFA outputs as decision making support.
Budget Period Outcomes:	Final report summarizing and stratifying feedback and recommendations as well as 'use case' examples from participants.
Outcome Measures:	At least 30% of participants report increased awareness and intended utility of CFA products and 30% increase from initial / baseline assessment conducted at beginning of budget period.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Anticipated activities include: Recruiting, assembling and ensuring participation of a substantial number of representative (e.g. geographic and demographic diversity) public health professionals within large metro area health departments to review and provide input on selected CFA materials including means of promotion / dissemination, construct and clarity for non PH professional decision makers as well as utilization or barriers to such. This group will meet at least once every three months via virtual meeting platforms, then once in person in the 4th quarter of the performance period. The recipient organization will ensure it and its cohort of representative large metro health departments will promote the CFA 'forecast broadcast' quarterly newsletter and subscription to such.
Process Measures:	It is expected that the participants assembled by the recipient organization will be able to gain representation from among at least 5 large metro area health departments (with diversity among demographic and geographic attributes) and as part of each meeting, 50% participation will be achieved with at each participant participating in at least 50% of the meetings and responding to calls for input / feedback. Also at least a 30% increase is expected among participants of awareness / perceived utility and/or use of a CFA product from the baseline assessment to the end of the performance period.
Outputs:	The successful candidate organization will provide to CFA contact information for participant organizations/ staff as well data and analysis following each quarterly meeting on metrics established by CFA (e.g. perceived value, utility (planned or anticipated and strategies for CFA to improve such on behalf of large metro health departments and a final report to include data analysis and recommendations.
Budget Period Outcomes:	All outputs noted above will be delivered to CFA by the end of the budget / performance period.

Outcome Measures:	Desired outcomes include achieving at least 30% of senior leaders in large metro area health departments involved in this project as being knowledgeable about at least one CFA product and helping to forge connections with at least 2 large metro health department health departments to utilize a CFA product as a resource within a public health response by the end of the performance period.

Project Title:	**Enhancing modeling and forecasting capacity of local health departments utilizing CFA resources**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local public health professionals and officials including in particular those supporting city, county, tribal and territorial jurisdictions.**
Project Plan Details	
Project Purpose:	The project builds upon previous (and recent) efforts funded by the Center for Forecasting and Outbreak Analytics (CFA) through the CDC Partnership Cooperative Agreement: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health. The goal of this project is to provide capacity building assistance to local health departments and the public health professionals working within such in the awareness of, CFA resources and the ability to shape the development and dissemination of such to support utilization of these resources and enhance understanding of and appropriate application of disease forecasting and modeling resources. Earlier efforts have focused on needs assessments analyzing the interest in and ability of STLT entities to engage in disease forecasting and modeling efforts as well as the extent to which results can be easily understood and utilized as actionable decision making support, especially in times of public health response to outbreaks. Through these needs assessments, it was determined that while among the thousands of local health departments, there is great interest in and recognition of the need to utilize disease forecast and modeling analytics, both the capacity to develop as well as the ability (particularly among public health decision makers without a public health background) to appropriately interpret and understand the results of which are significantly lacking. Through this project, the Center for Forecasting and Outbreak Analytics (CFA) seeks to build on earlier findings to support the capacity of local health departments by: (1) fostering awareness of CFA resources / outputs including training materials and tools and their use , (2) enhance the ability of public health decision makers to appropriately interpret and utilize output from CFA and (3) evaluate the extent to which efforts towards objectives 1 and 2 have been successful - why and why not,
CIO:	CFA
Division/Branch/Office /Unit:	No Division
Proposed FY24 Project Funding Total:	$125,000.00
Funding Appropriation:	75-2324-0943
Funding Statutory Authority:	2 year appropriation given to CFA for use in FY 23 and FY 24.
Expected Project Length:	1 Year

Recipient Organizational Capacity:	Successful candidate organizations will have knowledge of and established connections with public health professionals and officials, particularly those involved in disease forecasting and modeling at local (e.g. city, county, territorial) health departments. More specifically possess the ability to gather substantial and representative feedback (quantitative and qualitative, routine and ad hoc) on needs, gaps and impressions of outputs from CFA and provide such CFA, helping CFA refine its products and local health department understanding on how to appropriately apply these resources to their work. Particular emphasis will be sought from organizations that have established workgroups or listservs that focus on disease analytics and/or forecasting. Desired, but not essential, capacity is that organizations reach underserved populations.
Recipient Program Experience:	Successful recipient organizations should have experience in working with and fostering collaboration among representative groups of local health departments (e.g. geographic and demographic) , especially those working in or interested in infectious disease modeling, to collect assessments or feedback on initiatives or specific products as well as convening workgroups or representative groups to engage in collective such.
Expectations for Collaboration:	It is expected that successful candidate organizations will collaborate with CFA on a routine and 'as needed' basis ensuring that the objectives and specific goals of the cooperative agreement are being met.
Expected Subcontractual Work and Criteria:	N/A
General Instructions for Use of Funds:	It is expected that successful candidate organizations will use funds provided via the cooperative agreement to support appropriate staff engagement with CFA, cover ancillary travel and participation costs (e.g. conference registration fees) associated with cooperative agreement objectives or initiatives
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The selected organization will recruit a representative (e.g. geographic and demographic) of at least will encompass at least 15 local health departments and host routine (e.g. monthly) calls and foster requests from CFA for feedback on CFA products or resources in order to make them useful to local health departments as actionable decision making support. Providing analyses and aggregated data on feedback that may improve workforce capacity and/or improved utility of CFA products
Process Measures:	By the end of the 6th week of the performance period, the recipient organization will have recruited / identified the representative and substantial (15 representatives of unique local health departments - i.e. not more than 1 for a LHD) group of participants to engage in plan objectives.

Outputs:	Baseline assessment of awareness, perceived utility and identification of best features or identified gaps in CFA outputs. End of performance period assessment of same metrics. Ongoing feedback that will improve / shape both development and dissemination of CFA outputs. and final report tracking / aggregating feedback and improvements in awareness and utility of CFA outputs as decision making support.
Budget Period Outcomes:	Final report summarizing and stratifying feedback and recommendations as well as 'use case' examples from participants.
Outcome Measures:	At least 30% of participants report increased awareness and intended utility of CFA products fand 30% increase from initial ./ baseline assessment conducted at beginning of budget period.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Anticipated activities include: Recruiting, assembling and ensuring participation of a substantial number (15) of representative (e.g. geographic and demographic diversity) public health professionals within state and territorial health departments to review and provide input on selected CFA materials including means of promotion / dissemination, construct and clarity for non PH professional decision makers as well as utilization or barriers to such. This group will meet at least once every three months via virtual meeting platforms, then once in person in the 4th quarter of the performance period.
Process Measures:	It is expected that the participants assembled by the recipient organization will encompass at least 15 local health departments (with diversity among demographic and geographic attributes) and as part of each meeting, 50% participation will be achieved with at each participant participating in at least 50% of the meetings and responding to calls for input / feedback. Also at least a 30% increase is expected among participants of awareness / perceived utility and/or use of a CFA product from the baseline assessment to the end of the performance period.
Outputs:	The successful candidate organization will provide to CFA contact information for participant organizations/ staff as well data and analysis following each quarterly meeting on metrics established by CFA (e.g. perceived value, utility (planned or anticipated and strategies for CFA to improve such on behalf of local health departments and a final report to include data analysis and recommendations.
Budget Period Outcomes:	All outputs noted above will be delivered to CFA by the end of the budget / performance period.
Outcome Measures:	Desired outcomes include achieving at least 30% of senior leaders in local health departments involved in this project as being knowledgeable about at least one CFA product and helping to forge connections with at least 2 local health department health departments to utilize a CFA product as a resource within a public health response by the end of the performance period.

Project Title:	**Embedding disability inclusion into the public health workforce**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State, tribal, local (city and county), and territorial health departments**
Project Plan Details	
Project Purpose:	Public health departments are critical to the successful prevention and control of disease and health promotion in the United States. They also play an essential role in advancing health equity through the equitable inclusion of all populations, particularly those historically underserved by public health, into data and programmatic activities. An analysis of the landscape of healthy equity in public health departments nationally indicates that these efforts have not included a comprehensive focus on people with disabilities. People with disabilities are not regularly included in data and programmatic activities conducted in health departments, data and programs are not consistently accessible to people with disabilities, and the public health workforce has incomplete training and knowledge of how to increase the inclusion of people with disabilities into jurisdictional work or how to ensure work is accessible. Frieden's Health Impact Pyramid argues that interventions that change the context of the environment will have the largest public health impact, while interventions focused on counseling, education and clinical intervention will have limited public health impact. Implementation of policy, system and environmental (PSE) changes/interventions can result in more systemic and impactful outcomes and can be used to change the context of the environment outlined in the Health Impact Pyramid. To effectively embed disability and health expertise into public health jurisdictions and increase the capacity of existing public health workforce to engage in disability inclusive practice, interventions/changes would be needed at a system or policy level. The purpose of this two-part project is the following (Part 1) complete a landscape analysis and summary report to identify systems and policy level strategies that, if implemented, could (1) embed disability expertise into public health departments as expected public health practice; and/or (2) increase existing public health workforce capacity to engage in disability-inclusive practice. (Part 2) Support the training and education of new public health professionals and students through participation in conference sections at a national public health conference with more than 10,000 potential attendees.
CIO:	NCBDDD
Division/Branch/Office /Unit:	Division of Human Development and Disability (DHDD)
Proposed FY24 Project Funding Total:	$193,000.00
Funding Appropriation:	75-24-0958
Funding Statutory Authority:	Public Health Service Act 317C [42 U.S.C. 247b-4].
Expected Project Length:	1 Year

Recipient Organizational Capacity:	For part 1 of the project, the applicant should have the capacity to evaluate and synthesize existing peer-reviewed and grey literature and existing policies and competencies; capacity to conduct key informant interviews, expert panels and synthesize information learned from the panels; and capacity to synthesize the information to highlight systems-level barriers, facilitators, and informed suggestions to embed disability knowledge and expertise into the competency expectations of the public health workforce. For part 2 of the project, the applicant should also have the capacity to include a Disability Section into an existing annual public health meeting that attracts more than 10,000 potential attendees.
Recipient Program Experience:	For Part 1 of the project, the applicant should have experience synthesizing existing peer-reviewed and grey literature, existing policies and competencies; conducting key informant interviews, expert panels to obtain information and feedback on potential system or policy level interventions; expertise in developing and disseminating comprehensive reports including policy recommendations; experience with policy, system and environmental change interventions; knowledge and familiarity with working in disability inclusion. For part 2 of the project, the applicant must have experience, or can collaborate with a public health organization that has experience, hosting a national public health conference.
Expectations for Collaboration:	It is expected that the partner will meet regularly (weekly or biweekly) with collaborators/team to coordinate on the content and progress of the project. It is also expected that partners will engage with a range of experts as part of the expert panels and include people with lived experience in the panels. Additionally, the applicant will partner with a range of national and local public health organizations, and organizations focused on people with disabilities to 1) disseminate project report and 2) support the training and education of new public health professionals. It is expected that the partner applies best practices and principles when collaborating with people with lived experience as part of Part 1.
Expected Subcontractual Work and Criteria:	The applicant may need to subcontract out work depending on their internal capability.
General Instructions for Use of Funds:	For Part 1 and 2 funds may be used for: salaries and wages, fringe benefits, consultant costs, supplies, other categories (meetings), scholarships, total indirect costs, total direct costs.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	PART 1 (1) Conduct a desk review that includes an examination of existing peer reviewed and grey literature, policies, and competencies to identify systems and policy level strategies. The two focal areas should be: (1) embedding disability expertise into public health departments as expected public health practice; and/or (2) increasing existing public health workforce capacity to engage in disability-inclusive practice. Desk Review should focus on: a. Identification and description of potential systems and policy level strategies (e.g., public health workforce competencies, accreditation, etc.) b. Examination of how accreditation and certification bodies could serve as potential system or policy level strategies c. Identification of ways to implement identified systems and policy level strategies d. Description of ways to evaluate the impact of identified systems and policy level strategies e. Description of the feasibility of implementing identified systems and policy level strategies (2) Conduct key informant and expert panel discussions with current/former disability specialists, disability fellows, experts in public health workforce, expertise in public health workforce accreditation and/or certification, experts in policy and system level change/intervention in health departments, and people with lived experience. All expert panel discussions and key informant interviews should be fully accessible. Discussions should include: a. Discussions about types of systems and policy level strategies (e.g., public health workforce competencies, accreditation, etc.) b. Discussion about accreditation and certification bodies as potential system or policy level strategies c. Discussion about ways to implement identified systems and policy level strategies d. Discussion about ways to evaluate the impact of identified systems and policy level strategies e. Discussion of the feasibility of implementing identified systems and policy level strategies (3) Develop a summary report based on findings from Activity 1 and 2. Summary report should include: a. Recommendations on systems and policy level strategies (e.g., public health workforce competencies, accreditation, etc.). b. Recommendations on how accreditation and certification bodies could serve as potential system or policy level strategies c. Recommendations on how to implement recommended systems and policy level strategies d. Recommendations on how to evaluate the recommended identified systems and policy level strategies e. Recommendations on how feasible it will be to implement recommended systems and policy level strategies (4) Disseminate report through partnership network, online, and through a virtual, recorded, webinar. All dissemination activities should be fully accessible. PART 2 (1) Include a Disability Section into an existing national public health annual meeting with more than 10,000 potential attendees. Disability section could include mentoring activities (e.g., scholarships, learning opportunities) and abstract submissions for presentations or posters.

Process Measures:	PART 1 Process Measures • Number of key informant and/or expert panel meetings conducted • Number of peer-reviewed or grey-literature articles reviewed • Number of policies reviewed • Number of competencies reviewed • Number of system and policy level strategies recommended • Number of people attending virtual webinar/session • Number of partners/people final report disseminated to PART 2 Process Measures • Number of student members in the Disability Section • Number of applications for student scholarships
Outputs:	PART 1 Outputs - Final Report - Virtual, open-access, webinar PART 2 Outputs - Summary of student scholarships, subscriptions, mentoring activities and other learning opportunities - Updated communication materials on disability data. - Maintain a Disability Section Program at a national public health annual meeting with more than 10,000 potential attendees.
Budget Period Outcomes:	PART 1 Budget Period Outcomes o By July 31, 2025, public health jurisdictions, accreditation or certification bodies, public health organizations, and disability organizations will have a comprehensive roadmap that can be used to make system level changes to improve the equity of public health data systems, programs, and information so they are inclusive of people with disabilities. PART 2 Budget Period Outcomes o By July 31, 2025, will enhance knowledge and skills of public health workforce to measure and address health disparities among people with disabilities o By July 31, 2025, will enhance awareness and inclusion of people with disabilities in public health activities
Outcome Measures:	PART 1 Outcomes o At least 70% of webinar participants report increased knowledge of system and policy changes that could be made to increase embed disability inclusion into the public health workforce. o A minimum of 50 peer-reviewed or grey literature articles reviewed as part of the literature review conducted. o At least 3 system and policy strategies identified that would embed disability expertise into public health departments nationally. o At least 3 system and policy strategies identified that would increase existing public health workforce expertise and capacity in disability inclusion in public health. Part 2 Outcomes o At least 20% of Disability Section at a national public health annual meeting with more than 10,000 potential attendees will be students.

Project Title:	**Public Health Collaborative to Improve Cardiovascular Health Outcomes**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State/territorial health Departments; State/Territorial Health Officers and staff working on cardiovascular health improvement.**
Project Plan Details	
Project Purpose:	The purpose of the Public Health Collaborative to Improve Cardiovascular Health Outcomes project is to support state and territorial health agencies in controlling hypertension, preventing heart attacks, and improving health outcomes. The project aims to enhance state and territorial ability to prevent heart disease and stroke by providing intensive technical assistance to selected U.S. Affiliated Pacific Islands through the learning collaborative. The project will also support jurisdictions in improving cardiovascular health outcomes through bi-directional referral, cross-sector collaboration, and leadership to implement systems-level and sustainable changes that reach priority populations, as well as address health inequities. It will also maintain a comprehensive repository learning management system and provide basic technical assistance support training to assist entities working with those who have been diagnosed with high blood pressure.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division for Heart Disease and Stroke Prevention (DHDSP)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-24-0948; 75-X-0948
Funding Statutory Authority:	Sec 317(a) PHS Act [42 USC 247b] Title IV Section 4002 - ACA, PPHF [42 USC 300u-11], Title XV, Section 1509 - PHS Act (42 U.S.C.300n-4a). Section 1502 - PHS Act (42 U.S.C.300l) and the FY 2023 Consolidated Appropriation Act (Pub. L. 117-328, DIV. H.)
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient will support jurisdictions in improving cardiovascular health outcomes through bi-directional referral processes, cross-sector collaboration, and leadership to implement systems-level and sustainable changes that reach priority populations. The recipient will support state health agencies in their hypertension control and heart disease prevention activities by being a value add to existing initiatives. The recipient will provide intensive technical assistance to selected U.S. affiliated Pacific Islands through the learning collaborative. The recipient will also serve as a technical assistance provider to state health agencies through the publication and/or dissemination of technical assistance deliverables (e.g., blog posts and comprehensive reports) that draw upon learning collaborative successes and evidence-based policy interventions, centering a health equity lens. The applicant should demonstrate the capacity to provide web development expertise for the ongoing maintenance of a comprehensive repository learning management system and provide basic technical assistance support training to support entities working with those who have been diagnosed with high blood pressure.

Recipient Program Experience:	The recipient should have expertise in the following areas: providing hypertension and cardiovascular technical assistance and resources; facilitating bi-directional referral between state health agencies and providers, cross-sector collaboration; providing intensive technical assistance to selected U.S. affiliated Pacific Islands; and establishing and facilitating learning collaboratives. The applicant should have expertise in web development, graphic design, online support operations, including but not limited to a database of learning management system users, and the ability to have a seamless integration between the credentialling system and Salesforce.
Expectations for Collaboration:	The project will require collaboration with experts in control of hypertension, health systems transformation, and population health improvement. This collaboration should focus on enhancing partnerships between clinical, public health, and community partners to create systems of care spanning clinical, community, and public health settings that identify individuals with hypertension and support them in achieving blood pressure control. In addition, the applicant may require collaborating with experts in web development and knowledge in learning management systems.
Expected Subcontractual Work and Criteria:	The project may require engagement of entities, via sub-contracts, with a significant, proven experience working with Health Centers, and may include significant engagement and collaboration with Health Center Control Networks and Federally Qualified Health Centers; the development of relevant tools and resources and providing technical assistance to FQHC HIT networks; translating findings and programmatic efforts into technical packages; and broadly disseminating these resources to relevant stakeholders.
General Instructions for Use of Funds:	N/A
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Support jurisdictions in improving hypertension control and cardiovascular health outcomes through bi-directional referral processes in specified state health agencies and U.S. territories. Implement learning collaboratives that promote cross-sector collaboration, and leadership to implement systems-level and sustainable changes that reach priority populations. Work collaboratively to support providers, health care systems and state health agencies to address factors associated with uncontrolled hypertension, promote hypertension detection, and address health inequities associated with hypertension in priority populations. Maintain a comprehensive repository learning management system and provide basic technical assistance support training to support entities working with those who have been diagnosed with high blood pressure. Support basic technical assistance support to learning management system users, in collaboration with state health agencies.
Process Measures:	To maintain participation, at least four U.S. affiliated Pacific Islands will participate in the Public Health Collaborative to Improve Cardiovascular Health Outcomes. Maintain a repository of 20+ learning management system users. Provide technical assistance and support to 20+ learning management system users.
Outputs:	Bi-directional referral tools and resources between state health agencies and providers that are focused on hypertension and cardiovascular disease. New and existing learning collaboratives that implement bi-directional referral strategies. Publication and/or dissemination of bi-directional referral and technical assistance deliverables that draw upon learning collaborative successes and evidence-based policy interventions. One comprehensive repository learning management system to support entities working with those who have been diagnosed with high blood pressure. One system of basic technical assistance and support for the learning management system users.
Budget Period Outcomes:	A 10% increase in bi-directional referrals within selected state health agencies and U.S. Pacific Islands. The establishment and sustainability of learning collaboratives in selected state health agencies and U.S. Pacific Islands. The establishment and use of a comprehensive repository learning management system and provide basic technical assistance support training to support entities working with those who have been diagnosed with high blood pressure.
Outcome Measures:	A 20% increase in bi-directional referrals within selected state health agencies and U.S. Pacific Islands related to hypertension control and detection. At least 75% of learning management system users will be awarded badges and certification of completion after completing identified learning opportunities.

Project Title:	**GIS Capacity Building for Chronic Disease among Health Department Staff**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health department staff working on surveillance, prevention and treatment of heart disease, stroke and other chronic diseases.**
Project Plan Details	
Project Purpose:	The purpose of this project is to enhance the capacity of staff in state health departments to learn Geographic Information System (GIS) skills and integrate the use of GIS into daily operations that support existing priorities for surveillance, prevention and treatment of heart disease, stroke and other chronic diseases. The GIS trainings are tailored to the needs of health department staff.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division for Heart Disease and Stroke Prevention (DHDSP)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-24-0948
Funding Statutory Authority:	Sec. 301(a) of the Public Health Service Act (42 U.S.C. 241(a)); Sec. 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2)); 45 C.F.R. part 46, 21 C.F.R. part 56; 42 U.S.C. Sect. 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Sect. 501 et seq.
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient organization must have the capacity to understand and support the organizational needs, resources, infrastructures, staffing and partnerships of health departments with regards to heart disease, stroke and other chronic diseases and their prevention programs and resources.
Recipient Program Experience:	The recipient must have experience working with health department staff (including but not limited to epidemiology, evaluation, statistics, management, policy and program development, communications, etc.) with a focus on heart disease, stroke, and other chronic diseases).
Expectations for Collaboration:	The recipient will be expected to collaborate with staff in the Division for Heart Disease and Stroke Prevention, staff in health departments, and staff that develop and implement the GIS-based curriculum and training.
Expected Subcontractual Work and Criteria:	The recipient is encouraged to sub-contracting to an organization that has extensive experience developing and delivering GIS-related curriculum and trainings that are tailored to the needs of staff in health departments who are focused on surveillance, prevention and treatment of heart disease, stroke, and other chronic diseases. Anticipated cost would be around $725,000 per year.
General Instructions for Use of Funds:	Funds for this project are expected to be spent on staff time and expertise, staff fringe benefits, data and software purchases for training purposes, travel for training participants and administrative costs (e.g., office supplies, trainings logistics).
Strategic Area:	**Workforce**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Development and delivery of curriculum for GIS skills for multiple skill levels that are tailored to health department staff in multiple work segments and are delivered in multiple formats (e.g. in person workshops, web-based training, on-line and phone consultation). Development, implementation, and maintenance of supplementary resources and/or tools to assist health department staff in using and applying GIS skills for the surveillance, prevention, and treatment of heart disease, stroke and other chronic diseases. Creation of opportunities for staff from health departments to network and share GIS-related ideas, strategies, maps, questions and more, and the provision of opportunities to highlight the training and mapping activities that health department staff are engaged with.
Process Measures:	Develop and deliver GIS curriculum for hybrid training (in-person and virtual) for 2 or more cohorts of health department staff. Develop and deliver GIS curriculum for 3 or more web-based GIS trainings, each one designed for 25 participants from health departments and to occur over a period of 2 weeks. Provide on-line and phone-based GIS consultation for health department staff participating in the GIS trainings. Develop, implement, and maintain 1 or more GIS-related resources and/or tools to assist health department staff in using GIS and maps. Facilitate two or more opportunities for health department staff to connect and share GIS-related ideas, questions and maps. (virtually or in person). Provide support for written products (e.g., reports, blogs, social media posts, website pages, publications, etc.) highlighting the GIS training and mapping activities performed by health department staff in two or more health departments.
Outputs:	Hybrid GIS Trainings (in-person and virtual) with on-going technical support tailored to the needs of health department staff for the surveillance, prevention and treatment of heart disease, stroke, and other chronic diseases. Multiple live webinar-based trainings that address a range of GIS topics and skills and include interaction between instructors and participants from health departments. Compilation of supplementary resources that are tailored to the needs of health department staff and will enhance the ability of health department staff and managers to integrate GIS into the daily operations. Opportunities for networking and highlighting the work of health department staff around the country that are using GIS and creating maps to address the surveillance, prevention and treatment of heart disease, stroke, and other chronic diseases.

Budget Period Outcomes:	Hybrid (in person and web-based) GIS training for 2 cohorts of health department staff working on surveillance, prevention, and/or treatment of heart disease, stroke, and other chronic diseases. Live web-based GIS seminars for 3 GIS-related topics of relevance for health department staff working on surveillance, prevention, and/or treatment of heart disease, stroke, and other chronic diseases. On-line and phone-based GIS consultation for staff in ten or more health departments working on surveillance, prevention, and/or treatment of heart disease, stroke, and other chronic diseases. Supplemental GIS-related resources and tools to assist health department staff using GIS and maps to address the surveillance, prevention, and/or treatment of heart disease, stroke, and other chronic diseases. Multiple GIS-related networking opportunities for health department staff to learn from one another, share maps and mapping strategies, and engage directly with GIS analysts. Highlight the GIS trainings and chronic disease-related maps that health department staff are engaged with via any combination of 3 or more of the following: blog posts, social media posts, website pages, videos, reports, and/or publications.
Outcome Measures:	Enhance capacity of health department staff to 1) develop GIS knowledge and skills focused on heart disease, stroke and other chronic diseases; 2) produce maps that address a range of issues regarding the surveillance, prevention and treatment of heart disease, stroke and other chronic diseases that can be used to a) document geographic disparities in risk factors, outcomes and proximity to care, b) enhance internal and external collaborations and partnerships, and c) inform program and policy decisions regarding the surveillance, prevention and treatment of heart disease, stroke and other chronic diseases.

Project Title:	**Enhancing the Multi-State Electronic Health Record-Based Network for Disease Surveillance**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**This project will build capacity for state health department staff, including but not limited to staff who work in the fields of epidemiology, public health and clinical informatics, data science, and statistics.**
Project Plan Details	
Project Purpose:	The purpose of this project is to enhance chronic disease surveillance in the U.S. through further expansion of the Multi-State Electronic Health Record (EHR)-Based Network for Disease Surveillance (MENDS). In 2018, CDC's Division for Heart Disease and Stroke Prevention launched a pilot project that aimed to strengthen chronic disease surveillance, management, and program evaluation capacity by building an electronic health record (EHR)-based chronic disease surveillance network. By leveraging electronic health record (EHR) data across a distributed network of data contributors, this surveillance system aims to enable state public health departments to generate timely, reliable prevalence estimates for chronic diseases and their risk factors, as well as for the treatment, management, and control of these diseases. The MENDS pilot project enlisted collaboration from five data contributors which provide EHR data from all 50 states (with 12 states having adequate data representation to produce state-level estimates). The network has nine data users, primarily state and local health departments. Data are queried across this distributed network to create prevalence estimates for hypertension, hypertension control, diabetes, diabetes control, high cholesterol, obesity, and smoking. The pilot MENDS project made significant strides toward establishing this distributed network as a national chronic disease surveillance tool that can complement national and state-level surveillance data provided by the Behavioral Risk Factor Surveillance System (BRFSS). In the geographic areas that are well represented, MENDS provides access to more timely, localized data than BRFSS, and allows for assessment of disease control. Having timely state and local-level chronic disease surveillance estimates is vital for planning and evaluating public health interventions and policies. A series of published papers have described the successes of MENDS. In the final year of the MENDS pilot project, a project evaluation identified several key actions that can help improve the utility of MENDS as a national chronic disease surveillance system. Those actions include: 1) addressing technical challenges to reduce the time and cost involved for new data contributors to onboard into the MENDS distributed network, and 2) reducing the time it takes for MENDS to provide actionable data to partners and the public health community. This funding will be used to enhance MENDS as a standardized, shelf-ready, interoperable distributed network-based chronic disease surveillance system that is able to onboard new data contributors efficiently and produce valid, timely, local estimates of chronic disease prevalence in the U.S. The funding will also be used to align MENDS activities with critical public health data modernization activities implemented by state and local health departments and other partners.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division for Heart Disease and Stroke Prevention (DHDSP)
Proposed FY24 Project Funding Total:	$1,000,000.00

Funding Appropriation:	75-24-0948
Funding Statutory Authority:	This activity was reviewed by CDC and was conducted consistent with applicable federal law and CDC policy: 45 C.F.R. part 46, 21 C.F.R. part 56; 42 U.S.C. Sect. 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Sect. 501 et seq.
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The organization that leads this project should have significant technical expertise and skills in the following domains: public health and clinical informatics, data standards for interoperability and data transfer (e.g., OMOP, FHIR), establishing and applying electronic phenotypes in electronic health records (EHR) to define chronic diseases, defining social determinants of health concepts in EHR, developing distributed networks that aggregate EHR data across multiple Health Information Exchanges, developing and fostering partnerships with data contributors, building surveillance systems using EHR data, and informatics and information technology (IT) project management. The organization should have strong connections and working relationships with key partners in public health informatics, including Health Information Exchanges, health systems, and state and local public health departments. The organization should have the technology necessary to conduct this work including software and data systems that can aggregate electronic health record data and convert raw data into chronic disease prevalence estimates by applying electronic phenotypes.
Recipient Program Experience:	Population of focus: This project will build capacity for state and local health department staff in the work segment that includes epidemiologists, public health and clinical informaticians, data scientists, and statisticians. In order to effectively conduct the work described in the project details section, the recipient organization should have extensive experience working programmatically with state and local health department staff. The organization should also have content expertise in the following domains: public health and clinical informatics, data standards for interoperability and data transfer (e.g., OMOP, FHIR), establishing and applying electronic phenotypes in electronic health records (EHR) to define chronic diseases, defining social determinants of health concepts in EHR, developing distributed networks that aggregate EHR data across multiple Health Information Exchanges, developing and fostering partnerships with data contributors, building surveillance systems using EHR data, and informatics and information technology (IT) project management.
Expectations for Collaboration:	Extensive collaboration is essential to ensure the success of this project. The recipient organization will collaborate with a variety of clinical and public health informatics experts to inform data standards and interoperability for the distributed data network, develop and apply electronic phenotypes for defining chronic diseases in electronic health record data, integrate social determinants of health data into the surveillance system, design a surveillance system that meets the needs for chronic disease surveillance in the U.S., and to communicate the resulting chronic disease surveillance estimates through web materials and peer reviewed publications. Specifically, the recipient will collaborate with Health Information Exchanges and other data contributors to perform data queries, and with state health departments who are one of the important end users of the data from this surveillance system. Lastly, the recipient will collaborate with informatics and data science experts to aggregate the electronic health record data and apply electronic phenotypes to convert raw data into chronic disease indicators and prevalence estimates.

Expected Subcontractual Work and Criteria:	Activities: Recipients may subcontract to complete the following activities: 1) querying the data through data contributors/Health Information Exchanges; and 2) application of algorithms and electronic phenotypes to aggregate electronic health record data to produce summary statistics on chronic disease prevalence. Below is a list of suggested subcontract criteria. Funding Amounts: 1) querying the data through data contributors/Health Information Exchanges [$341,277]; and 2) application of algorithms and electronic phenotypes to aggregate electronic health record data to produce summary statistics on chronic disease prevalence [$279,227]. Period of Performance: The period of performance for these subcontracts will mirror that of the parent funding given that these activities are essential during the entire lifecycle of the project and funding. Selection Criteria: Subcontractors should have experience in public health and clinical informatics, data standards for interoperability and data transfer (e.g., OMOP, FHIR), establishing and applying electronic phenotypes in electronic health records (EHR) to define chronic diseases, defining social determinants of health concepts in EHR, developing distributed networks that aggregate EHR data across multiple Health Information Exchanges, and informatics and information technology (IT) project management.
General Instructions for Use of Funds:	Funds for this project are anticipated to be spent on staff time and expertise, staff fringe benefits, consultant fees, subcontracts, data and hardware acquisition, travel (including transportation, lodging, meals and incidentals), software, cloud storage, legal services for data use agreements, and administrative costs (office supplies, meeting logistics).
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	This funding will be used to enhance the Multi-State EHR-Based Network for Disease Surveillance (MENDS) as a standardized, shelf-ready, interoperable distributed network-based chronic disease surveillance system that is able to onboard new data contributors efficiently and produce valid, timely, local estimates of chronic disease prevalence in the U.S. This will be achieved through the following activities: o Onboard new data contributors with a focus on improving the representativeness of the data and shortening the time it takes to onboard new partner organizations. o In recruiting new data contributors, the priority will be increasing representation of rural, small populations and improving representation of northeastern coastal and west coast populations. o To achieve the goal of shortening the time to onboard new data contributors, the focus will be on: o Prioritizing recruitment of data contributors whose data is already stored using the Observational Medical Outcomes Partnership (OMOP) Common Data Model or could easily be converted to OMOP and subsequently to Fast Healthcare Interoperability Resources (FHIR) for data transport and analysis. o Developing shelf-ready implementation guides to define technical requirements for data contributors and improve standardization of the data elements at partner sites. o Building scalable tools for data validation and standardization, meaning translating/cross-walking native EHR data to selected data standards like the Observational Medical Outcomes Partnership (OMOP) Common Data Model and Fast Healthcare Interoperability Resources (FHIR). o Exploring ways in which emerging technology like artificial intelligence, natural language processing, and large language models can be leveraged to improve standardization and interoperability of MENDS data across sites. o Identify or build a scalable, interoperable, shelf-ready EHR-querying software to replace the existing querying software (PopMedNet) that will soon be sunset. o Explore opportunities to align MENDS with CDC's North Star Architecture by enabling the ingestion of deidentified, weighted, summary-level estimates from MENDS data into CDC's data ecosystem through technologies such as ReportStream or DEX (or through a chronic disease TEFCA use case or transmitting electronic case reporting (eCR) data like the CMS eCQM 165 measure on control of high blood pressure). o Build automated, sustained, continuously updated data pipelines that draw on MENDS data that are aggregated across contributing sites quarterly. o Integrate population-level social determinants of health (SDOH) data (from the U.S. Census Bureau, CDC's Social Vulnerability Index, and other sources) into the area-based chronic disease prevalence estimates produced by MENDS. Build data visualization tools that allow MENDS data users to explore the spatial relationship between SDOH factors and area-based chronic disease prevalence estimates. This will allow for surveillance of health disparities and social drivers of health as they relate to chronic disease prevalence. o Add new chronic disease indicators to the data query protocols and develop additional standardized electronic phenotypes that can be applied as queries sent across the distributed network. Standardized electronic phenotypes should be developed based on widely used data standards such as the Observational Medical Outcomes Partnership (OMOP) Common Data Model. Years 1–2 of the funding will focus on recruitment of additional data contributors, data harmonization, application of chronic disease electronic phenotypes, and the aggregation of data across the distributed network. Years 3–5 of the funding will focus on recruitment of additional data contributors and aligning MENDS with CDC's Data Modernization Initiative efforts.

Process Measures:	Within the first year of the project, the recipient will identify/build a scalable, interoperable, shelf-ready EHR-querying software to replace the existing querying software (PopMedNet) that will soon be sunset.
Outputs:	• Expansion of MENDS data contributors beyond the initial five by partnering with HIEs and healthcare entities that provide improved representation across states, in rural areas, and for lower income populations. • Expansion of the number of states for which MENDS can provide state-level chronic disease prevalence estimates (beyond the initial 12 states in the pilot MENDS program). • An automated, sustained, continuously updated data pipeline that aggregates data from contributing sites quarterly. • Alignment with CDC's Data Modernization Initiative objectives by enhancing 'rapid data to action' through the North Star Architecture and promoting adoption of data standards like the Observational Medical Outcomes Partnership (OMOP) Common Data Model and Fast Healthcare Interoperability Resources (FHIR). • Analyses of MENDS data that provide actionable insights on health disparities and social drivers of health as they relate to chronic disease prevalence. • The addition of new chronic diseases to the existing MENDS surveillance system.
Budget Period Outcomes:	• State and local health departments, CDC, and other public health partners will have improved access to timely, valid, localized chronic disease surveillance data to inform planning efforts for public health interventions, program evaluations, and policymaking. • The value and feasibility of MENDS as a national chronic disease surveillance system will be demonstrated and future partnerships will be secured to ensure the long-term sustainability of MENDS
Outcome Measures:	Data contributors to MENDS will be expanded by at least 1 (Health Information Exchange or healthcare entity) per year that the program is funded

Project Title:	**Data Analysis and Evaluation Capacity Building Support for Cancer Programs**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments that are recipients of the National Breast and Cervical Cancer Early Detection Program, Colorectal Cancer Control Program, and National Program of Cancer Registries**
Project Plan Details	
Project Purpose:	The project purpose is to: (1) identify areas for cancer program improvement by building and enhancing grantee evaluation capacity; and (2) increase the dissemination and utilization of program evaluation results by grantees of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), National Program of Cancer Registries (NPCR), and the Colorectal Cancer Control Program (CRCCP) to inform program priorities. These grantees primarily represent state health departments. Improving utilization of program data, increasing evaluation results dissemination, and strengthening evaluation capacity supports grantee program directors to make informed decisions for program improvement, policy change, and future program planning.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Cancer Prevention and Control (DCPC)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-24-0959
Funding Statutory Authority:	Public Health Services Act; (PHS) 42 U.S.C. 241, 247(b), 317(k), 301(a), 311, (Note B)
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The applicant organization should have a strong, established relationship with grantees of the NBCCEDP and CRCCP and Chronic Disease Directors across the U.S., including cancer councils designed to support chronic disease staff. In addition, the applicant organization should have expertise in evaluation, evaluation capacity building, data analysis, data reporting, and data dissemination. The applicant organization should have a well-established, competent infrastructure to efficiently carry out this project. Furthermore, the applicant should have an existing structure for communication with Chronic Disease Directors and with program directors and staff of the NBCCEDP, NPCR and CRCCP.
Recipient Program Experience:	The applicant organization should have a comprehensive understanding, extensive experience, and existing strong communications with the target audience of NBCCEDP grantees, NPCR grantees, CRCCP grantees, and Chronic Disease Directors across the United States. The applicant organization should have experience at the national level in addressing issues related to the development and delivery of state-based cancer screening programs and in promoting health systems change. Additionally, the applicant should have experience in building evaluation capacity, supporting cancer registries, and using data to support screening programs and policy change. Additionally, facilitating communications with the target audiences noted above. Finally, the applicant organization should have experience providing effective management and oversight to projects like the one proposed here.

Expectations for Collaboration:	The applicant is expected to collaborate closely with CDC to implement the proposed project. Specific materials should be reviewed and approved by CDC according to the General Terms and Conditions for Non-research awards prior to use, including a program plan for analysis and data dissemination and dissemination products for NBCCEDP/CRCCP/NPCR grantees and Chronic Disease Directors and a program plan for increasing the evaluation capacity of program recipients.
Expected Subcontractual Work and Criteria:	Aspects of this project may involve subcontractors. For activities related to the analysis of NBCCEDP/CRCCP/NPCR evaluation data and disseminating results, we recommend the following criteria in selecting a subcontractor: knowledge of the NBCCEDP/CRCCP; doctoral degree in public health, informatics or related field; extensive expertise and experience in program evaluation, program evaluation capacity building, and program data analysis; and a demonstrated track record in publishing manuscripts in peer-reviewed journals.
General Instructions for Use of Funds:	Funds should support overall management of the project, personnel time, travel, or subcontracts to support analysis of NBCCEDP and CRCCP program data, and dissemination of results to NBCCED/CRCCP grantees, Chronic Disease Directors, and other stakeholders, and to provide the training and technical assistance to build capacity of the population of focus.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	1. Conduct analysis of monitoring and evaluation program data from the NBCCEDP and CRCCP. Data sets may include ones for grantee surveys (n=2) and clinic-level baseline and annual data (n=2). Data sets will be provided by CDC in concert with a data sharing agreement. 2. Disseminate results to NBCCEDCP and CRCCP grantees and to other stakeholder groups. 3. Host webinars and provide technical assistance to the cancer programs to help inform program priorities on utilization of their data to make informed decisions for program improvement, policy change, and future program planning.
Process Measures:	Number of analyses of CRCCP and NBCCEDP data proposed Number of analyses of CRCCP and NBCCEDP data completed Number of webinars or technical assistance occurrences provided
Outputs:	Completed evaluation products distributed to CRCCP and NBCCEDP grantees (manuscripts, webpages, one-pagers, infographics, etc) Materials from webinars, trainings, or technical assistance provided
Budget Period Outcomes:	Complete at least two analyses of CRCCP and/or NBCCEDP evaluation data Complete and disseminate at least one CRCCP and/or NBCCEDP evaluation product (manuscript, webpage, one-pager, etc.) Complete and disseminate at least one webinar or training to build evaluation capacity of the population of focus
Outcome Measures:	At least one CRCCP and/or NBCCEDP evaluation product 50% completed by 6 months At least one analysis of CRCCP and/or NBCCEDP evaluation data completed by 6 months

Project Title:	Expanding Access and Capabilities of National DPP Umbrella Hub Arrangements
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	In 2023, 97.6 million people had prediabetes, a condition that, if not treated, often leads to type 2 diabetes. To address this problem, CDC established the National Diabetes Prevention Program (National DPP), which is a partnership of public and private organizations working together to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program. The National DPP lifestyle change program (LCP) is founded on the science of the landmark Diabetes Prevention Program research study, and subsequent translation studies, which showed that making modest behavior changes helped people with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). In 2023, 97.6 million people had prediabetes, a condition that, if not treated, often leads to type 2 diabetes. To address this problem, CDC established the National Diabetes Prevention Program (National DPP), which is a partnership of public and private organizations working together to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program. The National DPP lifestyle change program (LCP) is founded on the science of the landmark Diabetes Prevention Program research study, and subsequent translation studies, which showed that making modest behavior changes helped people with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). Through the National DPP, CDC's Division of Diabetes Translation (DDT) has been working with Medicaid, Medicare, and private payers and employers to remove cost barriers to participation in the evidence-based LCP by making it a covered preventive benefit and to help build the infrastructure necessary for delivery organizations to access reimbursement. In 2015, through CDC RFA OT13-130203, DDT funded a Medicaid Demonstration Project with Maryland and Oregon to develop and implement Medicaid coverage models for the National DPP LCP. Lessons from the Demonstration Project have been captured in the National DPP Coverage Toolkit (CTK) (https://coveragetoolkit.org) and shared through virtual learning collaboratives and webinars with public and private payers and employers. As a result, 26 State Medicaid programs currently offer some coverage for the National DPP LCP. In April 2018, the Centers for Medicare & Medicaid Services (CMS) made the National DPP LCP a covered service for eligible Medicare beneficiaries (the Medicare Diabetes Prevention Program – MDPP). Through CDC RFA OT18-1802, DDT funded the Medicare Enrollment Project to assist 60 CDC-recognized organizations to become MDPP suppliers. This work resulted in the creation of MDPP resources for the CTK and the development of a new site to house interactive MDPP business planning tools (www.DPPBusinessTools.org). Also, through CDC RFA OT18-1802, DDT funded an Employer Learning Collaborative (ELC) which has worked with over 20 state health departments (SHDs) and 400 employers, resulting in 150 employers pursuing coverage of the LCP. Lessons learned from the ELC form the basis for an employer webtool: Healm: Diabetes Prevention For Your Workforce – Help your employees live longer, happier, and healthier lives. (healmatwork.org). Through CDC RFA OT18-1802, DDT also funded an Umbrella Hub Arrangement (UHA) Demonstration Project, to help build a shared billing and claims infrastructure to facilitate access to reimbursement by community-based National DPP delivery organizations. Lessons learned from this project are posted on the CTK (Umbrella Hub Arrangements - National DPP

	Coverage Toolkit). Finally, through CDC RFA OT18-1802, DDT funded work with a National DPP Lifestyle Coach training entity to develop a new training program for SHD staff to build their capacity to scale and sustain the National DPP (State Quality Specialists – SQSs) (Availability of National DPP State Quality Specialists (cdc.gov). While DDT and its partners have made significant progress on coverage, infrastructure, and capacity goals related to diabetes prevention and management, there is still much to do. The purpose of this project is to continue to build on the progress to date with UHAs, with a particular focus on increasing uptake of existing covered benefits for the National DPP LCP and for American Diabetes Association (ADA)-recognized and Association of Diabetes Care and Education Specialists (ADCES)-accredited diabetes self-management education and support (DSMES) services, especially for priority populations. An expanded area of emphasis will include leveraging new Medicare and Medicaid coverage for health-related social needs (HRSNs) to support priority population participants in the LCP and DSMES.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Funding Statutory Authority:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The successful applicant must have: • Demonstrated ability to identify and convene a diverse group of subject matter experts with skills and experience working on public and private payer and employer coverage of the National DPP LCP and DSMES at the national, state, and local levels. • Demonstrated ability to work with national subject matter experts in a variety of areas, including development and implementation of payer contracts, development and implementation of Medicare and Medicaid billing and claims systems, development of network arrangements to allow groups of community-based organizations (CBOs) to meet the HRSNs of priority populations, and development and implementation of value-based insurance design for private payers and self-insured employers. • Knowledge and demonstrated experience informing and guiding the development of National DPP UHAs to successfully submit claims and receive reimbursement for delivery of the LCP. • Demonstrated ability to build and maintain user-friendly websites and webtools to house coverage tools and resources for SHDs, Medicaid State Agencies, employers, MDPP suppliers, UHAs and other networks, Community Care Hubs (CCHs), and other partners as appropriate. • Demonstrated ability to provide technical assistance (TA) and training on public and private payer and employer coverage for the National DPP LCP and DSMES for SHDs, Medicaid State Agencies, MDPP suppliers, payers, employers, UHAs and other networks, CCHs, and other partners as appropriate. • Demonstrated ability to develop coverage tools and resources and to provide coverage TA and training that promotes and supports a commitment to health equity.

Recipient Program Experience:	The successful applicant will have the following experience: • Demonstrated experience working with SHDs, State Medicaid agencies, MDPP suppliers, UHAs, and other networks, CCHs, employers, and other health plans and payers to build the implementation infrastructure needed to increase the uptake of covered benefits for the National DPP LCP and/or DSMES. • Demonstrated knowledge of the National DPP LCP and DSMES, and experience helping SHDs and their delivery and payer partners scale and sustain these programs, especially for priority populations. • Demonstrated experience providing TA and training to SHDs, public and private payers and employers, UHAs and other networks, CCHs, and National DPP and/or DSMES delivery organizations in implementing new coverage initiatives, including facilitating peer collaboratives. • Demonstrated experience convening diverse groups of stakeholders and facilitating meetings designed to develop focused agendas for public health action on issues related to coverage of the National DPP LCP and/or DSMES. • Demonstrated experience building and maintaining user-friendly websites, including crafting tools and resources based on lessons learned from demonstration projects and peer learning collaboratives. • Demonstrated commitment to promoting and advancing health equity in all aspects of coverage work (i.e. demonstration projects, peer learning collaboratives, website content, SHD staff training, etc.)
Expectations for Collaboration:	To maximize the impact of this activity, the applicant will need to consult with various partners on the development, implementation, evaluation, and dissemination of tools, resources, and best practices resulting from this work. These partners could include representatives from public and private managed care organizations and accountable care organizations and groups such as associations representing state health departments, physicians, health care organizations, and diabetes care and education specialists; public and private payers and employers; government agencies working with CCHs; foundations; academia; National DPP LCP delivery organizations; and recognized and accredited DSMES delivery organizations. The applicant will need to collaborate with appropriate groups working with health care organizations to support MDPP suppliers in testing the new Sustainable Pathways for Accelerating Referrals of Quality (SPARQ) model and the new MDPP business planning tools. Collaboration will be needed with government agencies working with CCHs, billing vendors, private and public payers, and other partners in supporting the continued build-out of feasible UHA and CCH models.
Expected Subcontractual Work and Criteria:	The applicant will need to engage subject matter experts to participate in presentations and webinars, as applicable, and to share expertise regarding the development, implementation, and evaluation of tools, resources, and best practices related to the development, implementation, and evaluation of public and private coverage models for the National DPP LCP and/or DSMES; UHAs, CCHs and other network models; MDPP referral and business planning models; and training models to build the capacity of the workforce in all aspects of insurance coverage for the National DPP LCP and/or DSMES.
General Instructions for Use of Funds:	The budget narrative should sufficiently describe how proposed budgeted activities align with the workplan, and should include detailed information about the roles that key organizations and/or subject matter experts and any contractors/subcontractors will have in accomplishing the work. The budget should include funds for in-person meetings and site visits as necessary to complete this work.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	UHA Demonstration Project: Provide group TA to up 5 UHAs that are billing at least one payer for the National DPP LCP, serving priority populations in areas with high diabetes prevalence (Pacific Islands, Appalachia, US-Mexico Border, etc.) and working on at least one additional activity to increase health equity and/or address the HRSNs of participants (e.g., expanding opportunities for Community Health Workers [CHWs] to support the National DPP and DSMES services by pursuing financial sustainability through the Medicaid preventive health benefit; adding other chronic disease prevention or management programs [DSMES, Family Healthy Weight Programs, etc.] to a National DPP UHA; adding a module to the National DPP LCP to address a comorbid condition; collaborating with or becoming a CCH [Community Care Hubs: A Promising Model for Health and Social Care Coordination: health-social-care-coordination.pdf (hhs.gov)]; implementing a Food as Medicine program; etc.). Develop tools and resources for the CTK, including sample legal and marketing documents to assist UHAs/CCHs in contracting with payers and/or health plans. Convene in-person meetings and conduct site visits as necessary. Convene a learning collaborative for all CDC-approved UHAs to share lessons learned from the demonstration sites.
Process Measures:	Executed contracts and scopes of work with up to 5 UHAs for the UHA Project. Provision of group TA through bi-monthly virtual meetings and products produced or shared to address National DPP LCP implementation and enrollment challenges for up to 5 UHAs. Convene at least one learning collaborative to share lessons learned from the UHAs in the Demonstration Project.
Outputs:	Developed tools and resources for the Coverage Toolkit to address implementation and enrollment challenges associated with including the National DPP LCP and DSMES in the offerings of UHAs. Develop summaries of site visits and other meetings, including a summary report on the learning collaborative.
Budget Period Outcomes:	Improved public health and multi-payer systems to help UHAs receive third party payments for delivery of the National DPP LCP/DSMES services.
Outcome Measures:	Increase claims submission to payers by UHAs in the demonstration project by 10% over baseline.

Project Title:	Addressing Prediabetes/Diabetes and Social Needs Through Community Care Hubs
Population of Focus:	Category A: Governmental Public Health Departments
Population of Focus Description:	State health departments
Project Plan Details	

Project Purpose:	In 2023, 97.6 million people had prediabetes, a condition that, if not treated, often leads to type 2 diabetes. To address this problem, CDC established the National Diabetes Prevention Program (National DPP), which is a partnership of public and private organizations working together to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program. The National DPP lifestyle change program (LCP) is founded on the science of the landmark Diabetes Prevention Program research study, and subsequent translation studies, which showed that making modest behavior changes helped people with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). Through the National DPP, CDC's Division of Diabetes Translation (DDT) has been working with Medicaid, Medicare, and private payers and employers to remove cost barriers to participation in the evidence-based LCP by making it a covered preventive benefit and to help build the infrastructure necessary for delivery organizations to access reimbursement. In 2015, through CDC RFA OT13-130203, DDT funded a Medicaid Demonstration Project with Maryland and Oregon to develop and implement Medicaid coverage models for the National DPP LCP. Lessons from the Demonstration Project have been captured in the National DPP Coverage Toolkit (CTK) (https://coveragetoolkit.org) and shared through virtual learning collaboratives and webinars with public and private payers and employers. As a result, 26 State Medicaid programs currently offer some coverage for the National DPP LCP. In April 2018, the Centers for Medicare & Medicaid Services (CMS) made the National DPP LCP a covered service for eligible Medicare beneficiaries (the Medicare Diabetes Prevention Program – MDPP). Through CDC RFA OT18-1802, DDT funded the Medicare Enrollment Project to assist 60 CDC-recognized organizations to become MDPP suppliers. This work resulted in the creation of MDPP resources for the CTK and the development of a new site to house interactive MDPP business planning tools (www.DPPBusinessTools.org). Also, through CDC RFA OT18-1802, DDT funded an Employer Learning Collaborative (ELC) which worked with over 20 state health departments (SHDs) and 400 employers, resulting in 150 employers pursuing coverage of the LCP. Lessons learned from the ELC form the basis for an employer webtool: Healm: Diabetes Prevention For Your Workforce – Help your employees live longer, happier, and healthier lives. (healmatwork.org). Through CDC RFA OT18-1802, DDT also funded an Umbrella Hub Arrangement (UHA) Demonstration Project to help build a shared billing and claims infrastructure to facilitate access to reimbursement by community-based National DPP delivery organizations. Lessons learned from this project are posted on the CTK (https://coveragetoolkit.org/umbrella-hub-arrangements/). Finally, through CDC RFA OT18-1802, DDT funded work with a National DPP Lifestyle Coach training entity to develop a new training program for SHD staff to build their capacity to scale and sustain the National DPP (nationaldppcsc.gov/s/article/Availability-of-National-DPP-State-Quality-Specialists (cdc.gov). While DDT and its partners have made significant progress on coverage, infrastructure, and capacity goals related to diabetes prevention and management, there is still much to do. The purpose of this project is to expand on the progress to date by working with Community Care Hubs [Community Care Hubs: A Promising Model for Health and Social Care Coordination: health-social-care-coordination.pdf (hhs.gov)], with a particular focus on leveraging new Medicare and Medicaid coverage for health-related social needs (HRSNs) to support priority population participants in the National DPP LCP and DSMES.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)

Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Funding Statutory Authority:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The successful applicant must have: • Demonstrated ability to identify and convene a diverse group of subject matter experts with skills and experience working on public and private payer and employer coverage of the National DPP LCP and DSMES at the national, state, and local levels. • Demonstrated ability to work with national subject matter experts in a variety of areas, including development and implementation of payer contracts, development and implementation of Medicare and Medicaid billing and claims systems, development of network arrangements to allow groups of community-based organizations (CBOs) to meet the HRSNs of priority populations, and development and implementation of value-based insurance design for private payers and self-insured employers. • Knowledge and demonstrated experience informing and guiding the development of National DPP UHAs to successfully submit claims and receive reimbursement for delivery of the LCP. • Demonstrated ability to build and maintain user-friendly websites and webtools to house coverage tools and resources for SHDs, Medicaid State Agencies, employers, MDPP suppliers, UHAs and other networks, Community Care Hubs (CCHs), and other partners as appropriate. • Demonstrated ability to provide technical assistance (TA) and training on public and private payer and employer coverage for the National DPP LCP and DSMES for SHDs, Medicaid State Agencies, MDPP suppliers, payers, employers, UHAs and other networks, CCHs, and other partners as appropriate. • Demonstrated ability to develop coverage tools and resources and to provide coverage TA and training that promotes and supports a commitment to health equity.
Recipient Program Experience:	The successful applicant will have the following experience: • Demonstrated experience working with SHDs, State Medicaid agencies, MDPP suppliers, UHAs, and other networks, CCHs, employers, and other health plans and payers to build the implementation infrastructure needed to increase the uptake of covered benefits for the National DPP LCP and/or DSMES. • Demonstrated knowledge of the National DPP LCP and DSMES, and experience helping SHDs and their delivery and payer partners scale and sustain these programs, especially for priority populations. • Demonstrated experience providing TA and training to SHDs, public and private payers and employers, UHAs and other networks, CCHs, and National DPP and/or DSMES delivery organizations in implementing new coverage initiatives, including facilitating peer collaboratives. • Demonstrated experience convening diverse groups of stakeholders and facilitating meetings designed to develop focused agendas for public health action on issues related to coverage of the National DPP LCP and/or DSMES. • Demonstrated experience building and maintaining user-friendly websites, including crafting tools and resources based on lessons learned from demonstration projects and peer learning collaboratives. • Demonstrated commitment to promoting and advancing health equity in all aspects of coverage work (i.e. demonstration projects, peer learning collaboratives, website content, SHD staff training, etc.)

Expectations for Collaboration:	To maximize the impact of this activity, the applicant will need to consult with various partners on the development, implementation, evaluation, and dissemination of tools, resources, and best practices resulting from this work. These partners could include representatives from public and private managed care organizations and accountable care organizations and groups such as associations representing state health departments, physicians, health care organizations, and diabetes care and education specialists; public and private payers and employers; government agencies; foundations; academia; National DPP LCP delivery organizations; and recognized and accredited DSMES delivery organizations. The applicant will need to collaborate with appropriate groups working with health care organizations to support MDPP suppliers in testing the new Sustainable Pathways for Accelerating Referrals of Quality (SPARQ) model and the new MDPP business planning tools. Collaboration will be needed with government agencies, billing vendors, private and public payers, and other partners in supporting the continued build-out of feasible UHA and CCH models.
Expected Subcontractual Work and Criteria:	Recipients may subcontract to complete activities. For example, the applicant could subcontract to engage subject matter experts to participate in presentations and webinars, as applicable, and to share expertise regarding the development, implementation, and evaluation of tools, resources, and best practices related to the development, implementation, and evaluation of public and private coverage models for the National DPP LCP and/or DSMES; UHAs, CCHs and other network models; MDPP referral and business planning models; and training models to build the capacity of the workforce in all aspects of insurance coverage for the National DPP LCP and/or DSMES.
General Instructions for Use of Funds:	The budget narrative should sufficiently describe how proposed budgeted activities align with the workplan, and should include detailed information about the roles that key organizations and/or subject matter experts and any contractors/subcontractors will have in accomplishing the work. The budget should include funds for in-person meetings and site visits as necessary to complete this work.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	
Activities:	CCH Project: Provide group TA to up to 5 CCHs, CCH/UHA combination arrangements, or other network arrangements that include the National DPP LCP and/or DSMES in a package of community-based services offered to payers. Selected organizations should also be addressing social determinants of health (SDOH) screening and new Medicaid/Medicare authorities to cover identified HRSNs for enrolled Medicaid/Medicare beneficiaries with prediabetes/diabetes. (See: https://www.medicaid.gov/medicaid/section-1115-demonstrations/health-related-social-needs/index.html and https://www.medicaid.gov/federal-policy-guidance/downloads/cib11162023.pdf) and MLN9201074 - Health Equity Services in the 2024 Physician Fee Schedule Final Rule (cms.gov)) Develop tools and resources for the CTK based on this work. Convene in-person meetings and conduct site visits as necessary. Convene a learning collaborative for all CDC- supported CCHs to share lessons learned. This may be done in partnership with other federal agencies and stakeholders that are also supporting CCHs.
Process Measures:	Increase by 10% over baseline solutions and resources to mitigate operational challenges associated with including the National DPP LCP and DSMES in the offerings of CCHs.

Outputs:	Executed contracts and scopes of work with up to 5 CCHs. Provision of group TA through bi-monthly virtual meetings and products produced or shared to address National DPP LCP or DSMES implementation and enrollment challenges for up to 5 CCHs.
Budget Period Outcomes:	Improved public health and Medicaid systems related to developing, establishing, and sustaining coverage of the National DPP LCP and DSMES services and addressing the HRSNs of Medicaid beneficiaries enrolled in either program. Increased knowledge of how public health partners can collaborate to develop and implement CCHs to receive reimbursement for providing community-based services to meet the HRSNs of priority populations.
Outcome Measures:	Increase the number of people referred to the National DPP LCP/DSMES services by CCHs in the demonstration project by 10% over baseline.

Project Title:	National DPP – Building Capacity for Medicare Coverage
Population of Focus:	Category A: Governmental Public Health Departments
Population of Focus Description:	State health departments
Project Plan Details	

Project Purpose:	In 2023, 97.6 million people had prediabetes, a condition that, if not treated, often leads to type 2 diabetes. To address this problem, CDC established the National Diabetes Prevention Program (National DPP), which is a partnership of public and private organizations working together to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program. The National DPP lifestyle change program (LCP) is founded on the science of the landmark Diabetes Prevention Program research study, and subsequent translation studies, which showed that making modest behavior changes helped people with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). Through the National DPP, CDC's Division of Diabetes Translation (DDT) has been working with Medicaid, Medicare, and private payers and employers to remove cost barriers to participation in the evidence-based LCP by making it a covered preventive benefit and to help build the infrastructure necessary for delivery organizations to access reimbursement. In 2015, through CDC RFA OT13-130203, DDT funded a Medicaid Demonstration Project with Maryland and Oregon to develop and implement Medicaid coverage models for the National DPP LCP. Lessons from the Demonstration Project have been captured in the National DPP Coverage Toolkit (CTK) (https://coveragetoolkit.org) and shared through virtual learning collaboratives and webinars with public and private payers and employers. As a result, 26 State Medicaid programs currently offer some coverage for the National DPP LCP. In April 2018, the Centers for Medicare & Medicaid Services (CMS) made the National DPP LCP a covered service for eligible Medicare beneficiaries (the Medicare Diabetes Prevention Program – MDPP). Through CDC RFA OT18-1802, DDT funded the Medicare Enrollment Project to assist 60 CDC-recognized organizations to become MDPP suppliers. This work resulted in the creation of MDPP resources for the CTK and the development of a new site to house interactive MDPP business planning tools (www.DPPBusinessTools.org). Also, through CDC RFA OT18-1802, DDT funded an Employer Learning Collaborative (ELC) which has worked with over 20 state health departments (SHDs) and 400 employers, resulting in 150 employers pursuing coverage of the LCP. Lessons learned from the ELC form the basis for an employer webtool: Healm: Diabetes Prevention For Your Workforce – Help your employees live longer, happier, and healthier lives. (healmatwork.org). Through CDC RFA OT18-1802, DDT also funded an Umbrella Hub Arrangement (UHA) Demonstration Project, to help build a shared billing and claims infrastructure to facilitate access to reimbursement by community-based National DPP delivery organizations. Lessons learned from this project are posted on the CTK (Umbrella Hub Arrangements - National DPP Coverage Toolkit). Finally, through CDC RFA OT18-1802, DDT funded work with a National DPP Lifestyle Coach training entity to develop a new training program for SHD staff to build their capacity to scale and sustain the National DPP (State Quality Specialists – SQSs) (Availability of National DPP State Quality Specialists (cdc.gov). While DDT and its partners have made significant progress on coverage, infrastructure, and capacity goals related to diabetes prevention and management, there is still much to do. The purpose of this project is to continue to build on the progress to date for collaborative work with CMS to scale the MDPP, with a particular focus on increasing uptake of the MDPP for priority populations. An expanded area of emphasis will include leveraging new Medicare coverage for health-related social needs (HRSNs) to support priority population participants in the LCP.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)
Proposed FY24 Project Funding Total:	$1,000,000.00

Funding Appropriation:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Funding Statutory Authority:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The successful applicant must have: • Demonstrated ability to identify and convene a diverse group of subject matter experts with skills and experience working on public and private payer and employer coverage of the National DPP LCP at the national, state, and local levels. • Demonstrated ability to work with national subject matter experts in a variety of areas, including development and implementation of payer contracts, development and implementation of Medicare and Medicaid billing and claims systems, development of network arrangements to allow groups of community-based organizations (CBOs) to meet the HRSNs of priority populations, and development and implementation of value-based insurance design for private payers and self-insured employers. • Knowledge and demonstrated experience informing and guiding the development of National DPP UHAs to successfully submit claims and receive reimbursement for delivery of the LCP. • Demonstrated ability to build and maintain user-friendly websites and webtools to house coverage tools and resources for SHDs, Medicaid State Agencies, employers, MDPP suppliers, UHAs and other networks, Community Care Hubs (CCHs), and other partners as appropriate. • Demonstrated ability to provide technical assistance (TA) and training on public and private payer and employer coverage for the National DPP LCP for SHDs, Medicaid State Agencies, MDPP suppliers, payers, employers, UHAs and other networks, CCHs, and other partners as appropriate. • Demonstrated ability to develop coverage tools and resources and to provide coverage TA and training that promotes and supports a commitment to health equity.
Recipient Program Experience:	The successful applicant will have the following experience: • Demonstrated experience working with SHDs, State Medicaid agencies, MDPP suppliers, UHAs, and other networks, CCHs, employers, and other health plans and payers to build the implementation infrastructure needed to increase the uptake of covered benefits for the National DPP LCP. • Demonstrated knowledge of the National DPP LCP, and experience helping SHDs and their delivery and payer partners scale and sustain these programs, especially for priority populations. • Demonstrated experience providing TA and training to SHDs, public and private payers and employers, UHAs and other networks, CCHs, and National DPP delivery organizations in implementing new coverage initiatives, including facilitating peer collaboratives. • Demonstrated experience convening diverse groups of stakeholders and facilitating meetings designed to develop focused agendas for public health action on issues related to coverage of the National DPP LCP. • Demonstrated experience building and maintaining user-friendly websites, including crafting tools and resources based on lessons learned from demonstration projects and peer learning collaboratives. • Demonstrated commitment to promoting and advancing health equity in all aspects of coverage work (i.e. demonstration projects, peer learning collaboratives, website content, SHD staff training, etc.)

Expectations for Collaboration:	To maximize the impact of this activity, the applicant will need to consult with various partners on the development, implementation, evaluation, and dissemination of tools, resources, and best practices resulting from this work. These partners could include representatives from public and private managed care organizations and accountable care organizations and groups such as associations representing state health departments, physicians, health care organizations, and diabetes care and education specialists; public and private payers and employers; government agencies; foundations; academia; National DPP LCP delivery organizations; and recognized and accredited DSMES delivery organizations. The applicant will need to collaborate with appropriate groups working with health care organizations to support MDPP suppliers in testing the new Sustainable Pathways for Accelerating Referrals of Quality (SPARQ) model and the new MDPP business planning tools. Collaboration will be needed with government agencies, billing vendors, private and public payers, and other partners in supporting the continued build-out of feasible UHA and CCH models.
Expected Subcontractual Work and Criteria:	Recipients may subcontract to complete activities. For example, the applicant may need to subcontract with subject matter experts to participate in presentations and webinars, as applicable, and to share expertise regarding the development, implementation, and evaluation of tools, resources, and best practices related to the development, implementation, and evaluation of public and private coverage models for the National DPP LCP; UHAs, CCHs and other network models; MDPP referral and business planning models; and training models to build the capacity of the workforce in all aspects of insurance coverage for the National DPP LCP.
General Instructions for Use of Funds:	The budget narrative should sufficiently describe how proposed budgeted activities align with the workplan, and should include detailed information about the roles that key organizations and/or subject matter experts and any contractors/subcontractors will have in accomplishing the work. The budget should include funds for in-person meetings and site visits as necessary to complete this work.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	MDPP Enrollment Project: Work with up to 3 MDPP suppliers to further develop, implement, and evaluate the SPARQ Referral Model.* Work with up to 3 MDPP small group mentors to provide TA to up to 30 priority MDPP suppliers (e.g. DSMES delivery organizations that were fast tracked by the Diabetes Prevention Recognition Program to become MDPP suppliers, MDPP suppliers in the top quartile of counties with a high social vulnerability index, MDPP suppliers serving priority populations, etc.) to increase enrollment of Medicare beneficiaries in the program. *In September 2023, the MDPP Sustainable Pathways for Accelerating Referrals of Quality (SPARQ) project was launched to gather insights from MDPP suppliers on Medicare beneficiary referral sources and MDPP supplier workflows. The goal of this work was to better understand the processes that lead to successful Medicare beneficiary referral-to-enrollment transitions and enrollee retention in the MDPP. This work will build on lessons learned from the SPARQ project and assist MDPP suppliers in implementing and evaluating the SPARQ referral model.
Process Measures:	Increase by 10% over baseline solutions and resources for the Coverage Toolkit to facilitate quality referrals by health systems to MDPP suppliers and to increase the uptake of the MDPP benefit by Medicare beneficiaries served by priority MDPP suppliers. Increase the capacity of the workforce of SHDs by 10% over baseline to provide TA to National DPP LCP delivery organizations in accessing reimbursement from public and private payers.
Outputs:	Executed contracts and scopes of work with up to 3 MDPP suppliers for the MDPP SPARQ project and with up to 3 small group mentors for the MDPP Enrollment Project. Development and evaluation of the SPARQ referral model, including development of SPARQ tools and resources for either/both the CTK or MDPP Business Planning Tools website. Provision of group TA by small group mentors to priority MDPP suppliers to increase beneficiary enrollment in the MDPP.
Budget Period Outcomes:	Increased knowledge of how partners (public health, health care systems, MDPP suppliers) can work together to increase uptake of the MDPP benefit.
Outcome Measures:	Increase the number of MDPP suppliers using the SPARQ referral model by 10% over baseline. Increase the number of MDPP beneficiaries enrolled by MDPP suppliers receiving TA from the small group mentors by 10% over baseline.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Build out, refine, maintain, and evaluate the MDPP Business Planning Tools website for potential and existing MDPP Suppliers. (www.DPPBusinessTools.org) Current tools include the MDPP Capacity Assessment and the MDPP Revenue Tool. Future tools may assist with critical business functions such as increasing referrals from health systems.
Process Measures:	Increase/refine the number of interactive tools or existing tool enhancements added to the MDPP Business Planning Tools website by 2.
Outputs:	Executed contract and scope of work for continued maintenance and build-out of the MDPP Business Planning Tools website. Development of up to 3 tailored presentations for MDPP suppliers on use of the MDPP Business Planning Tools and/or the SPARQ referral model.
Budget Period Outcomes:	Increased use of the MDPP Business Planning Tools website and the SPARQ referral model.
Outcome Measures:	Increase by 10% over baseline the number of MDPP suppliers using at least one tool on the MDPP Business Planning Tools website.

Project Title:	Diabetes Self-Management Education and Support – Medicare and Medicaid Coverage
Population of Focus:	Category A: Governmental Public Health Departments
Population of Focus Description:	State health departments
Project Plan Details	

Project Purpose:	In 2023, 97.6 million people had prediabetes, a condition that, if not treated, often leads to type 2 diabetes. To address this problem, CDC established the National Diabetes Prevention Program (National DPP), which is a partnership of public and private organizations working together to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program. The National DPP lifestyle change program (LCP) is founded on the science of the landmark Diabetes Prevention Program research study, and subsequent translation studies, which showed that making modest behavior changes helped people with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). Through the National DPP, CDC's Division of Diabetes Translation (DDT) has been working with Medicaid, Medicare, and private payers and employers to remove cost barriers to participation in the evidence-based LCP by making it a covered preventive benefit and to help build the infrastructure necessary for delivery organizations to access reimbursement. In 2015, through CDC RFA OT13-130203, DDT funded a Medicaid Demonstration Project with Maryland and Oregon to develop and implement Medicaid coverage models for the National DPP LCP. Lessons from the Demonstration Project have been captured in the National DPP Coverage Toolkit (CTK) (https://coveragetoolkit.org) and shared through virtual learning collaboratives and webinars with public and private payers and employers. As a result, 26 State Medicaid programs currently offer some coverage for the National DPP LCP. In April 2018, the Centers for Medicare & Medicaid Services (CMS) made the National DPP LCP a covered service for eligible Medicare beneficiaries (the Medicare Diabetes Prevention Program – MDPP). Through CDC RFA OT18-1802, DDT funded the Medicare Enrollment Project to assist 60 CDC-recognized organizations to become MDPP suppliers. This work resulted in the creation of MDPP resources for the CTK and the development of a new site to house interactive MDPP business planning tools (www.DPPBusinessTools.org). Also, through CDC RFA OT18-1802, DDT funded an Employer Learning Collaborative (ELC) which has worked with over 20 state health departments (SHDs) and 400 employers, resulting in 150 employers pursuing coverage of the LCP. Lessons learned from the ELC form the basis for an employer webtool: Healm: Diabetes Prevention For Your Workforce – Help your employees live longer, happier, and healthier lives. (healmatwork.org). Through CDC RFA OT18-1802, DDT also funded an Umbrella Hub Arrangement (UHA) Demonstration Project to help build a shared billing and claims infrastructure to facilitate access to reimbursement by community-based National DPP delivery organizations. Lessons learned from this project are posted on the CTK (Umbrella Hub Arrangements - National DPP Coverage Toolkit). Finally, through CDC RFA OT18-1802, DDT funded work with a National DPP Lifestyle Coach training entity to develop a new training program for SHD staff to build their capacity to scale and sustain the National DPP and DSMES (State Quality Specialists – SQSs) (Availability of National DPP State Quality Specialists (cdc.gov). While DDT and its partners have made significant progress on coverage, infrastructure, and capacity goals related to diabetes prevention and management, there is still much to do. The purpose of this project is to build on the progress to date, with a particular focus on applying the lessons learned about Medicare and Medicaid coverage and uptake of covered benefits for the National DPP LCP to Medicare and Medicaid coverage and uptake of covered benefits for recognized and accredited diabetes self-management education and support (DSMES) services, especially for priority populations. An expanded area of emphasis will include leveraging new Medicare and Medicaid coverage for health-related social needs (HRSNs) to support priority population participants in DSMES.
CIO:	NCCDPHP

Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Funding Statutory Authority:	Section 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The successful applicant must have: • Demonstrated ability to identify and convene a diverse group of subject matter experts with skills and experience working on public and private payer coverage of DSMES at the national, state, and local levels. • Demonstrated ability to work with national subject matter experts in a variety of areas, including development and implementation of payer contracts, development and implementation of Medicare and Medicaid billing and claims systems, development of network arrangements to allow groups of community-based organizations (CBOs) to meet the HRSNs of priority populations, and development and implementation of value-based insurance design for private payers and self-insured employers. • Knowledge and demonstrated experience informing and guiding the development of National DPP UHAs to successfully submit claims and receive reimbursement in order to translate that experience to reimbursement for delivery of DSMES. • Demonstrated ability to build and maintain user-friendly websites and webtools to house coverage tools and resources for SHDs, Medicaid State Agencies, UHAs and other networks, Community Care Hubs (CCHs), and other partners as appropriate. • Demonstrated ability to provide technical assistance (TA) and training on Medicare and Medicaid coverage for DSMES for SHDs, Medicaid State Agencies, payers, UHAs and other networks, CCHs, and other partners as appropriate. • Demonstrated ability to develop coverage tools and resources and to provide coverage TA and training that promotes and supports a commitment to health equity.

Recipient Program Experience:	The successful applicant will have the following experience: • Demonstrated experience working with SHDs, State Medicaid agencies, UHAs, CCHs, and other health plans and payers to build the implementation infrastructure needed to increase the uptake of Medicare and Medicaid covered benefits for DSMES. • Demonstrated knowledge of DSMES and experience helping SHDs and their delivery and payer partners scale and sustain DSMES programs, especially for priority populations. • Demonstrated experience providing TA and training to SHDs, State Medicaid agencies, UHAs and other networks, CCHs, and DSMES delivery organizations in implementing DSMES coverage initiatives, including facilitating peer collaboratives. • Demonstrated experience convening diverse groups of stakeholders and facilitating meetings designed to develop focused agendas for public health action on issues related to coverage of DSMES. • Demonstrated experience building and maintaining user-friendly websites, including crafting tools and resources based on lessons learned from demonstration projects and peer learning collaboratives. • Demonstrated commitment to promoting and advancing health equity in all aspects of coverage work (i.e. demonstration projects, peer learning collaboratives, website content, SHD staff training, etc.).
Expectations for Collaboration:	To maximize the impact of this activity, the applicant will need to consult with various partners on the development, implementation, evaluation, and dissemination of tools, resources, and best practices resulting from this work. These partners could include representatives from public and private managed care organizations and accountable care organizations and groups such as associations representing state health departments, physicians, health care organizations, and diabetes care and education specialists; public and private payers and employers; government agencies; foundations; academia; National DPP LCP delivery organizations; and recognized and accredited DSMES delivery organizations.
Expected Subcontractual Work and Criteria:	The applicant will need to engage subject matter experts to participate in presentations and webinars, as applicable, and to share expertise regarding the development, implementation, and evaluation of tools, resources, and best practices related to the development, implementation, and evaluation of Medicare and Medicaid coverage models for DSMES; UHAs, CCHs and other network models; and training models to build the capacity of the workforce in all aspects of insurance coverage for DSMES.
General Instructions for Use of Funds:	The budget narrative should sufficiently describe how proposed budgeted activities align with the workplan and should include detailed information about the roles that key organizations and/or subject matter experts and any contractors/subcontractors will have in accomplishing the work. The budget should include funds for in-person meetings and site visits as necessary to complete this work.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Medicaid DSMES Enrollment Project: Provide group TA to up to 5 State Medicaid agencies, SHDs, and their partners (e.g. managed care organizations, DSMES delivery organizations, etc.) to increase participation of Medicaid beneficiaries with diabetes in ADA-recognized or ADCES-accredited DSMES services by addressing social determinants of health (SDOH) screening and new Medicaid authorities to cover identified HRSNs for enrolled beneficiaries. (See: https://www.medicaid.gov/medicaid/section-1115-demonstrations/health-related-social-needs/index.html and https://www.medicaid.gov/federal-policy-guidance/downloads/cib11162023.pdf). These projects can include implementing and evaluating field-based practices such as using Food as Medicine as a support for participants in ADA-recognized or ADCES-accredited DSMES services. (See: https://nutrition.org/food-as-medicine.) Develop tools and resources for the CTK based on this work. Convene in-person meetings and conduct site visits as necessary. Medicare DSMT Coverage Project: Work with CDC and CMS and other partners such as ADA, ADCES, and Quality Improvement Organizations (QIOs) to develop a pilot project to test best practices for increasing uptake of the Medicare diabetes self-management training (DSMT) benefit. The pilot should include consideration of the new Medicare Health Equity provisions to address HRSNs of people with diabetes (MLN9201074 - Health Equity Services in the 2024 Physician Fee Schedule Final Rule (cms.gov)). Development of the pilot may include 1) working directly with up to 10 ADA-recognized or ADCES-accredited DSMT delivery organizations serving priority populations to gather detailed information on best practices regarding uptake of the benefit by Medicare beneficiaries with diabetes, 2) conducting key informant interviews with key partners, and/or 3) holding a convening of key partners to obtain feedback to inform pilot development and approval.
Process Measures:	Increase by 10% over baseline solutions and resources for the Coverage Toolkit to address operational challenges associated with meeting the HRSNs of Medicare and Medicaid beneficiaries participating in DSMT/DSMES. Increase the capacity of the workforce of SHDs by 10% over baseline to provide TA to recognized and accredited DSMT/DSMES providers in accessing Medicare and Medicaid reimbursement.
Outputs:	Executed contracts and scopes of work with up to 5 Medicaid State agencies/SHDs and/or other partner organizations for the Medicaid DSMES Enrollment Project. Provision of group TA through bi-monthly virtual meetings and products produced or shared to address DSMES implementation and participation challenges for up to 5 Medicaid State agencies/SHDs and their partners. Development of a pilot project plan to increase uptake of Medicare DSMT benefits.

Budget Period Outcomes:	Improved public health and Medicaid systems related to increasing uptake of covered DSMES services and addressing the HRSNs of Medicaid beneficiaries receiving DSMES services. Increased knowledge of how partners (public health, Medicare providers, national organizations, quality improvement organizations, etc.) can work together to increase uptake of Medicare DSMT benefits.
Outcome Measures:	Increase participation of Medicaid beneficiaries in covered DSMES services by 10% over baseline in states participating in the Medicaid DSMES Enrollment Project. Development of a pilot project to increase uptake of Medicare DSMT benefits that includes input from all relevant partners and has approval from CDC, CMS, ADA and ADCES.

Project Title:	National DPP – Building Capacity for Medicaid Coverage and Enrollment
Population of Focus:	Category A: Governmental Public Health Departments
Population of Focus Description:	State health departments
Project Plan Details	

Project Purpose:	In 2023, 97.6 million people had prediabetes, a condition that, if not treated, often leads to type 2 diabetes. To address this problem, CDC established the National Diabetes Prevention Program (National DPP), which is a partnership of public and private organizations working together to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program. The National DPP lifestyle change program (LCP) is founded on the science of the landmark Diabetes Prevention Program research study, and subsequent translation studies, which showed that making modest behavior changes helped people with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). Through the National DPP, CDC's Division of Diabetes Translation (DDT) has been working with Medicaid, Medicare, and private payers and employers to remove cost barriers to participation in the evidence-based LCP by making it a covered preventive benefit and to help build the infrastructure necessary for delivery organizations to access reimbursement. In 2015, through CDC RFA OT13-130203, DDT funded a Medicaid Demonstration Project with Maryland and Oregon to develop and implement Medicaid coverage models for the National DPP LCP. Lessons from the Demonstration Project have been captured in the National DPP Coverage Toolkit (CTK) (https://coveragetoolkit.org) and shared through virtual learning collaboratives and webinars with public and private payers and employers. As a result, 26 State Medicaid programs currently offer some coverage for the National DPP LCP. In April 2018, the Centers for Medicare & Medicaid Services (CMS) made the National DPP LCP a covered service for eligible Medicare beneficiaries (the Medicare Diabetes Prevention Program – MDPP). Through CDC RFA OT18-1802, DDT funded the Medicare Enrollment Project to assist 60 CDC-recognized organizations to become MDPP suppliers. This work resulted in the creation of MDPP resources for the CTK and the development of a new site to house interactive MDPP business planning tools (www.DPPBusinessTools.org). Also, through CDC RFA OT18-1802, DDT funded an Employer Learning Collaborative (ELC) which has worked with over 20 state health departments (SHDs) and 400 employers, resulting in 150 employers pursuing coverage of the LCP. Lessons learned from the ELC form the basis for an employer webtool: Healm: Diabetes Prevention For Your Workforce – Help your employees live longer, happier, and healthier lives. (healmatwork.org). Through CDC RFA OT18-1802, DDT also funded an Umbrella Hub Arrangement (UHA) Demonstration Project, to help build a shared billing and claims infrastructure to facilitate access to reimbursement by community-based National DPP delivery organizations. Lessons learned from this project are posted on the CTK (Umbrella Hub Arrangements - National DPP Coverage Toolkit). Finally, through CDC RFA OT18-1802, DDT funded work with a National DPP Lifestyle Coach training entity to develop a new training program for SHD staff to build their capacity to scale and sustain the National DPP (State Quality Specialists – SQSs) (Availability of National DPP State Quality Specialists (cdc.gov). While DDT and its partners have made significant progress on coverage, infrastructure, and capacity goals related to diabetes prevention and management, there is still much to do. The purpose of this project is to continue to build on the progress to date on work with state health departments and State Medicaid agencies, with a particular focus on increasing uptake of existing Medicaid covered benefits for the National DPP LCP, especially for priority populations. An expanded area of emphasis will include leveraging new Medicare and Medicaid coverage for health-related social needs (HRSNs) to support priority population participants in the LCP.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)

Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Funding Statutory Authority:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The successful applicant must have: • Demonstrated ability to identify and convene a diverse group of subject matter experts with skills and experience working on public and private payer and employer coverage of the National DPP LCP and DSMES at the national, state, and local levels. • Demonstrated ability to work with national subject matter experts in a variety of areas, including development and implementation of payer contracts, development and implementation of Medicare and Medicaid billing and claims systems, development of network arrangements to allow groups of community-based organizations (CBOs) to meet the HRSNs of priority populations, and development and implementation of value-based insurance design for private payers and self-insured employers. • Knowledge and demonstrated experience informing and guiding the development of National DPP UHAs to successfully submit claims and receive reimbursement for delivery of the LCP. • Demonstrated ability to build and maintain user-friendly websites and webtools to house coverage tools and resources for SHDs, Medicaid State Agencies, employers, MDPP suppliers, UHAs and other networks, Community Care Hubs (CCHs), and other partners as appropriate. • Demonstrated ability to provide technical assistance (TA) and training on public and private payer and employer coverage for the National DPP LCP and DSMES for SHDs, Medicaid State Agencies, MDPP suppliers, payers, employers, UHAs and other networks, CCHs, and other partners as appropriate. • Demonstrated ability to develop coverage tools and resources and to provide coverage TA and training that promotes and supports a commitment to health equity.
Recipient Program Experience:	The successful applicant will have the following experience: • Demonstrated experience working with SHDs, State Medicaid agencies, MDPP suppliers, UHAs, and other networks, CCHs, employers, and other health plans and payers to build the implementation infrastructure needed to increase the uptake of covered benefits for the National DPP LCP and/or DSMES. • Demonstrated knowledge of the National DPP LCP and DSMES, and experience helping SHDs and their delivery and payer partners scale and sustain these programs, especially for priority populations. • Demonstrated experience providing TA and training to SHDs, public and private payers and employers, UHAs and other networks, CCHs, and National DPP and/or DSMES delivery organizations in implementing new coverage initiatives, including facilitating peer collaboratives. • Demonstrated experience convening diverse groups of stakeholders and facilitating meetings designed to develop focused agendas for public health action on issues related to coverage of the National DPP LCP and/or DSMES. • Demonstrated experience building and maintaining user-friendly websites, including crafting tools and resources based on lessons learned from demonstration projects and peer learning collaboratives. • Demonstrated commitment to promoting and advancing health equity in all aspects of coverage work (i.e. demonstration projects, peer learning collaboratives, website content, SHD staff training, etc.)

Expectations for Collaboration:	To maximize the impact of this activity, the applicant will need to consult with various partners on the development, implementation, evaluation, and dissemination of tools, resources, and best practices resulting from this work. These partners could include representatives from public and private managed care organizations and accountable care organizations and groups such as associations representing state health departments, physicians, health care organizations, and diabetes care and education specialists; public and private payers and employers; government agencies; foundations; academia; National DPP LCP delivery organizations; and recognized and accredited DSMES delivery organizations. Collaboration will be needed with government agencies, billing vendors, private and public payers, and other partners in supporting the continued build-out of feasible UHA and CCH models.
Expected Subcontractual Work and Criteria:	The applicant will need to engage subject matter experts to participate in presentations and webinars, as applicable, and to share expertise regarding the development, implementation, and evaluation of tools, resources, and best practices related to the development, implementation, and evaluation of Medicaid coverage models for the National DPP LCP; and UHAs, CCHs and other relevant network models.
General Instructions for Use of Funds:	The budget narrative should sufficiently describe how proposed budgeted activities align with the workplan, and should include detailed information about the roles that key organizations and/or subject matter experts and any contractors/subcontractors will have in accomplishing the work. The budget should include funds for in-person meetings and site visits as necessary to complete this work.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Medicaid Enrollment Project: Provide group TA to up to 8 State Medicaid agencies, SHDs, and their partners (e.g. managed care organizations, National DPP LCP delivery organizations, etc.) to increase Medicaid beneficiary enrollment in the National DPP LCP by addressing social determinants of health (SDOH) screening and new Medicaid authorities to cover identified HRSNs for enrolled beneficiaries. (See: https://www.medicaid.gov/medicaid/section-1115-demonstrations/health-related-social-needs/index.html and https://www.medicaid.gov/federal-policy-guidance/downloads/cib11162023.pdf). These projects can include implementing and evaluating field-based practices such as using Food as Medicine as a support for participants in the National DPP LCP. (See: https://nutrition.org/food-as-medicine.) (Note: Previous Medicaid Demonstration Project states are eligible for this TA opportunity.) Develop tools and resources for the CTK based on this work. Convene in-person meetings and conduct site visits as necessary.

Process Measures:	Increase by 10% over baseline solutions and resources for the Coverage Toolkit to address operational challenges associated with meeting the HRSNs of Medicaid beneficiaries participating in the National DPP LCP. Increase the capacity of the workforce of SHDs by 10% over baseline to provide TA to National DPP LCP delivery organizations in accessing reimbursement from public and private payers.
Outputs:	Executed contracts and scopes of work with up to 8 Medicaid State agencies/SHDs and/or other partner organizations for the Medicaid Enrollment Project. Provision of group TA through bi-monthly virtual meetings and products produced or shared to address National DPP LCP implementation and enrollment challenges for up to 8 Medicaid State agencies/SHDs and their partners.
Budget Period Outcomes:	Improved public health and Medicaid systems related to developing, establishing, and sustaining coverage of the National DPP LCP and addressing the HRSNs of Medicaid beneficiaries enrolled in the program.
Outcome Measures:	Increase enrollment of Medicaid beneficiaries in the National DPP LCP by 10% over baseline for states in the Medicaid Enrollment Project.

Project Title:	**National DPP – Building Capacity to Promote Health Equity Through Coverage**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	In 2023, 97.6 million people had prediabetes, a condition that, if not treated, often leads to type 2 diabetes. To address this problem, CDC established the National Diabetes Prevention Program (National DPP), which is a partnership of public and private organizations working together to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program. The National DPP lifestyle change program (LCP) is founded on the science of the landmark Diabetes Prevention Program research study, and subsequent translation studies, which showed that making modest behavior changes helped people with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). Through the National DPP, CDC's Division of Diabetes Translation (DDT) has been working with Medicaid, Medicare, and private payers and employers to remove cost barriers to participation in the evidence-based LCP by making it a covered preventive benefit and to help build the infrastructure necessary for delivery organizations to access reimbursement. In 2015, through CDC RFA OT13-130203, DDT funded a Medicaid Demonstration Project with Maryland and Oregon to develop and implement Medicaid coverage models for the National DPP LCP. Lessons from the Demonstration Project have been captured in the National DPP Coverage Toolkit (CTK) (https://coveragetoolkit.org) and shared through virtual learning collaboratives and webinars with public and private payers and employers. As a result, 26 State Medicaid programs currently offer some coverage for the National DPP LCP. In April 2018, the Centers for Medicare & Medicaid Services (CMS) made the National DPP LCP a covered service for eligible Medicare beneficiaries (the Medicare Diabetes Prevention Program – MDPP). Through CDC RFA OT18-1802, DDT funded the Medicare Enrollment Project to assist 60 CDC-recognized organizations to become MDPP suppliers. This work resulted in the creation of MDPP resources for the CTK and the development of a new site to house interactive MDPP business planning tools (www.DPPBusinessTools.org). Also, through CDC RFA OT18-1802, DDT funded an Employer Learning Collaborative (ELC) which has worked with over 20 state health departments (SHDs) and 400 employers, resulting in 150 employers pursuing coverage of the LCP. Lessons learned from the ELC form the basis for an employer webtool: Healm: Diabetes Prevention For Your Workforce – Help your employees live longer, happier, and healthier lives. (healmatwork.org). Through CDC RFA OT18-1802, DDT also funded an Umbrella Hub Arrangement (UHA) Demonstration Project to help build a shared billing and claims infrastructure to facilitate access to reimbursement by community-based National DPP delivery organizations. Lessons learned from this project are posted on the CTK (https:/coveragetoolkit.org/umbrella-hub-arrangements/). Finally, through CDC RFA OT18-1802, DDT funded work with a National DPP Lifestyle Coach training entity to develop a new training program for SHD staff to build their capacity to scale and sustain the National DPP (nationaldppcsc.gov/s/article/Availability-of-National-DPP-State-Quality-Specialists. While DDT and its partners have made significant progress on coverage, infrastructure, and capacity goals related to diabetes prevention and management, there is still much to do. The purpose of this project is to continue to build on the progress to date, with a particular focus on promoting and supporting health equity in all CDC coverage-related work to increase uptake of

	existing covered benefits for the National DPP LCP and recognized and accredited diabetes self-management education and support (DSMES) services and diabetes self-management training (DSMT), especially for priority populations. An expanded area of emphasis will include leveraging new Medicare and Medicaid coverage for health-related social needs (HRSNs) to support priority population participants in the National DPP LCP and DSMES/DSMT. See: https://www.medicaid.gov/medicaid/section-1115-demonstrations/health-related-social-needs/index.html and https://www.medicaid.gov/federal-policy-guidance/downloads/cib11162023.pdf) and (MLN9201074 - Health Equity Services in the 2024 Physician Fee Schedule Final Rule (cms.gov)).
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Funding Statutory Authority:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The successful applicant must have: • Demonstrated ability to identify and convene a diverse group of subject matter experts with skills and experience working on public and private payer and employer coverage of the National DPP LCP and DSMES at the national, state, and local levels. • Demonstrated ability to work with national subject matter experts in a variety of areas, including development and implementation of payer contracts, development and implementation of Medicare and Medicaid billing and claims systems, development of network arrangements to allow groups of community-based organizations (CBOs) to meet the HRSNs of priority populations, and development and implementation of value-based insurance design for private payers and self-insured employers. • Knowledge and demonstrated experience informing and guiding the development of National DPP UHAs to successfully submit claims and receive reimbursement for delivery of the LCP. • Demonstrated ability to build and maintain user-friendly websites and webtools to house coverage tools and resources for SHDs, Medicaid State Agencies, employers, MDPP suppliers, UHAs and other networks, Community Care Hubs (CCHs), and other partners as appropriate. • Demonstrated ability to provide technical assistance (TA) and training on public and private payer and employer coverage for the National DPP LCP and DSMES for SHDs, Medicaid State Agencies, MDPP suppliers, payers, employers, UHAs and other networks, CCHs, and other partners as appropriate. • Demonstrated ability to develop coverage-related tools and resources and to provide coverage TA and training that promotes and supports a commitment to health equity.

Recipient Program Experience:	The successful applicant will have the following experience: • Demonstrated experience working with SHDs, State Medicaid agencies, MDPP suppliers, UHAs, and other networks, CCHs, employers, and other health plans and payers to build the implementation infrastructure needed to increase the uptake of covered benefits for the National DPP LCP and/or DSMES. • Demonstrated knowledge of the National DPP LCP and DSMES, and experience helping SHDs and their delivery and payer partners scale and sustain these programs, especially for priority populations. • Demonstrated experience providing TA and training to SHDs, public and private payers and employers, UHAs and other networks, CCHs, and National DPP and/or DSMES delivery organizations in implementing new coverage initiatives, including facilitating peer collaboratives. • Demonstrated experience convening diverse groups of stakeholders and facilitating meetings designed to develop focused agendas for public health action on issues related to coverage of the National DPP LCP and/or DSMES. • Demonstrated experience building and maintaining user-friendly websites, including crafting tools and resources based on lessons learned from demonstration projects and peer learning collaboratives. • Demonstrated commitment to promoting and advancing health equity in all aspects of coverage work (i.e. demonstration projects, peer learning collaboratives, website content, SHD staff training, etc.).
Expectations for Collaboration:	To maximize the impact of this activity, the applicant will need to consult with various partners on the development, implementation, evaluation, and dissemination of tools, resources, and best practices resulting from this work. These partners could include representatives from public and private managed care organizations and accountable care organizations and groups such as associations representing state health departments, physicians, health care organizations, and diabetes care and education specialists; public and private payers and employers; government agencies; foundations; academia; National DPP LCP delivery organizations; and recognized and accredited DSMES delivery organizations.
Expected Subcontractual Work and Criteria:	The applicant will need to engage subject matter experts to participate in presentations and webinars, as applicable, and to share expertise regarding the development, implementation, and evaluation of tools, resources, and best practices related to the development, implementation, and evaluation of public and private coverage models for the National DPP LCP and/or DSMES; UHAs, CCHs and other network models; MDPP referral and business planning models; and training models to build the capacity of the workforce in all aspects of insurance coverage for the National DPP LCP and/or DSMES.
General Instructions for Use of Funds:	The budget narrative should sufficiently describe how proposed budgeted activities align with the workplan and should include detailed information about the roles that key organizations and/or subject matter experts and any contractors/subcontractors will have in accomplishing the work. The budget should include funds for in-person meetings and site visits as necessary to complete this work.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	State Quality Specialist (SQS) Coverage Training Project: Develop and evaluate coverage modules to supplement basic training for SQSs to assist National DPP delivery organizations in accessing reimbursement from public and private payers. Evaluate the pilot of the first module on Medicare coverage for the National DPP LCP and implement it for up to an additional 16 SQSs. Begin development of a second SQS coverage training module (e.g., Medicaid or Medicare coverage of HRSNs, DSMES services, etc.). Promoting Health Equity Through Coverage Project: Develop up to 3 case studies illustrating the use of best practices to implement either Medicaid or Medicare new coverage authorities for HRSNs for people with prediabetes/diabetes. See: https://www.medicaid.gov/medicaid/section-1115-demonstrations/health-related-social-needs/index.html and https://www.medicaid.gov/federal-policy-guidance/downloads/cib11162023.pdf) and (MLN9201074 - Health Equity Services in the 2024 Physician Fee Schedule Final Rule (cms.gov)). Conduct key informant interviews and site visits as necessary. Develop a webinar and resources for the Coverage Toolkit. UHAs and CCHs receiving other funding from CDC are eligible to participate in this project and receive funding, as necessary, from the project recipient.
Process Measures:	Increase the capacity of the workforce of SHDs by 10% over baseline to provide TA to National DPP LCP delivery organizations and/or ADA-recognized and ADCES-accredited DSMES providers in addressing the HRSNs of priority populations and in promoting health equity through coverage work.
Outputs:	One new SQS coverage training module (topic to be determined in consultation with CDC) Up to 3 case studies illustrating best practices for promoting health equity among people with prediabetes/diabetes through use of new Medicaid and Medicare authorities to address HRSNs of Medicare/Medicaid beneficiaries
Budget Period Outcomes:	Improved public health and Medicaid systems related to promoting health equity through addressing the HRSNs of Medicare and Medicaid beneficiaries enrolled in the National DPP LCP or DSMES services. Increased knowledge of how partners (public health, health care systems, payers) can work together to promote health equity through coverage work.
Outcome Measures:	Increase new resources for the Coverage Toolkit on promoting health equity in coverage work through use of new Medicare/Medicaid coverage authorities for HRSNs by 10% over baseline. Increase by 16 the number of SQSs who successfully complete the new Medicare Diabetes Prevention Program Coverage Training Module. Increase by 1 the number of SQS coverage training modules developed.
Strategic Area:	**Policy and Programs**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Coverage Toolkit (CTK): Continue to build, refine, and evaluate the CTK to support the identification of best practices and adoption of coverage models for the National DPP LCP through public and private payers and purchasers, with a focus on promoting health equity. Expand the Medicaid section of the CTK to include resources supporting coverage of DSMES services and coverage of HRSNs for Medicare and Medicaid beneficiaries. Translation & Dissemination: Translate and disseminate evidence- and practice-based coverage models with a health equity focus contained in the CTK as well as learnings from the Medicaid Enrollment Project, the UHA Project, the CCH Project, and the MDPP Enrollment Project through various presentations, webinars, and meetings as applicable.
Process Measures:	Increase/refine the number of updates to the CTK by 20 (including updates related to Medicare and Medicaid coverage of the National DPP LCP and DSMES services, UHAs, CCHs, Bright Spots [DIABETES – State Engagement Model - National Association of Chronic Disease Directors], and new Medicare and Medicaid authorities related to the coverage of HRSNs.
Outputs:	Executed contract and scope of work for maintenance and build-out of the CTK Up to 5 tailored presentations for partners on updated content in the CTK
Budget Period Outcomes:	Increased use of the CTK by public and private payers and purchasers and other partners to establish and operationalize coverage of the National DPP LCP, DSMES, and HRSNs for participants in the National DPP LCP and/or DSMES. Increased understanding by public and private payers and purchasers and other partners of how to establish and operationalize coverage of the National DPP LCP, DSMES, and HRSNs for participants in the National DPP LCP and/or DSMES.
Outcome Measures:	Increase by 10% over baseline the number of public and private payers and purchasers and other partners reporting using the CTK. Increase by 10% over baseline the number of partners funded or supported by CDC RFA OT24-2480 reporting impact from use of the CTK.

Project Title:	Diabetes Prevention Support for Tribes
Population of Focus:	Category A: Governmental Public Health Departments
Population of Focus Description:	State health departments
Project Plan Details	

Project Purpose:	Background: The diabetes epidemic emerged in the United States after World War II, revealing stark health disparities in American Indian and Alaska Native communities, whose rates of diabetes and its complications soared above those of non-Hispanic White persons. Today, American Indian and Alaska Native persons still experience the highest prevalence of diabetes compared to other racial/ethnic groups. The landmark Diabetes Prevention Program (DPP) clinical trial, which included 171 American Indian volunteers, revealed that participation in a structured, year-long lifestyle change program can decrease risk for type 2 diabetes in adults with prediabetes by as much as 58%. The Indian Health Service Special Diabetes Program for Indians (SDPI) Diabetes Prevention Demonstration Project, established by Congress in 2004, replicated the DPP in 'real world' settings, serving more than 6000 American Indian and Alaska Native persons in 34 programs in 80 sites from 2004 to 2017. In 2010, Congress authorized the Centers for Disease Control and Prevention (CDC) to establish the National Diabetes Prevention Program (National DPP), a partnership of public and private organizations working together to build a nationwide delivery system for a lifestyle intervention to help prevent type 2 diabetes in adults at high risk. CDC's Division of Diabetes Translation (DDT) aims to increase access to and enrollment of eligible adults in the National DPP lifestyle intervention and has funded tribes, tribal programs, and tribal serving organizations to implement type 2 diabetes prevention activities through Good Health and Wellness in Indian Country (GHWIC). Over the course of the GHWIC program, progress in increasing access to the National DPP lifestyle intervention in tribal communities has been made, and DDT will continue to fund GHWIC recipients to do this work in the next round of the funding, beginning in 2024. In 2023, CDC/DDT began additional efforts to increase access to the National DPP lifestyle intervention in tribal communities by: supporting the establishment of sustainable networks, known as umbrella hub arrangements (UHAs), to scale access to the program in regions served by tribal area health boards; providing technical assistance opportunities to tribes, tribal programs, and tribally serving organizations that deliver the National DPP lifestyle intervention; and increasing access to culturally relevant training for program staff. These efforts support organizations that may or may not receive CDC funding through GHWIC or other opportunities. Purpose: Though there is a longstanding history of efforts to address type 2 diabetes in tribal communities, the need to further scale and support prevention efforts remains. The purpose of this project is to support the scaling of the National DPP lifestyle intervention in tribal communities by (1) supporting the establishment of new and growth of existing tribal UHAs; (2) providing culturally tailored technical assistance and support to CDC-recognized organizations implementing the National DPP lifestyle change program in tribal communities; and (3) providing access to culturally relevant training for Lifestyle Coaches and Master Trainers serving tribes and AI/AN populations. The successful applicant will work collaboratively with CDC/DDT to support tribes, tribal programs, and tribal serving organizations that support or deliver the National DPP lifestyle intervention through a variety of technical assistance and training modalities to facilitate skill building, program development and implementation, peer learning, and partnership engagement using a data driven planning process. The recipient will lead work with state health departments that are partnering with tribes and tribal serving organizations to expand access to the National Diabetes Prevention Program (National DPP) lifestyle intervention.

CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-24-0948, 75-X-0948, H008C4111017
Funding Statutory Authority:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended; Sections 4002 of the Patient Protection and Affordable Care Act
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The successful applicant should have the capacity to work with tribes, tribal programs, and tribal serving organizations, including tribal area health boards. As part of its mission, the applicant should be focused on ensuring that evidence-based chronic disease prevention and control activities/strategies are being implemented and scaled to help support healthy communities. The successful applicant should also have demonstrated capacity working with CDC to implement a variety of evidence-based type 2 diabetes prevention strategies/interventions in collaboration with multiple partners at the national, state, tribal, regional, and local level. The successful applicant should have access to consultants with relevant cultural and subject matter expertise to augment the support that is provided by CDC/DDT. Additionally, the successful applicant should have demonstrated knowledge and understanding of evidence-based type 2 diabetes prevention strategies/interventions, with emphasis on 1) increasing access to and participation in the National DPP lifestyle intervention; 2) establishing National DPP UHAs; 3) providing culturally tailored training for National DPP lifestyle intervention staff; and 4) increasing access to health benefit coverage for the National DPP lifestyle intervention.
Recipient Program Experience:	• Demonstrated skills and experience providing diabetes-related technical assistance and training for DDT-funded chronic disease/diabetes program managers and their staff. • Demonstrated knowledge and understanding of type 2 diabetes prevention strategies, with emphasis on 1) increasing access to and participation in the National DPP lifestyle intervention; 2) establishing National DPP UHAs; 3) providing culturally tailored training for National DPP lifestyle intervention staff; and 4) increasing access to health benefit coverage for the National DPP lifestyle intervention. • Direct experience working with tribes, tribal programs, tribal serving organizations, and tribal area health boards to increase capacity in delivering the National DPP lifestyle intervention. Cultural sensitivity and respect are essential qualities for all personnel involved and procedures planned. • Direct experience working with a National DPP Lifestyle Coach training entity that has an MOU with CDC to provide culturally relevant training for National DPP lifestyle intervention staff that serve tribes and tribal communities. • Demonstrated ability to secure, support, and convene a diverse, representative group of subject matter experts with skills and experience needed to work at multiple levels of influence. • Demonstrated experience convening diverse groups of partners and facilitating meetings with focused agendas for public health action on issues related to type 2 diabetes prevention in tribal communities.

Expectations for Collaboration:	Collaboration with organizations that have experience supporting type 2 diabetes prevention efforts in tribes and tribal communities is anticipated. These organizations may include consulting organizations with cultural and subject matter expertise. The applicant must also collaborate with a training entity that has an MOU with CDC (Training for your Lifestyle Coaches (cdc.gov)) to provide training for National DPP lifestyle intervention staff, and that training entity must have 1) previous experience providing training for Lifestyle Coaches and Master Trainers serving tribes and AI/AN populations; 2) staff with direct experience supporting tribes and tribal communities; and 3) previous experience working with CDC and cultural/subject matter experts to provide training for National DPP Lifestyle Coaches and Master Trainers who serve tribes and AI/AN populations.
Expected Subcontractual Work and Criteria:	Subcontracts may be needed for this funding opportunity to support the accomplishment of key objectives and secure specialized subject matter and cultural context expertise. It is anticipated that subcontracts may be awarded to two or more organization(s) and/or subject matter expert(s) to successfully accomplish the proposed work. These organizations may include consulting organizations with cultural and subject matter expertise and training entities that have an MOU with CDC to provide training for National DPP lifestyle intervention staff and 1) previous experience providing training for Lifestyle Coaches and Master Trainers serving tribes and AI/AN populations; 2) staff with direct experience supporting tribes and tribal communities; and 3) previous experience working with CDC and cultural/subject matter experts to provide training for National DPP Lifestyle Coaches and Master Trainers who serve tribes and AI/AN populations. Appropriate procurement policies and practices should be followed in collaboration with CDC's Office of Grants Services and in consultation with the CDC Project Officer and DDT Technical Monitor.
General Instructions for Use of Funds:	The budget narrative should sufficiently describe how proposed budgeted activities align with the work plan and include detailed information about the roles that subcontracted organizations and/or subject matter experts will have in accomplishing the work. Support for the recipient organization's subject matter expertise and consultation needs should be included.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Support the establishment of new and growth of existing tribal UHAs by: • Developing culturally informed technical assistance and learning opportunities, including communities of practice, learning collaboratives, and other forms of one-on-one or group-based learning or training. • Conducting exploratory work and formative assessment to identify ways that UHAs serving tribal communities can receive reimbursement for the National DPP lifestyle intervention from public and private payers. • Developing tools and resources for the National DPP Coverage Toolkit (https://coveragetoolkit.org/) tailored to tribal UHAs. • Increasing the knowledge and skill of UHAs in providing technical assistance to organizations that deliver the National DPP lifestyle intervention by supporting the participation of at least one staff member per tribal UHA in the National DPP quality specialist training and/or related offerings as appropriate. • Coordinating logistics for an in-person convening with tribal UHAs and their partners to share best practices and lessons learned, and conducting site visits as necessary (determined in collaboration with CDC/DDT). Provide technical assistance and support to CDC-recognized organizations implementing the National DPP lifestyle change program in tribal communities by: • Collaborating with CDC/DDT and partners to develop, implement, and evaluate a technical assistance plan based on a February 2024 needs assessment that incorporates interactive, culturally informed learning approaches. Learning approaches may include peer learning networks, communities of practice, learning collaboratives, and other forms of one-on-one or group-based learning or training. • Conducting an annual needs assessment to inform adjustments to the technical assistance plan.
Process Measures:	Establishment of new and growth of existing tribal UHAs: • Increase the number of culturally informed technical assistance and learning opportunities by 10% over baseline. • Increase the number of tailored tools and resources developed for the National DPP Coverage Toolkit by 10% over baseline. Technical assistance and support to CDC-recognized organizations implementing the National DPP lifestyle change program in tribal communities: • Increase the number of culturally informed technical assistance offerings for CDC-recognized organizations implementing the National DPP lifestyle change program in tribal communities by 10% over baseline. Increase the number of culturally informed technical assistance offerings with a more than 50% satisfaction rating by 10% over baseline (satisfaction measure(s) to be determined with CDC/DDT as part of evaluation plan development). • Increase the number of completed learning opportunities focused on establishing new and growing existing tribal UHAs by 10% over baseline (number/type to be determined in discussion with CDC/DDT). • At least one staff member per tribal UHA will participate in the National DPP quality specialist training and/or related offerings. • Increase the number of respondents participating in the needs assessment by 10% over baseline.

Outputs:	Establishment of new and growth of existing tribal UHAs: • Development of a plan for completing the exploratory and formative assessment work to identify ways that UHAs serving tribal communities can receive reimbursement for the National DPP lifestyle intervention from public and private payers. • Development of needs assessment questions and documentation of how the assessments will be conducted • Completed report detailing reimbursement mechanisms for tribal UHAs and other tribes, tribal programs, and tribal serving organizations delivering the National DPP lifestyle intervention. • Completed tailored tools and resources (number/type to be determined in discussion with CDC/DDT). • Completed reports on partner convening and/or site visits (number/type/necessity to be determined in discussion with CDC/DDT). Technical assistance and support to CDC-recognized organizations implementing the National DPP lifestyle change program in tribal communities: • In the first year, a completed technical assistance plan that includes specific details on the type of offerings, modalities, and potential topics to be covered each year (number/type to be determined in discussion with CDC/DDT) and an evaluation plan to evaluate effectiveness of the learning approaches used so that offerings can be improved on an ongoing basis. In each year, completed technical assistance offerings (number/type to be determined in discussion with CDC/DDT) and evaluation reports on the offerings will be required. • Completed annual needs assessments and revisions made to the technical assistance plan.
Budget Period Outcomes:	• Increased capacity of tribes, tribal programs, and tribal serving organizations to deliver the National DPP lifestyle intervention effectively. • Establishment of sustainable networks (UHAs) to increase access to the National DPP lifestyle intervention in tribal communities.
Outcome Measures:	Increase by 10% over baseline the number of tribes, tribal programs, and tribal serving organizations that deliver the National DPP lifestyle intervention. Increase by 10% over baseline the number of CDC-recognized tribes, tribal programs, and tribal serving organizations achieving Full or Full Plus recognition from the Diabetes Prevention Recognition Program. Increase by 10% over baseline the number of tribes, tribal programs, or tribal serving organizations that become UHAs. Increase by 10% over baseline the enrollment of AI/AN participants in the National DPP lifestyle intervention.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Increase access to culturally relevant training for Lifestyle Coaches and Master Trainers serving tribes and AI/AN populations by: • Working with a National DPP Lifestyle Coach training entity that has an MOU with CDC to become the designated provider of specialized training for Lifestyle Coaches and Master Trainers who work with tribes and AI/AN populations. • Collaborating with partners to offer at least one culturally tailored Lifestyle Coach and/or Master Trainer training per year, depending on the need. • Working with the training entity identified in the first activity above and existing Master Trainers who serve tribes and AI/AN populations to develop and/or tailor advanced skill trainings. • Supporting the participation of interested Lifestyle Coaches and/or Master Trainers in existing long-term, advanced trainings, such as the National DPP Group Coaching Certificate Program.
Process Measures:	Culturally relevant training for Lifestyle Coaches and Master Trainers serving tribes and AI/AN populations: • Executed subcontract with a training entity that has an MOU with CDC to become the designated provider of specialized training for Lifestyle Coaches and Master Trainers who work with tribes and AI/AN populations. • Increase by 10% from baseline the number of culturally tailored Lifestyle Coach and/or Master Trainer trainings offered per year. • Increase by 10% from baseline the number of advanced skill trainings developed and/or tailored.
Outputs:	Culturally relevant training for Lifestyle Coaches and Master Trainers serving tribes and AI/AN populations: • Minimum of 1 culturally tailored Lifestyle Coach or Master Trainer training offered per year. • Formal agreement with 1 National DPP Lifestyle Coach training entity that has an MOU with CDC. • Completed development and/or tailoring of advanced skill trainings (number/type to be determined in discussion with CDC/DDT). • Support for Lifestyle Coaches and/or Master Trainers (approx. 10-15 individuals) to participate in existing long-term advanced trainings.
Budget Period Outcomes:	• Increased access to high-quality, culturally tailored training and skill building opportunities for National DPP lifestyle intervention staff that serve tribes and AI/AN populations.
Outcome Measures:	• Increase by 10% over baseline the number of Master Trainers and Lifestyle Coaches serving tribes and AI/AN populations.

Project Title:	Diabetes Technical Assistance for GHWIC Recipients
Population of Focus:	Category A: Governmental Public Health Departments
Population of Focus Description:	State health departments
Project Plan Details	

Project Purpose:	Background: The diabetes epidemic emerged in the United States after World War II, revealing stark health disparities in American Indian and Alaska Native communities, whose rates of diabetes and its complications soared above those of non-Hispanic White persons. Today, American Indian and Alaska Native persons still experience the highest prevalence of diabetes compared to other racial/ethnic groups. The landmark Diabetes Prevention Program (DPP) clinical trial, which included 171 American Indian volunteers, revealed that participation in a structured, year-long lifestyle change program can decrease risk for type 2 diabetes in adults with prediabetes by as much as 58%. The Indian Health Service Special Diabetes Program for Indians (SDPI) Diabetes Prevention Demonstration Project, established by Congress in 2004, replicated the DPP in 'real world' settings, serving more than 6000 American Indian and Alaska Native persons in 34 programs in 80 sites from 2004 to 2017. In 2010, Congress authorized the Centers for Disease Control and Prevention (CDC) to establish the National Diabetes Prevention Program (National DPP), a partnership of public and private organizations working together to build a nationwide delivery system for a lifestyle intervention to help prevent type 2 diabetes in adults at high risk. CDC's Division of Diabetes Translation (DDT) aims to increase access to and enrollment of eligible adults in the National DPP lifestyle intervention and has funded tribes, tribal programs, and tribal serving organizations to implement type 2 diabetes prevention activities through Good Health and Wellness in Indian Country (GHWIC). Over the course of the GHWIC program, progress in increasing access to the National DPP lifestyle intervention in tribal communities has been made, and DDT will continue to fund GHWIC recipients to do this work in the next round of the funding, beginning in 2024. In 2023, CDC/DDT began additional efforts to increase access to the National DPP lifestyle intervention in tribal communities by: supporting the establishment of sustainable networks, known as umbrella hub arrangements (UHAs), to scale access to the program in regions served by tribal area health boards; providing technical assistance opportunities to tribes, tribal programs, and tribal serving organizations that deliver the National DPP lifestyle intervention; and increasing access to culturally relevant training for program staff. These efforts complement the work of GHWIC recipients and help further expand the program to tribal communities. Purpose: Though there is a longstanding history of efforts to address type 2 diabetes in tribal communities, the need to further scale and support prevention efforts remains. The purpose of this project is to provide technical assistance and support for recipients funded under the GHWIC cooperative agreement to help them successfully implement evidence-based type 2 diabetes prevention activities. The successful applicant will work collaboratively with CDC/DDT to support GHWIC recipients and their formal partners through a variety of technical assistance and training modalities to facilitate skill building, program development and implementation, peer learning, and partnership engagement using a data driven planning process. Funded activities will complement and augment the technical assistance provided by CDC/DDT. The recipient will lead work with state health departments that are partnering with tribes and tribal serving organizations to expand access to the National Diabetes Prevention Program (National DPP) lifestyle intervention.
CIO:	NCCDPHP

Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-24-0948, 75-X-0948, H008C4111017
Funding Statutory Authority:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended; Sections 4002 of the Patient Protection and Affordable Care Act
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The successful applicant should have the capacity to work with GHWIC recipients – tribes, tribal programs, and tribal serving organizations, including tribal area health boards and tribal epidemiology centers. As part of its mission, the applicant should be focused on ensuring that evidence-based chronic disease prevention and control activities/strategies are being implemented and scaled to help support healthy communities. The successful applicant should also have demonstrated capacity working with CDC to implement a variety of evidence-based type 2 diabetes prevention strategies/interventions in collaboration with multiple partners at the national, state, tribal, regional, and local level. The successful applicant should have access to consultants with relevant cultural and subject matter expertise to augment the technical assistance and training that is provided by CDC/DDT. Additionally, the successful applicant should have demonstrated knowledge and understanding of evidence-based type 2 diabetes prevention strategies/interventions, with emphasis on 1) increasing access to and participation in the National DPP lifestyle intervention; 2) establishing National DPP UHAs; 3) providing culturally tailored training for National DPP lifestyle intervention staff; and 4) increasing access to health benefit coverage for the National DPP lifestyle intervention.
Recipient Program Experience:	• Demonstrated skills and experience providing diabetes-related technical assistance and training for DDT-funded chronic disease/diabetes program managers and their staff. • Demonstrated knowledge and understanding of type 2 diabetes prevention strategies, with emphasis on 1) increasing access to and participation in the National DPP lifestyle intervention; 2) establishing National DPP UHAs; 3) providing culturally tailored training for National DPP lifestyle intervention staff; and 4) increasing access to health benefit coverage for the National DPP lifestyle intervention. • Direct experience working with tribes, tribal programs, tribal serving organizations, and tribal area health boards to increase capacity in delivering the National DPP lifestyle intervention. Cultural sensitivity and respect are essential qualities for all personnel involved and procedures planned. • Direct experience working with a National DPP Lifestyle Coach training entity that has an MOU with CDC to provide culturally relevant training for National DPP lifestyle intervention staff that serve tribes and tribal communities. • Demonstrated ability to secure, support, and convene a diverse, representative group of subject matter experts with skills and experience needed to work at multiple levels of influence. • Demonstrated experience convening diverse groups of partners and facilitating meetings with focused agendas for public health action on issues related to type 2 diabetes prevention in tribal communities.

Expectations for Collaboration:	Collaboration with organizations that have experience supporting type 2 diabetes prevention efforts in tribes and tribal communities is anticipated. These organizations may include consulting organizations with cultural and subject matter expertise. The applicant must also collaborate with a training entity that has an MOU with CDC (Training for your Lifestyle Coaches (cdc.gov)) to provide training for National DPP lifestyle intervention staff, and that training entity must have 1) previous experience providing training for Lifestyle Coaches and Master Trainers serving tribes and AI/AN populations; 2) staff with direct experience supporting tribes and tribal communities; and 3) previous experience working with CDC and cultural/subject matter experts to provide training for National DPP Lifestyle Coaches and Master Trainers who serve tribes and AI/AN populations.
Expected Subcontractual Work and Criteria:	Subcontracts may be needed for this funding opportunity to support the accomplishment of key objectives and secure specialized subject matter and cultural context expertise. It is anticipated that subcontracts may be awarded to two or more organization(s) and/or subject matter expert(s) to successfully accomplish the proposed work. These organizations may include consulting organizations with cultural and subject matter expertise and training entities that have an MOU with CDC to provide training for National DPP lifestyle intervention staff and 1) previous experience providing training for Lifestyle Coaches and Master Trainers serving tribes and AI/AN populations; 2) staff with direct experience supporting tribes and tribal communities; and 3) previous experience working with CDC and cultural/subject matter experts to provide training for National DPP Lifestyle Coaches and Master Trainers who serve tribes and AI/AN populations. Appropriate procurement policies and practices should be followed in collaboration with CDC's Office of Grants Services and in consultation with the CDC Project Officer and DDT Technical Monitor.
General Instructions for Use of Funds:	The budget narrative should sufficiently describe how proposed budgeted activities align with the work plan and include detailed information about the roles that subcontracted organizations and/or subject matter experts will have in accomplishing the work. Support for the recipient organization's subject matter expertise and consultation needs should be included.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• In the first three months, identify partners with cultural and subject matter expertise to support the implementation of GHWIC type 2 diabetes prevention activities in tribal communities throughout the United States. Subject matter includes: screening, testing, and referral of adults with prediabetes or at risk for type 2 diabetes; enrollment of eligible adults in the National DPP lifestyle intervention; culturally tailored approaches to lifestyle change associated with diabetes prevention; and referral of adults with type 2 diabetes to diabetes self-management education and support (DSMES) services. Work with partners to engage regional specialists, such as National DPP Master Trainers serving tribes and AI/AN populations, with knowledge of local culture and context to support the work. • Collaborate with partners to conduct an annual assessment of recipients' needs to support successful implementation of the diabetes prevention strategies of GHWIC, report on performance measures, and fulfill administrative requirements. • Coordinate with CDC/DDT and partners to develop, implement, and evaluate a technical assistance plan based on the needs assessment that incorporates interactive, culturally informed learning approaches. Learning approaches may include communities of practice, learning collaboratives, and other forms of one-on-one or group-based learning or training. In the first year, develop guidance documents as part of the technical assistance to help familiarize recipients with the diabetes activities of GHWIC. • Support the development of culturally and/or linguistically adapted program materials needed to implement GHWIC diabetes prevention activities. • Attend in-person and virtual meetings held by CDC GHWIC staff to ensure coordination of technical assistance activities.
Process Measures:	• Increase by 10% over baseline the number of executed subcontracts with partner organizations in the first three months. • Increase by 10% over baseline the number of technical assistance offerings per year. Increase by 10% over baseline the number of technical assistance offerings with a more than 50% satisfaction rating (satisfaction measure(s) to be determined with CDC/DDT as part of evaluation plan development). • In the first three months, execute at least one new formal partnership with an organization that has appropriate cultural and subject matter expertise to support the implementation of the type 2 diabetes prevention activities in GHWIC. • Complete the development of the needs assessment and administer to at least 9 recipients.
Outputs:	• Completed report on the needs assessment that summarizes input from GHWIC recipients. • Completed guidance documents and technical assistance plan that includes specific details on the type of offerings, modalities, and potential topics to be covered each year (number/type to be determined in discussion with CDC/DDT); and completed evaluation plan to evaluate effectiveness of learning approaches used so that offerings can be improved on an ongoing basis. • Completed culturally and/or linguistically adapted program materials (number/type to be determined in discussion with CDC/DDT).
Budget Period Outcomes:	• Increased capacity of GHWIC recipients to achieve progress on the type 2 diabetes prevention strategies/interventions and improvements in performance measures included in the NOFO. • Increased capacity of tribes, tribal programs, and tribal serving organizations to deliver the National DPP lifestyle intervention effectively.

Outcome Measures:	Increase by 10% over baseline the number of recipients and/or their sub-awardees implementing the National DPP lifestyle intervention or a community selected, evidence-informed type 2 diabetes prevention program that uses elements of the PreventT2 curriculum. Increase by 10% over baseline the number of tribes, tribal programs, and tribal serving organizations that deliver the National DPP lifestyle intervention. Increase by 10% over baseline the number of CDC-recognized tribes, tribal programs, and tribal serving organizations achieving Full or Full Plus recognition from the Diabetes Prevention Recognition Program. Increase by 10% over baseline the enrollment of AI/AN participants in the National DPP lifestyle intervention.

Project Title:	**Expanding the Non-Communicable Disease Collaborative in the Islands**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Territorial Health Departments**
Project Plan Details	
Project Purpose:	Background: The US territories and freely associated states—US Virgin Islands, Puerto Rico, American Samoa, Guam, Commonwealth of the Northern Marianas Islands (CNMI), Republic of the Marshall Islands (RMI), Federated States of Micronesia (FSM), and Republic of Palau (Palau) —experience higher rates of diabetes compared to other US population groups. In the US Affiliated Pacific Islands (USAPI)—Guam, American Samoa, CNMI, Palau, RMI, and FSM—diabetes and prediabetes affect nearly half of the adult population, with diabetes prevalence as high as 33.6% in American Samoa. In the Caribbean, Puerto Rico reports a diabetes prevalence of 14.4%, and the US Virgin Islands (USVI) is comparable. Since 2014, the Centers for Disease Control and Prevention's (CDC) Division of Diabetes Translation (DDT) has supported and funded the US territories and freely associated states to address the increasing burden of type 2 diabetes by implementing strategies to improve the quality of diabetes care and increase access to diabetes self-management education and support (DSMES). This included the work on the Non-Communicable Disease (NCD) Collaborative, which aimed to improve health outcomes by transforming clinical practice and integrating DSMES. With guidance from the Pacific Chronic Disease Council (PCDC), the NCD Collaborative was successfully implemented in the USAPI and later expanded to Puerto Rico and the USVI. In recent years, work to increase awareness of prediabetes and enroll eligible adults in the National Diabetes Prevention Program (National DPP) lifestyle intervention was added. In 2025, CDC/DDT anticipates being able to fund the US territories and freely associated states for another 5-year cooperative agreement to build on this work. Purpose: Progress made in diabetes prevention and management over the past ten years has created an opportunity to unite these efforts and envision broader scaling throughout the islands. The purpose of this project is to expand the NCD Collaborative to enhance diabetes care and include strategies to address emerging priorities, such as type 2 diabetes prevention. The successful applicant will work collaboratively with CDC/DDT to work on the NCD Collaborative through a variety of TA and training modalities to facilitate skill building, program development and implementation, peer learning, and partnership engagement using a data driven planning process. Funded activities will complement and augment the TA provided by CDC/DDT.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-24-0948; 75-X-0948; H008C41101
Funding Statutory Authority:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended; Sections 4002 of the Patient Protection and Affordable Care Act

Expected Project Length:	5 Years
Recipient Organizational Capacity:	The successful applicant should have the capacity to work with the 6 USAPIs, Puerto Rico and the USVI, the PCDC, NCD Collaborative participants, DP25-0024 recipients, partner organizations, DDT technical monitors, and others to clearly communicate, implement plans and activities as intended, and provide support in equitable and timely ways. As part of its mission, the applicant should be focused on ensuring that evidence-based diabetes prevention and management activities/strategies are being implemented and scaled to serve the maximum number of individuals in the communities the recipients represent. The successful applicant should also have demonstrated capacity working with CDC to implement a variety of evidence-based diabetes management and type 2 diabetes prevention strategies/interventions in collaboration with multiple partners at the territorial, local community, federal agency, and national partner levels. The applicant should be able to secure consultants with relevant cultural and subject matter expertise and communication skills to augment the technical assistance and training provided by CDC/DDT; consultants from the islands are key resources. Lastly, the successful applicant should have proven capacity to manage and monitor a large program budget, execute contracts efficiently and in a timely manner, and effectively allocate funding to procure necessary resources and produce project deliverables.
Recipient Program Experience:	• Demonstrated skills and experience providing diabetes-related technical assistance and training for DDT-funded chronic disease/diabetes program managers and their staff and NCD Collaborative participants from the islands. • Demonstrated knowledge and understanding of evidence-based diabetes management and type 2 diabetes prevention strategies/interventions, with emphasis on increasing access to and participation in the National DPP lifestyle change program and DSMES. • Direct experience working with DDT and the USAPI, Puerto Rico, and the USVI, using evidence-based approaches to strengthen preventive care services. • Direct program experience working with the PCDC, USAPI NCD Collaborative participants, and Puerto Rico and USVI NCD programs is helpful, as work across time zones with many diverse partners and complex coordination needs is challenging. Cultural sensitivity and respect and understanding of local and regional etiquette are essential qualities for all personnel involved and procedures planned. • Demonstrated ability to secure, support, and convene a diverse, representative group of subject matter experts with skills and experience needed to work at multiple levels of influence (e.g., clinical preventive care services, DSMES, National DPP, community resources). • Demonstrated experience convening diverse groups of partners and facilitating meetings with focused agendas for public health action on issues related to diabetes management and type 2 diabetes prevention in the islands.
Expectations for Collaboration:	Collaboration with organizations that share common goals in the Pacific and Caribbean and those with experience supporting and/or implementing diabetes management and/or type 2 diabetes prevention efforts in the Pacific and Caribbean is expected to carry out all activities of this project.

Expected Subcontractual Work and Criteria:	Subcontracts may be used to support the accomplishment of key objectives and secure specialized subject matter and cultural context expertise. It is anticipated that subcontracts may be awarded to two or more national organization(s) and/or subject matter expert(s) to successfully accomplish the proposed work. These organizations may include those with cultural and subject matter expertise and experience doing similar work in the regions. Historically, the program has worked with the National Association of Chronic Disease Directors (NACDD), and NACDD might be a good partner to work with on this project. Appropriate procurement policies and practices should be followed in collaboration with CDC's Office of Grants Services and in consultation with the CDC Project Officer and DDT Technical Monitor.
General Instructions for Use of Funds:	The budget narrative should sufficiently describe how proposed budgeted activities align with the work plan and include detailed information about the roles that subcontracted organizations and/or subject matter experts will have in accomplishing the work. Support for the recipient organization's subject matter expertise and consultation needs should be included. Funds should be used judiciously to support travel for NCD Collaborative participants to participate in in-person learning opportunities or meetings planned as a result of project activities. Funds should accommodate ongoing documentation including progress reports, photos with consent waivers, and publications.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• In the first three months, identify partners with cultural and subject matter expertise to support the implementation of type 2 diabetes management and prevention activities in the US territories and freely associated states. Work with partners to engage regional specialists with knowledge of local culture and context to support the work and serve as liaisons to help facilitate communication between CDC/DDT and recipients. • In the first year, support the development of two five-year strategic plans to expand the NCD Collaborative's activities in the USAPI and Caribbean (1 plan for each region) by: o Collaborating with partners (identified in activity 1 above) to review NCD Collaborative evaluation reports and related data sources and identify needs, trends, and opportunities to expand diabetes management and prevention strategies. o Coordinating logistics for convenings with partners, NCD Collaborative participants, DP25-0024 recipients, and other collaborators (e.g., PCDC, community-based organizations) to review the identified needs, trends, and opportunities for expansion. Co-develop the NCD Collaborative strategic plans. • Collaborate with partners to develop a technical assistance plan to support implementation of the strategic plan. Secure specialists to provide culturally relevant training and technical assistance on topics related to NCD Collaborative activities, such as: data reporting and use of data management systems; diabetes standards of care; DSMES; prediabetes screening, testing, and referral; enrollment of eligible adults in National DPP lifestyle intervention; and social determinants of health in the Pacific and Caribbean. Coordinate logistics for at least 2 in-person learning sessions (1 in the USAPI and 1 in the Caribbean) per year (beginning in Year 2). • Based on data and information shared by NCD Collaborative participants, prepare bimonthly progress reports and identify successes, challenges, and lessons learned to share with CDC/DDT and partners. • Support the development of culturally and/or linguistically adapted program or training materials needed to implement NCD Collaborative activities.
Process Measures:	• Number of executed subcontracts with partner organizations and agreements with any additional regional specialists in the first three months. Maintenance of subcontracts and agreements over the course of the project period. • In the first year, development of a process for conducting the review of NCD Collaborative evaluation reports and related data sources and co-development of strategic plans. • Number of technical assistance offerings per year. Increase in satisfaction rating(s) of technical assistance offerings each year (satisfaction measure(s) to be determined with CDC/DDT as part of evaluation plan development). • Increased percentage of training materials that are culturally and/or linguistically adapted.

Outputs:	• In the first three months, a minimum of 2 formal partnerships established with organizations that have appropriate cultural and subject matter expertise to support the implementation of type 2 diabetes management and prevention activities in the US territories and freely associated states. • In the first year: o Two completed reports on the needs, trends, and opportunities for expansion of diabetes management and prevention strategies in the USAPI and Caribbean (1 report for each region). o Two meetings with partners, NCD Collaborative participants, DP25-0024 recipients, and other collaborators (e.g., PCDC, community-based organizations) (1 meeting per region). Two completed, co-developed strategic plans for expanding the NCD Collaborative (1 plan for each region). o Completed technical assistance plan that includes specific details on how the recipient and its partners will support NCD Collaborative participants, such as the type of offerings, modalities, and potential topics to be covered each year (number/type to be determined in discussion with CDC/DDT). Completed technical assistance offerings (number/type to be determined in discussion with CDC/DDT). • Completed bimonthly progress reports for all participants of the NCD Collaborative. • Completed materials to support NCD Collaborative activities (e.g., adapted versions of USAPI resources).
Budget Period Outcomes:	• An established consortium of partners and subject matter experts that work collaboratively across the freely associated states and US territories to provide support for the implementation of evidence-based diabetes management and prevention strategies. • Increased capacity of NCD Collaborative participants to achieve progress on the diabetes management and type 2 diabetes prevention strategies/interventions and improvements in diabetes care outcomes included in NCD Collaborative activities.
Outcome Measures:	Increased number of NCD Collaborative participants attending regularly scheduled calls, technical assistance offerings, and meeting data/performance measure reporting requirements. Increased number of people with diabetes who reside in the USAPI, Puerto Rico, and the Virgin Islands participating in DSMES. Increased number of adults at high risk for type 2 diabetes who reside in the USAPI, Puerto Rico, and the Virgin Islands enrolled in the National DPP lifestyle intervention. Improvements in the quality of diabetes care provided by health care organizations in the USAPI, Puerto Rico, and the Virgin Islands participating in the NCD Collaborative (as defined by the NCD Collaborative in the first-year convenings and strategic plan development).
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Support the development and strengthening of partnerships between NCD Collaborative participants, DP25-0024 recipients, and other local organizations working on type 2 diabetes management and prevention activities.
Process Measures:	• Number of technical assistance offerings related to partnership development and strengthening per year. Increase in satisfaction rating(s) of offerings each year (satisfaction measure(s) to be determined with CDC/DDT as part of evaluation plan development).
Outputs:	• Culturally relevant support that enables NCD Collaborative participants to establish and strengthen partnerships.
Budget Period Outcomes:	• Establishment of sustainable community-clinical partnerships that support evidence-based diabetes management and type 2 diabetes prevention activities.
Outcome Measures:	Increase in community-clinical partnerships in the USAPI, Puerto Rico, and the Virgin Islands.

Project Title:	National DPP – Building Capacity for Employer Coverage
Population of Focus:	Category A: Governmental Public Health Departments
Population of Focus Description:	State health departments
Project Plan Details	

Project Purpose:	In 2023, 97.6 million people had prediabetes, a condition that, if not treated, often leads to type 2 diabetes. To address this problem, CDC established the National Diabetes Prevention Program (National DPP), which is a partnership of public and private organizations working together to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program. The National DPP lifestyle change program (LCP) is founded on the science of the landmark Diabetes Prevention Program research study, and subsequent translation studies, which showed that making modest behavior changes helped people with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). Through the National DPP, CDC's Division of Diabetes Translation (DDT) has been working with Medicaid, Medicare, and private payers and employers to remove cost barriers to participation in the evidence-based Lifestyle Change Program (LCP) by making it a covered preventive benefit and to help build the infrastructure necessary for delivery organizations to access reimbursement. In 2015, through CDC RFA OT13-130203, DDT funded a Medicaid Demonstration Project with Maryland and Oregon to develop and implement Medicaid coverage models for the National DPP LCP. Lessons from the Demonstration Project have been captured in the NACDD-administered National DPP Coverage Toolkit (CTK) (https://coveragetoolkit.org) and shared through virtual learning collaboratives and webinars with public and private payers and employers. As a result, 26 State Medicaid programs currently offer some coverage for the National DPP LCP. In April 2018, the Centers for Medicare & Medicaid Services (CMS) made the National DPP LCP a covered service for eligible Medicare beneficiaries (the Medicare Diabetes Prevention Program – MDPP). Through CDC RFA OT18-1802, DDT funded the Medicare Enrollment Project to assist 60 CDC-recognized organizations to become MDPP suppliers. This work resulted in the creation of MDPP resources for the CTK and the development of a new site to house interactive MDPP business planning tools (www.DPPBusinessTools.org). Also, through CDC RFA OT18-1802, DDT funded an Employer Learning Collaborative (ELC) which has worked with over 20 state health departments (SHDs) and 400 employers, resulting in 150 employers pursuing coverage of the LCP. Lessons learned from the ELC form the basis for an employer webtool: Healm: Diabetes Prevention For Your Workforce – Help your employees live longer, happier, and healthier lives. (healmatwork.org). Through CDC RFA OT18-1802, DDT also funded an Umbrella Hub Arrangement (UHA) Demonstration Project to help build a shared billing and claims infrastructure to facilitate access to reimbursement by community-based National DPP delivery organizations. Lessons learned from this project are posted on the CTK (Umbrella Hub Arrangements - National DPP Coverage Toolkit). Finally, through CDC RFA OT18-1802, DDT funded work with a National DPP Lifestyle Coach training entity to develop a new training program for SHD staff to build their capacity to scale and sustain the National DPP (State Quality Specialists – SQSs) (Availability of National DPP State Quality Specialists (cdc.gov). While DDT and its partners have made significant progress on coverage, infrastructure, and capacity goals related to diabetes prevention and management, there is still much to do. The purpose of this project is to continue to build on the progress to date on our work with employers, with a particular focus on increasing uptake of existing covered benefits for the National DPP LCP, particularly for priority populations. An expanded area of emphasis will be translating the lessons learned on working with employers on coverage for diabetes prevention to working with employers on coverage for diabetes self-management education and support (DSMES) services.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)

Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Funding Statutory Authority:	Section 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The successful applicant must have: • Demonstrated ability to identify and convene a diverse group of subject matter experts with skills and experience working on public and private payer and employer coverage of the National DPP LCP and DSMES at the national, state, and local levels. • Demonstrated ability to work with national subject matter experts in a variety of areas, including development and implementation of employer benefit design, payer contracts, and development and implementation of value-based insurance design for private payers and self-insured employers. • Demonstrated ability to build and maintain user-friendly websites and webtools to house tools and resources on working with employers for SHDs, Medicaid State Agencies, employers, MDPP suppliers, UHAs and other networks, Community Care Hubs (CCHs), and other partners as appropriate. • Demonstrated ability to provide technical assistance (TA) and training on working with employers to cover the National DPP LCP and DSMES for SHDs, Medicaid State Agencies, MDPP suppliers, payers, employers, UHAs and other networks, CCHs, and other partners as appropriate. • Demonstrated ability to develop employer coverage tools and resources and to provide employer coverage TA and training that promotes and supports a commitment to health equity.
Recipient Program Experience:	The successful applicant will have the following experience: • Demonstrated experience working with employers and sharing lessons learned on working with employers with SHDs, State Medicaid agencies, MDPP suppliers, UHAs, and other networks, CCHs, employers, and other health plans and payers to help build a sustainable infrastructure needed to increase the uptake of covered benefits for the National DPP LCP and/or DSMES. • Demonstrated knowledge of the National DPP LCP and DSMES, and experience helping employers scale and sustain these programs, especially for priority populations. • Demonstrated experience providing TA and training on supporting employers in implementing new health benefit coverage to SHDs, public and private payers and employers, UHAs and other networks, CCHs, and National DPP and/or DSMES delivery organizations, including facilitating peer collaboratives. • Demonstrated experience convening diverse groups of stakeholders and facilitating meetings designed to develop focused agendas for public health action on issues related to coverage of the National DPP LCP and/or DSMES. • Demonstrated experience building and maintaining user-friendly websites, including crafting tools and resources based on lessons learned from demonstration projects and peer learning collaboratives. • Demonstrated commitment to promoting and advancing health equity in all aspects of coverage work (i.e. demonstration projects, peer learning collaboratives, website content, SHD staff training, etc.).

Expectations for Collaboration:	To maximize the impact of this activity, the applicant will need to consult with various partners on the development, implementation, evaluation, and dissemination of tools, resources, and best practices resulting from this work. These partners could include representatives from public and private managed care organizations and accountable care organizations; groups such as associations representing state health departments, physicians, health care organizations, and diabetes care and education specialists; public and private payers and employers; foundations; academia; National DPP LCP delivery organizations; and recognized and accredited DSMES delivery organizations.
Expected Subcontractual Work and Criteria:	The applicant will need to engage subject matter experts to participate in presentations and webinars, as applicable, and to share expertise regarding the development, implementation, and evaluation of tools, resources, and best practices related to the development, implementation, and evaluation of employer coverage models for the National DPP LCP and/or DSMES.
General Instructions for Use of Funds:	The budget narrative should sufficiently describe how proposed budgeted activities align with the workplan and should include detailed information about the roles that key organizations and/or subject matter experts and any contractors/subcontractors will have in accomplishing the work. The budget should include funds for in-person meetings and site visits as necessary to complete this work.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Employer Coverage Project: Build on existing National DPP employer coverage work using best practices and the HEALM webtool. Support existing HEALM Guides through advanced or refresher training and train up to an additional 10 Guides to assist employers in offering the National DPP LCP as a covered benefit for employees at high risk for type 2 diabetes. Assist employers with developing this benefit through a health equity lens, with a focus on covering services for priority populations in their workforces. Provide ongoing support for the HEALM Advisory Group of employers who have successfully navigated the coverage journey. Develop additional tools, resources, webinars, and success stories for either/both employers or groups working with employers to help more employers fully complete the coverage journey. Convene in-person meetings and conduct site visits as necessary.
Process Measures:	Increase solutions and resources for the HEALM employer webtool by 10% over baseline to address operational challenges associated with employers covering the National DPP LCP and increasing uptake of covered services, especially for priority population employees in the workforce.
Outputs:	Basic training for up to 10 new Guides to assist employers through the coverage journey using the HEALM webtool Advanced or refresher training to existing Guides to further strengthen their ability to help employers complete the entire coverage journey. Administrative and technical support to the HEALM Employer Advisory Council.

Budget Period Outcomes:	Increased knowledge of how partners (public health and employers) can work together to increase coverage and uptake of covered benefits for the National DPP LCP.
Outcome Measures:	Increase the number of employers working with a HEALM Guide by 10% over baseline.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	HEALM Webtool: Build, refine, and evaluate the HEALM webtool to support the identification of best practices and coverage models for worksite diabetes prevention efforts. Explore options for expanding HEALM to include worksite DSMES coverage and support. https://healmatwork.org/
Process Measures:	Increase/refine the number of updates to the HEALM webtool by 20 (including updates for use by HEALM Guides.)
Outputs:	Executed contract and scope of work for continued maintenance and build-out of the HEALM webtool for worksite diabetes prevention and management efforts. Up to 5 tailored presentations for employers on the use of HEALM to cover the National DPP LCP for employees at high risk for type 2 diabetes.
Budget Period Outcomes:	Increased understanding by employers of how to establish and operationalize coverage of the National DPP LCP and/or DSMES. Increased use of the HEALM webtool to promote workplace diabetes prevention efforts.
Outcome Measures:	Increase by 10% over baseline the number of employers reporting using HEALM resources. Increase by 10% over baseline the number of employers reporting impact as a result of using the HEALM webtool.

Project Title:	**Diabetes Technical Assistance for Island Territories and Freely Associated States**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Territorial Health Departments**
Project Plan Details	
Project Purpose:	Background: The US territories and freely associated states—US Virgin Islands, Puerto Rico, American Samoa, Guam, Commonwealth of the Northern Marianas Islands (CNMI), Republic of the Marshall Islands (RMI), Federated States of Micronesia (FSM), and Republic of Palau (Palau) —experience higher rates of diabetes compared to other US population groups. In the US Affiliated Pacific Islands (USAPI)—Guam, American Samoa, CNMI, Palau, RMI, and FSM—diabetes and prediabetes affect nearly half of the adult population, with diabetes prevalence as high as 33.6% in American Samoa. In the Caribbean, Puerto Rico reports a diabetes prevalence of 14.4%, and the US Virgin Islands (USVI) is comparable. Since 2014, the Centers for Disease Control and Prevention's (CDC) Division of Diabetes Translation (DDT) has supported and funded the US territories and freely associated states to address the increasing burden of type 2 diabetes by implementing strategies to improve the quality of diabetes care and increase access to diabetes self-management education and support (DSMES). This included the work on the Non-Communicable Disease (NCD) Collaborative, which aimed to improve health outcomes by transforming clinical practice and integrating DSMES. With guidance from the Pacific Chronic Disease Council (PCDC), the NCD Collaborative was successfully implemented in the USAPI and later expanded to Puerto Rico and the USVI. In recent years, work to increase awareness of prediabetes and enroll eligible adults in the National Diabetes Prevention Program (National DPP) lifestyle intervention was added. In 2025, CDC/DDT will fund the US territories and freely associated states for another 5-year cooperative agreement, titled DP25-0024, to build on this work. Purpose: Progress made in diabetes prevention and management over the past ten years has created an opportunity to unite these efforts and envision broader scaling throughout the islands. The purpose of this project is to provide technical assistance (TA) and support for recipients funded under the DP25-0024 cooperative agreement to help them successfully implement evidence-based type 2 diabetes management and prevention activities. The successful applicant will work collaboratively with CDC/DDT to support DP25-0024 recipients through a variety of TA and training modalities to facilitate skill building, program development and implementation, peer learning, and partnership engagement using a data driven planning process. Funded activities will complement and augment the TA provided by CDC/DDT.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-24-0948; 75-X-0948; H008C41101
Funding Statutory Authority:	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended; Sections 4002 of the Patient Protection and Affordable Care Act

Expected Project Length:	5 Years
Recipient Organizational Capacity:	The successful applicant should have the capacity to work with the 6 USAPIs, Puerto Rico and the USVI, the PCDC, NCD Collaborative participants, partner organizations, DDT technical monitors, and others to clearly communicate, implement plans and activities as intended, and provide support in equitable and timely ways. As part of its mission, the applicant should be focused on ensuring that evidence-based diabetes prevention and management activities/strategies are being implemented and scaled to serve the maximum number of individuals in the communities the recipients represent. The successful applicant should also have demonstrated capacity working with CDC to implement a variety of evidence-based diabetes management and type 2 diabetes prevention strategies/interventions in collaboration with multiple partners at the territorial, local community, federal agency, and national partner levels. The applicant should be able to secure consultants with relevant cultural and subject matter expertise and communication skills to augment the technical assistance and training provided by CDC/DDT; consultants from the islands are key resources. Lastly, the successful applicant should have proven capacity to manage and monitor a large program budget, execute contracts efficiently and in a timely manner, and effectively allocate funding to procure necessary resources and produce project deliverables.
Recipient Program Experience:	• Demonstrated skills and experience providing diabetes-related technical assistance and training for DDT-funded chronic disease/diabetes program managers and their staff and NCD Collaborative participants from the islands. • Demonstrated knowledge and understanding of evidence-based diabetes management and type 2 diabetes prevention strategies/interventions, with emphasis on increasing access to and participation in the National DPP lifestyle change program and DSMES. • Direct experience working with DDT and the USAPI, Puerto Rico, and the USVI, using evidence-based approaches to strengthen preventive care services. • Direct program experience working with the PCDC, USAPI NCD Collaborative participants, and Puerto Rico and USVI NCD programs is helpful, as work across time zones with many diverse partners and complex coordination needs is challenging. Cultural sensitivity and respect and understanding of local and regional etiquette are essential qualities for all personnel involved and procedures planned. • Demonstrated ability to secure, support, and convene a diverse, representative group of subject matter experts with skills and experience needed to work at multiple levels of influence (e.g., clinical preventive care services, DSMES, National DPP, community resources). • Demonstrated experience convening diverse groups of partners and facilitating meetings with focused agendas for public health action on issues related to diabetes management and type 2 diabetes prevention in the islands.
Expectations for Collaboration:	Collaboration with organizations that share common goals in the Pacific and Caribbean and those with experience supporting diabetes management and/or type 2 diabetes prevention efforts in the Pacific and Caribbean is anticipated. These organizations may include non-profit organizations, federal agencies, international agencies or organizations, and other groups serving the Pacific and Caribbean. Historically, the program has worked with the National Association of Chronic Disease Directors, and NACDD might be a good partner to work with on this project.

Expected Subcontractual Work and Criteria:	Subcontracts may be needed for this funding opportunity to support the accomplishment of key objectives and secure specialized subject matter and cultural context expertise. It is anticipated that subcontracts may be awarded to two or more national organization(s) and/or subject matter expert(s) to successfully accomplish the proposed work. These organizations may include those with cultural and subject matter expertise and experience doing similar work in the Pacific and Caribbean regions. Appropriate procurement policies and practices should be followed in collaboration with CDC's Office of Grants Services and in consultation with the CDC Project Officer and DDT Technical Monitor.
General Instructions for Use of Funds:	The budget narrative should sufficiently describe how proposed budgeted activities align with the work plan and include detailed information about the roles that subcontracted organizations and/or subject matter experts will have in accomplishing the work. Support for the recipient organization's subject matter expertise and consultation needs should be included. Funds should be used judiciously to support travel for DP25-0024 recipients to participate in in-person learning opportunities or meetings planned as a result of project activities. Funds should accommodate ongoing documentation including progress reports, photos with consent waivers, and publications.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• In the first three months, identify partners with cultural and subject matter expertise to support the implementation of type 2 diabetes management and prevention activities in the US territories and freely associated states. Work with partners to engage regional specialists with knowledge of local culture and context to support the work and serve as liaisons to help facilitate communication between CDC/DDT and recipients. • Collaborate with partners to conduct an assessment of recipients' needs to support successful implementation of the diabetes strategies of DP25-0024, report on performance measures, and fulfill administrative requirements. • Coordinate with CDC/DDT and partners to develop, implement, and evaluate a technical assistance plan based on the needs assessment that incorporates interactive, culturally informed learning approaches. Learning approaches may include communities of practice, learning collaboratives, and other forms of one-on-one or group-based learning or training. In the first year, develop an orientation package and implementation guide as part of the technical assistance to help familiarize recipients with the activities and requirements of DP25-0024. • Support the development of culturally and/or linguistically adapted program curricula and supplementary materials needed to implement DP25-0024 activities. • Attend in-person and virtual meetings held by CDC DP25-0024 staff to ensure coordination of technical assistance activities.

Process Measures:	• In the first three months, a minimum of 2 formal partnerships established with organizations that have appropriate cultural and subject matter expertise to support the implementation of type 2 diabetes management and prevention activities in the US territories and freely associated states. • Completed development of the needs assessment and documentation of procedures for conducting the assessments. Administer the assessment to 6 recipients in the USAPI and 2 recipients in the Caribbean. • Completed technical assistance plan that includes specific details on the type of offerings, modalities, and potential topics to be covered each year (number/type to be determined in discussion with CDC/DDT) and completed evaluation plan to evaluate effectiveness of learning approaches used so that offerings can be improved on an ongoing basis. • Increase the number of technical assistance offerings by 10% over baseline. Increase by 10% over baseline the number of technical assistance offerings with a more than 50% satisfaction rating (satisfaction measure(s) to be determined with CDC/DDT as part of evaluation plan development).
Outputs:	• Completed report on the needs assessment that summarizes input from DP25-0024 recipients. • Completed orientation package and implementation guide. • Completed culturally and/or linguistically adapted program curricula and supplementary materials (number/type to be determined in discussion with CDC/DDT).
Budget Period Outcomes:	• An established consortium of partners and subject matter experts that work collaboratively across the freely associated states and US territories to provide support for the implementation of evidence-based diabetes management and prevention strategies. • Increased capacity of recipients to achieve progress on the diabetes management and type 2 diabetes prevention strategies/interventions and improvements in diabetes care outcomes included in DP25-0024 activities.
Outcome Measures:	Increase by 10% over baseline the number of DP25-0024 recipients attending regularly scheduled calls, technical assistance offerings, and meeting data/performance measure reporting requirements. Increase by 10% over baseline the number of people with diabetes who reside in the USAPI, Puerto Rico, and the Virgin Islands participating in DSMES. Increase by 10% over baseline the number of adults at high risk for type 2 diabetes who reside in the USAPI, Puerto Rico, and the Virgin Islands enrolled in the National DPP lifestyle intervention.

Project Title:	**Integrating brain health messaging in Chronic Disease Programs and facilitating collaboration among BOLD public health programs**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to: 1) maintain and expand message development in key focus areas (to be determined by CDC and the national partner) to include dissemination to state, tribal, local and territorial (STLT) public health departments; and 2) enhance the capacity of state, tribal, local, and territorial (STLT) public health programs to effectively develop and implement strategic plans to address Alzheimer's disease and related dementias in their jurisdictions through the facilitation of peer-to-peer learning collaboratives. This purpose of this five-year project is consistent with the call to action in the most recent version of the Healthy Brain Initiative Road Map, which is to integrate best available evidence about brain health and cognitive decline risk factors into existing health communications that promote health and chronic disease management for people across the lifespan. The approach is to incorporate best practices, models, tools and resources, trainings and educational opportunities to build the capacity of Building our Largest Dementia (BOLD) programs to effectively support and leverage jurisdiction coalitions and funded partners to implement the Alzheimer's and other related Dementia (ADRD) strategic plan, increase education and awareness of providers, other professionals, and the general public about early detection and diagnosis of Alzheimer's disease and risk reduction, increase availability and use of data, and improve sustainability.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Population Health (DPH)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	The Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act; PL115-406 that amends the Public Health Service Act (Section 398A; 42 U.S.C. 280c-3-4.)
Funding Statutory Authority:	Section 398A of the Public Health Service Act, 42 U.S.C. 280c-4.
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The applicant should have organizational capacity to work with public health departments, particularly chronic disease units, as well as non-profit organizations. The applicant should also have technological capacity to develop and disseminate reports, provide webinars, conference calls, and outreach through the internet and social media. There should be a strong infrastructure in place to contract and/or facilitate group learning collaboratives, both regionally, in person and virtually as appropriate to desired activity outcomes and to accomplish programmatic goals. The applicant should also have experience carrying out activities and initiatives to accomplish programmatic goals. The applicant should have documented experience improving public health through capacity building and highly trained staff with experience and skills to achieve project milestones.

Recipient Program Experience:	The applicant should have proven successful ability to work and liaison with CDC as well as senior leadership within public health departments, particularly chronic disease units, and proven ability to mobilize these partnerships to address new or emerging areas of public health. The applicant should have proven experience developing chronic disease messaging and integrating chronic disease messaging with Alzheimer's disease and related dementia programs.
Expectations for Collaboration:	Successful applicants should have prior experience and demonstrated success in: • Partnering with CDC and external partnerships and coalitions • Promoting and facilitating coalition assessments and engagement • Adept in creating and disseminating needs assessment, analyzing and writing up a final report to be shared with CDC and funded recipients • Experience in facilitating group learning collaboratives and delivering technical support to relevant addressing gaps identified from assessment. • Brain health and healthy aging content expertise
Expected Subcontractual Work and Criteria:	Applicants are encouraged to collaborate or subcontract with other relevant organizations or individuals with required expertise to develop and support strategies and actions that strengthen partnerships and collaborations with coalitions to promote recipients' oversight of strategic plan implementation in close collaboration with CDC's Alzheimer's Disease Program. This may include subject matter expertise to develop chronic disease messaging, conduct gap analysis, facilitation and documentation of the expert panel process, development of training, education and other materials to support the dissemination and implementation of communities of peer-to-peer learning, and raising awareness about the health aging and brain health approaches.
General Instructions for Use of Funds:	The funds provided for this project in Grant Year 1 should be used to directly address the activities outlined in the project plan. Use of funds may include, but is not limited to costs related to personnel time, and conducting necessary assessments. Other expenses may be allowed upon consultation with CDC and creation of final work plan.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Proposed activities include collaborating with CDC and other BOLD-funded national partners to: a. assess and identify technical assistance gaps and support needs of CDC-funded state public health programs b. develop tools, resources and trainings based on needs assessment findings to address identified gaps c. host and facilitate monthly peer-to-peer sharing opportunities for CDC-funded state BOLD public health programs and provide a summary of key discussion points, and follow-up d. convene and facilitate four regional peer Learning/Action Institutes around strengthening partnerships and coalitions e. identify data briefs for updates and update identified data briefs, including requested translations f. identify data sources and topics for new data briefs, including requested translations g. develop and update educational materials that link healthy behaviors related to chronic disease and cognitive health among older adults h. house educational products on the Healthy Aging website as the primary repository i. partner with chronic disease programs to develop and disseminate joint messages that include brain health in risk reduction messaging. j. disseminate resources and information about linkages between brain health and chronic disease risk reduction. k. develop relationships with chronic disease programs for partnership opportunities in risk reduction messaging.
Process Measures:	PM 1: Number of updated data briefs PM 2: Number of data sources and topics identified for new data briefs PM 3: Facilitate 10 monthly technical assistance/informational meetings with summary reports for each meeting PM 4: Convene and facilitate four regional peer-learning sessions
Outputs:	1. Four data briefs, rack cards, and other related educational products translated to Spanish and other requested languages. 2. Appropriate number and type of resources and tools to enhance and strengthen partnerships and coalitions. 3. Summary report and recommendations from gap analysis of CDC-funded BOLD public health programs
Budget Period Outcomes:	By the end of the budget period, the recipient will provide technical assistance to address at least four identified gaps resulting from the completed gap analysis. By the end of the budget period, new chronic disease risk reduction messages will include references to brain health.
Outcome Measures:	Increased satisfaction rate among CDC-funded BOLD recipients and their partners in improving engagement in partnerships and collaborations to further the implementation of the strategic plan. Increased chronic disease risk reduction communication products that include brain health.

Project Title:	**Prediabetes Health Marketing**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	This project will build on the Do I Have Prediabetes? campaign in order to raise awareness about prediabetes. From September 2023 through February 2024, 57% of risk test completions have yielded high risk results, suggesting the campaign is reaching people at risk. Current activities within this project reach a national audience of 98 million people living with prediabetes. New activities for this project will include designing tailored dissemination opportunities to reach African American and Hispanic/Latino communities that experience a high burden of type 2 diabetes. These new activities will be done through methods not yet explored by the campaign, including developing and sustaining strategic partnerships such as with faith-based organizations and other trusted messengers (e.g., clinicians, peers) to further dissemination.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Diabetes Translation (DDT)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-24-0948 (for BA/Diabetes or primary prevention funds)
Funding Statutory Authority:	Awards are made under the authorization of Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended.
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Recipient will ideally have experience and established connections working with health departments, non-profit organizations, and similar groups supporting public health communications for behavior change. In particular, recipient should have direct or indirect (via a partner or sub-contract) knowledge and experience with national health communication campaigns.
Recipient Program Experience:	Recipient should have experience (or network partners that do) to design, implement and evaluate effective health communication and behavior change campaigns and materials. An added benefit is if the experience is in the area of type 2 diabetes prevention and diabetes management, with established knowledge and experience promoting health equity in communities with high burden of diabetes.
Expectations for Collaboration:	Recipient should be able to proactively collaborate with non-profits, national broadcast networks, national organizations, media agencies, health departments, and groups that will facilitate development and dissemination of high-quality campaign materials and message testing opportunities. Historically, the program has worked with the Ad Council, and the Ad Council might be a good partner to work with for this project. To obtain the greatest return on investment of federal funds, the recipient (or sub-contractor) should be able to amplify outreach including through partnerships, grassroots outreach, organic posting on agency or partner social and digital platforms.

Expected Subcontractual Work and Criteria:	Expected subcontracts include non-profit organizations and broadcast networks that can enable message testing, development of creative assets, and dissemination to ensure robust communication reaches intended audiences and has the impact of desired behavior change. Ideally subcontractors will have evidence of similar work to the Do I Have Prediabetes? campaign and Imagine You Preventing Type 2 materials, to model the quality of desired products. The period of performance will be five years to enable the full cycle of design, development, implementation, evaluation, and redesign, redeployment, and evaluation. To achieve desired outcome, the full budget $1M per year will be used.
General Instructions for Use of Funds:	Funds will be used for product development, implementation, and dissemination. There are no travel or equipment funds expected for this project.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Build capacity of SHDs to continue the Do I Have Prediabetes? campaign promoting completions of the prediabetes risk test. Formative research to develop and test materials
Process Measures:	Key performance indicators (completed risk tests, unique site visitors, and ad equivalency dollars) as well as measures of engagement and overall performance consistent with health communication and marketing practice.
Outputs:	Outputs may include campaign assets such as Public Service Announcements, print materials, short videos and audio clips. Establishing at least one new engagement with a faith-based organization, clinical sector, or other entity representative of the intended audiences. Additionally, each effort will include accompanying dissemination and evaluation plans, and related summary reports.
Budget Period Outcomes:	Full execution of funds within project period as evidenced by complete and fully satisfactory deliverables.
Outcome Measures:	Increased awareness of prediabetes risk status through reading and answering questions and receiving a risk score. The campaign website will support visitors in learning how they can make small lifestyle changes to delay or prevent onset of type 2 diabetes and links to the find-a-program page on the National Diabetes Prevention Program site. Click-throughs and unique visitors can help us track these actions.

Project Title:	**Million Hearts: Preventing Heart Attacks and Strokes with Chronic Disease Directors**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	This cooperative agreement builds capacity for state health departments to prevent heart attacks and strokes.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division for Heart Disease and Stroke Prevention (DHDSP)
Proposed FY24 Project Funding Total:	$675,000.00
Funding Appropriation:	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
Funding Statutory Authority:	Sec. 301(a) of the Public Health Service Act (42 U.S.C. 241(a)); Sec. 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2)) and Patient Protection and Affordable Care Act, 2010 (P.L. 111-148)
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient organization must have the ability to conduct the following tasks or the means to contract with an organization that has the skill set and knowledge needed to perform the following tasks: support the development of online application systems to collect data and information from a variety of health care institutions; verify and validate public health and clinical quality chronic disease data; provide technical assistance to chronic disease directors and their health care or quality improvement partners; maintain communication with the Million Hearts® team; leverage communication channels to reach public health chronic disease specialists. Applicants should have the capacity to work with CDC and other partners to support 5-8 state public health jurisdictions in their work to increase access to and participation in cardiac rehabilitation.

Recipient Program Experience:	Applicants should have the ability to provide training and technical assistance to chronic disease public health professionals, disseminate key messages to the chronic disease workforce, and promote opportunities for engagement through public health chronic disease networks and communication channels. Applicants should have experience applying the Million Hearts® framework and the initiative's indicators of progress and clinical quality measures. In particular, the applicant should have experience working with data specialists to assess the validity of a health care institution's performance on the clinical quality measure for hypertension control. Applicants should experience exercising the appropriate levers the Million Hearts® initiative uses to engage and activate health care organizations in taking action to prevent strokes and heart attacks (e.g., use recognition to drive improvement, amplify and promote best practices from the Million Hearts® change package series, showcase successful approaches and case studies, engage multidisciplinary chronic disease health partners, etc.) Applicant should have experience supporting state health departments in leading surveillance activities and/or improving the ecosystem needed for widespread delivery of secondary chronic disease prevention programs, like cardiac rehabilitation. Strong communication and customer service skills are needed.
Expectations for Collaboration:	Collaboration with CDC is essential to assure alignment with Million Hearts® goals and CDC guidance. Additionally, recipient would be expected to collaborate with other public health partners and capacity building organizations at the state level to improve cardiovascular health. The applicant is expected to collaborate with the Million Hearts® Team to clearly articulate progress made and the expectations of partners. Engagement with attendees of the Million Hearts Partner Calls and quarterly Million Hearts Cardiac Rehabilitation Collaborative meetings is expected. Collaboration with epidemiologists and cardiac rehabilitation surveillance specialists may also be necessary. The ideal applicant has existing relationships with public and private chronic disease prevention partners, especially those working across the country to improve hypertension control and increase cardiac rehabilitation participation.
Expected Subcontractual Work and Criteria:	The applicant is expected to provide oversight and support the project, but much of the technical work entails engagement with chronic disease directors (and their partners at the state level) and organizations subcontracted to support the collection and validation of data to recognize top-performing chronic disease prevention partners (e.g., Hypertension Control Champions, Million Hearts® Hospitals & Health Systems). Subcontracts will also be needed to fund the work of 5-8 public health departments in increasing access to and uptake of cardiac rehabilitation.

General Instructions for Use of Funds:	$475,000 must be used to support the public health department activities to increase access to and uptake of cardiac rehabilitation. Justified travel and the purchase of project equipment is permissible. Personnel are needed to coordinate and report out on the work across the 5-8 subcontracted public health departments. The remaining funds should be used to generate strategies and tools, collect data, and produce, disseminate, and scale interventions in collaboration with chronic disease directors across state public health jurisdictions, partnered healthcare organizations, and associated community-based partners. Funds should also be allocated to support the promotion, recruitment, and data collection and validation of recognition programs to drive improvement. Travel is permissible but should be minimized for maximum impact. Personnel will be required to coordinate activities with subcontracted organizations and facilitate the collection of data for recognition programs. Funds may be used to support capacity building organizations to advance state, territorial, and/or local chronic disease prevention efforts, this may include project equipment. Funds may also be used to support technical assistance, resource development, and/or communication activities. Flexibility is needed to work with up to 50 recognized entities and a variety of public health partners, including clinicians, medical practices, and hospitals and health systems.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Develop and disseminate Million Hearts® messages and tools for Keeping People Healthy, Optimizing Care, Improving Outcomes for Priority Populations, and Innovating for Health to chronic disease prevention professionals (e.g., peer-review journal articles, factsheets, success stories, multimedia resources). • Provide technical assistance and support to state public health chronic disease directors. • Use recognition to drive improvement, including the development of a system to collect data and ensure recognition criteria are met, provision of user support services to ensure successful submission of data, validation of submitted data such that CDC can confidently recognize the applicant with the appropriate designation for recognition programs (e.g., Hypertension Control Challenge, Million Hearts® Hospitals & Health Systems Recognition Program). • Fund 5-8 state public health jurisdictions to increase access to and uptake of cardiac rehabilitation. These activities may entail leading cardiac rehabilitation surveillance activities, implementing strategies from the Million Hearts/American Association of Cardiovascular and Pulmonary Rehabilitation Cardiac Rehabilitation (AACVPR) Cardiac Rehabilitation Change Package and Agency for Healthcare Research and Quality TAKEheart initiative, expanding or replicating successful state-based approaches (e.g., Michigan Cardiac Rehabilitation Network), and/or advancing development of innovative cardiac rehabilitation delivery models. • Maintain ongoing communication with the Million Hearts® team to troubleshoot issues and ensure project objectives are met in a timely manner.
Process Measures:	• # of Million Hearts® communications made to chronic disease directors (50) • Reviewed and vetted applications from organizations seeking recognition with recommendations for next steps in processing applications (up to 50) • # of state public health jurisdictions funded to increase access to and uptake of cardiac rehabilitation (5-8)

Outputs:	• Descriptions of how chronic disease directors are or can use Million Hearts® messages and resources to prevent heart attacks and strokes. • List of entities recognized for achieving performance measure thresholds and/or implementing championed strategies (up to 50) • Success stories developed from recognized entities (up to 10) • An initial report of the plans and goals of the 5-8 state public health jurisdictions funded to increase access to and uptake of cardiac rehabilitation. • Regular reports of progress made, resource needs, and barriers encountered by the 5-8 state public health jurisdictions funded to increase access to and uptake of cardiac rehabilitation
Budget Period Outcomes:	• Increased awareness and diffusion of the high impact evidence-based strategies championed by Million Hearts through chronic disease directors. • Increased collaboration with chronic disease prevention partners • Engaged chronic disease directors strategically working with multidisciplinary partners at the state (e.g., hospitals or health systems, payers, quality improvement organizations, etc.) to increase access to and uptake of cardiac rehabilitation
Outcome Measures:	• Increased engagement and collaboration among chronic disease directors and chronic disease prevention partners to prevent heart attacks and strokes

Project Title:	Heart Disease and Stroke Prevention Assistance to State Health Departments
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	The purpose of the project is to provide innovative opportunities (educational and capacity building) for SHDs to share promising practices and address challenges related to preventing and controlling cardiovascular disease among populations at highest risk. Efforts will be primarily focused on challenges associated with implementation of evidence-based strategies to increase control of high blood pressure and high blood cholesterol. The project will also support communication among state epidemiology, surveillance, and evaluation staff working in chronic disease prevention. This work supports the goals of the Division for Heart Disease and Stroke Prevention (DHDSP) funding opportunities.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division for Heart Disease and Stroke Prevention (DHDSP)
Proposed FY24 Project Funding Total:	$702,500.00
Funding Appropriation:	75-24-0948; 75-X-0948
Funding Statutory Authority:	Sec 317(a) PHS Act [42 USC 247b] Title IV Section 4002 - ACA, PPHF [42 USC 300u-11], Title XV, Section 1509 - PHS Act (42 U.S.C.300n-4a). Section 1502 - PHS Act (42 U.S.C.300l) and the FY 2023 Consolidated Appropriation Act (Pub. L. 117-328, DIV. H.)
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Highly trained staff will have experience and skills to achieve project milestones. The staff bring a diverse set of backgrounds and experience developing, implementing, and evaluating high-quality chronic disease prevention programs. Staff/Technical Advisors (TA) can provide technical assistance on delivering and implementing chronic disease prevention programs in their communities. Recipient staff participate in regular technical assistance phone calls and webinars with representatives from other organizations to share information, discuss challenges, answer questions, complete trainings, and disseminate information. The recipient has experience with large community-based training systems to deliver web-based and in-person trainings to community organizations.
Recipient Program Experience:	The recipient should have experience in delivering innovative modes of information-sharing such as peer network calls, webinars, fireside chats, virtual roundtables, learning communities and supporting documents to advance cardiovascular health initiatives in states and communities. The recipient must have collaborated with state health department programs working in heart disease and stroke prevention and provided innovative opportunities for state health departments to support health systems change and works with cardiovascular health staff and national partners to support the goals of the Division for Heart Disease and Stroke Prevention funding opportunities.

Expectations for Collaboration:	Recipient is expected to have partnerships with numerous partners and collaborative entities to ensure the success of state CVH programs. The recipient is expected to work closely with partners and experts in hypertension, hyperlipidemia, health equity, quality improvement, health system transformation, and population health improvement. The collaboration is intended to provide chronic disease units with expansive guidance and create forums for them to share their perspectives and influence policy and systems change that will ultimately impact public health.
Expected Subcontractual Work and Criteria:	Recipient will work with partners and experts in hypertension, hyperlipidemia, health equity, quality improvement, health system transformation, and population health improvement. The recipient will engage and promote the work of state health departments across the country through bi-monthly meetings with recipients. Recipient will work with DHDSP staff to provide technical assistance for cross cutting webinars, NOFO specific webinars, and fireside chats. Recipients may subcontract to complete activities of this project.
General Instructions for Use of Funds:	N/A
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	A1. Leverage partnerships to address specific public health issues or population health needs strategically.
Process Measures:	PM1. To increase engagement with SHD, the recipient will host 6 bi-monthly meetings with DHDSP to ensure alignment between states' needs and DHDSP resources. PM2. To increase engagement with SHDs, the recipient will produce at least 2 webinars focusing on health system partnerships and related NOFO topics.
Outputs:	OP1. Number of regular all recipient calls, which is a network of state program staff working on DP23-0004 and related-NOFOs, providing learning, information sharing, and problem-solving opportunities. OP2: Summary of meeting discussion and priorities from the bi-monthly recipient regional calls.
Budget Period Outcomes:	BPO1. Improved capacity of SHD staff as valued partners with health system organizations. BPO2. Improved understanding of how SHD staff can play an important role in health system and population health improvement.
Outcome Measures:	OM1. At least 80% of SHD staff will identify themselves as valued partners with health system organizations and population health improvement.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	A1. Develop innovative virtual and on-site meetings, webinars and fireside chats with subject matter experts in cardiovascular disease prevention and control. A2. Utilize existing tools and resources from DHDSP.

Process Measures:	PM1. To maintain the participation level of the previous year, at least 40 of 51 SHD will participate on calls, webinars and other virtual learning opportunities identified and conducted by recipient in partnership with DHDSP and recipient that assist SHDs in assessing and working effectively in the current health system environment.
Outputs:	OP1. Webinars and other virtual learning opportunities with subject matter experts and SHD staff; information about the fireside chats will be posted online and disseminated through communication channels; development of evaluation plan. OP2. Recordings of webinars and other virtual learning opportunities will be 508 compliant and posted on online and links to recordings disseminated through communication channels. OP3. Shared resources through peer-to-peer virtual opportunities geared towards ensuring that states are supported in building and maintaining partnerships with health systems, payers, and community-based organizations involved in evidence-based/informed strategies to increase control of high blood pressure and high blood cholesterol. OP4. List of identified resources and determine how to best support states' utilization of them, in conjunction with DHDSP leadership and staff.
Budget Period Outcomes:	BPO1. Improved capacity of SHD staff to address cardiovascular disease prevention and control among high burden populations. BPO2. Increased capacity of SHD staff to implement evidence-based/informed programs addressing public health needs.
Outcome Measures:	OM1. At least 80% of SHD will have the capacity to identify, prioritize, and customize relevant programs and services to address public health needs.

Project Title:	**Communities of Practice: Heart Disease and Stroke Prevention and Control in Local Health Departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**City and Local Health Departments serving populations of 900,000 or more, and local government officials.**
Project Plan Details	
Project Purpose:	The purpose of this project is to work with large cities/local health departments/local government officials to spur the dissemination of heart disease and stroke best practices and strategies by advancing health equity through evidence-based and evidence-informed strategies that have been effective in reducing the burden of cardiovascular disease with a focus on hypertension.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division for Heart Disease and Stroke Prevention (DHDSP)
Proposed FY24 Project Funding Total:	$390,000.00
Funding Appropriation:	75-24-0948; 75-X-0948
Funding Statutory Authority:	Sec 317(a) of the Public Health Service Act [42 USC 247b] Title IV Section 4002 of the Affordable Care Act, Prevention and Public Health Fund [42 USC 300u-11]
Expected Project Length:	1 Year

Recipient Organizational Capacity:	The applicant should have a national presence for representing city, county, and/or local health departments and ensure they have the capacity, resources, and support needed to identify, convene, and engage large cities/communities that are actively undertaking evidence-based and evidence-informed strategies and broad awareness activities to address cardiovascular disease (CVD) prevention, detection, control, and management, with a focus on hypertension and advance health equity. The applicant should provide documented evidence of its organizational capacity and infrastructure to perform the proposed activities including: - Establish, convene, and lead Communities of Practice (CoP) that jointly identify problems, develop solutions, and learn best practices for CVD prevention, detection, control, and management for those at risk of or burdened by CVD that address health equity and social and economic factors to help communities and health systems respond to social determinants present in large cities/ local health departments serving populations of 900,000 or greater. - Develop, prepare, and present didactic learning opportunities via webinars, convenings, meetings, trainings, and conference calls to inform the work of the CoP. - Assess and categorize anecdotal information; analyze existing data and resources to summarize findings for dissemination. Structure the information in user-friendly formats, including toolkits, print and on-line resources, and/or technical packages to promote success to others working on similar efforts; and assure information and resources are disseminated broadly. - Facilitate communication, exchange of ideas, and leverage technical resources between health systems, local government/community leaders, community health organizations, and public health entities through the CoP to support large cities/local health departments address the social and economic factors present in their communities in order to respond to social determinants and improve cardiovascular health outcomes with a focus on hypertension control. - Engage in efforts to address the burden of CVD, with a focus on hypertension, via local awareness projects and local awareness projects and community-driven multi-sector activities, including World Heart Day, collaborations with local government leaders, and other community-based awareness efforts.
Recipient Program Experience:	The applicant should provide documented experience of its work to enhance large cities/local health departments/local governments' capacity to expand and disseminate effective heart disease and stroke prevention and control best practices, strategies, and activities, with a focus on hypertension, at the local level to advance health equity, specifically through the use of a Communities of Practice model.
Expectations for Collaboration:	The applicant is expected to operationalize and support a communities of practice model with large cities/local health departments/local government officials, such that those cities, health departments, local governments officials, are able to engage and collaborate with their peers and communities and spur dissemination of heart disease and stroke best practices and strategies by advancing health equity through evidence-based and evidence-informed strategies that have been effective in reducing the burden of cardiovascular disease (CVD) with a focus on hypertension.
Expected Subcontractual Work and Criteria:	N/A

General Instructions for Use of Funds:	It will focus on enhancing large cities/local health departments/local government officials' programmatic capacity to address the burden of cardiovascular disease through a CoP model.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Complete an assessment to capture information about Community of Practice members' current activities and progress, capacity, and technical assistance/ resource needs of large cities/local health departments in implementing evidence-based and evidence-informed strategies to address cardiovascular disease (CVD) prevention, detection, control, and management with a focus on hypertension and advance health equity in their communities. • Assess and categorize anecdotal information; analyze existing cardiovascular disease prevalence data (in large cities/local counties) and compile document of resources and success strategies currently implemented across the country and summarize findings for broad dissemination. • Establish and convene a Communities of Practice (CoP) that jointly identify problems, develop solutions, and learn best practices for CVD prevention, detection, control, and management for those at risk of or burdened by CVD that address health equity and social and economic factors to help communities and health systems respond to social determinants present in large cities/ local health departments serving populations of 900,000 or greater. • Support large cities/local health department's communication efforts, including a communications plan, cardiovascular disease risk communication, and public informational sharing that addresses the burden of CVD, with a focus on hypertension, via local awareness projects and activities.
Process Measures:	• Number of large cities/local health departments that receive, respond to, and complete questionnaire/assessment. • Number of large cities/local health departments that complete structured interviews. • Number of success stories, issue briefs, webinars, toolkits, that address strategies and summarize findings for broad dissemination. • Number of large cities/local health departments that participate in the CoP learning opportunities.
Outputs:	• Workplan to accomplish assigned activities. • Analysis and summary of CoP assessment that highlights current activities and progress, capacity, and technical assistance/resource needs of CoP members. • Key lessons learned and summary of CVD best practices/strategies for large cities and local health departments that address health equity. • Mass communication via virtual meetings, peer-sharing sessions, conference calls, newsletters, print and online materials, and social media content as applicable.

Budget Period Outcomes:	• Increased understanding of the effect of CoP on large city/LHDs capacity to implement programs. • Increased understanding of large city/LHDs' support needs for improving cardiovascular disease and addressing health equity at the local level. • Increased implementation of evidence-based and evidence-informed public health strategies and activities at the local level.
Outcome Measures:	• Improved operational capacity to for large cities and local health departments to implement, evaluate, manage evidence-based and evidence informed CVD prevention strategies and activities.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Convene virtual meetings and peer sharing sessions of the CoP steering committee and subcommittees of LHD offices and/or chronic disease staff to establish and maintain trust to inform ongoing project work. • Engage large cities, local, health departments, local government officials, and other community partners using community-driven, culturally-informed approaches to improve health outcomes for communities. • Engage CoP members in efforts to address the burden of CVD, with a focus on hypertension, via local awareness projects and community-driven multi-sector activities, including World Heart Day, collaborations with local government leaders, and other community-based awareness efforts. • Collaborate with multiple internal and external partners to advance the implementation of evidence-based and evidence-informed cardiovascular disease prevention strategies and activities and develop new mechanisms at the local level with a focus on hypertension. • Facilitate communication, exchange of ideas, and leverage technical resources between health systems, local government/community leaders, community health organizations, and public health entities through the CoP to support large cities/local health departments address the social and economic factors present in their communities in order to respond to social determinants and improve cardiovascular health outcomes with a focus on hypertension control.
Process Measures:	• Number of collaboration opportunities for CoP members. • Number of learning opportunities held for CoP members discussing the implementation of evidence-based and evidence-informed strategies to address cardiovascular disease (CVD) prevention, detection, control, and management with a focus on hypertension and advance health equity in their communities. • Number of technical assistance resources, recordings, and materials that are distributed to CoP members.

Outputs:	• Workplan to accomplish assigned activities. • Host a CoP steering committee webinar/call to discuss updating and setting CoP priority topics to address CVD prevention and health equity. • Convene CoP members via monthly technical assistance webinars/peer sharing opportunities to address activities and identify resources members need to address the social and economic factors present in their communities in order to respond to social determinants of health and improve cardiovascular health outcomes with a focus on hypertension control. • Key lessons learned and summary of CVD national and local CVD awareness projects and activities in collaboration with local government leaders, community partners, and various community and health sectors. • Mass communication via virtual meetings, peer-sharing sessions, conference calls, newsletters, print and online materials, and social media content as applicable.
Budget Period Outcomes:	• Increased understanding of how CoP are documenting success of CVD prevention efforts and addressing health equity. • Increased awareness and dissemination of resources and lessons learned about CVD prevention and management strategies and activities. • Increased peer-to-peer interaction and learning about CVD prevention strategies between large cities, local health departments, local government officials', and other entities. • Increased strength and diversity of public health partnerships for meaningful cooperation and achievement of evidence-based chronic disease public health strategies and interventions.
Outcome Measures:	• Improved communication and information sharing capacity to inform the public efficiently and effectively. • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Engage community populations, partners, and multiple sectors in virtual meetings and peer-sharing opportunities and activities that contribute to informing, evaluating, and providing evidence-based and evidence-informed strategies and activities that impact cardiovascular disease, specifically hypertension control. • Develop, prepare, and present didactic learning opportunities via webinars, convenings, meetings, trainings, and conference calls to inform the work of the CoP. • Develop and support the CoP in sustaining a forum for members to use tools and gain technical assistance to equitably advance evidence-based or evidence-informed practices and policies that will build large cities/local health departments' capacity to plan and implement effective cardiovascular disease prevention management strategies and activities. • Increase large cities/local health department, state, and national partner organizations awareness of effective strategies for CVD prevention and management via dissemination of best practices and collaboration through peer-sharing opportunities/workgroup.
Process Measures:	Number of webinars, virtual meetings, and peer-sharing collaboration opportunities for CoP members and community partners/sectors. • Number of relationship building opportunities facilitated through the CoP. • Number of technical assistance resources, recordings, and materials that are distributed to CoP members. • Number of active members and discussion threads on the CoP forum community.
Outputs:	• Development and maintenance of an online forum for CoP members that houses tools and resources to equitably advance evidence-based or evidence-informed practices and policies that will build large cities/local health departments' capacity to plan and implement effective cardiovascular disease prevention management strategies and activities. • Development of discussion threads to develop collective action and responses to emerging and late-breaking priorities and issues in the field. • Dissemination of chronic disease-related resources, tools, and resources • Connections of large cities/LHDs working on similar CVD strategies with each other to develop relationships that will serve to disseminate best practices and model policies. • Up to six success stories/lessons learned from CoP members that highlights cardiovascular disease prevention and health equity efforts.
Budget Period Outcomes:	• Increased capacity of large cities/local health departments to introduce and implement cardiovascular disease programs that address health equity. • Increased implementation of evidence-based and evidence-informed public health strategies, activities, and programs. • Improved quality and relevance of supportive policies to address community-level chronic disease prevention.

Outcome Measures:	• Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of improved cardiovascular health. • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs, specifically cardiovascular disease.

Project Title:	**Improving Hypertension Outcomes in Populations at the Highest Risk of CVD**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Associations with a national reach that has the capacity to support health care organizations and providers who focus on cardiovascular disease particularly hypertension prevention, detection, and control, with a focus on African American males and females.**
Project Plan Details	
Project Purpose:	The purpose of this project is to support health systems through provider engagement, improve hypertension detection, control, and management among priority populations at the highest risk of CVD. Work will be conducted with state health departments and health care organizations that are focused on addressing undetected and uncontrolled hypertension among African American males and females ages 35-64. The project should be scalable to multiple providers/systems/communities.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division for Heart Disease and Stroke Prevention (DHDSP)
Proposed FY24 Project Funding Total:	$520,000.00
Funding Appropriation:	75-24-0948; 75-X-0948
Funding Statutory Authority:	Sec 317(a) of the Public Health Service Act [42 USC 247b] Title IV Section 4002 of the Affordable Care Act, Prevention and Public Health Fund [42 USC 300u-11]
Expected Project Length:	1 Year

Recipient Organizational Capacity:	The applicant should have the organizational capacity to work with those engaging with health care organizations and providers in direct contact with patients. The applicant should have the technological capacity to develop and disseminate trainings, webinars, outreach, and reports via internet and social media, as well as, direct contact with providers. Successful applicants should have the capacity to coordinate/collaborate with other physician and health care professional member organizations to expand the potential reach of this work; substantial authority or influence in the U.S. medical community, and the capacity to increase the number of physicians and health care professionals providing assessment, diagnosis and referral to appropriate care and community support programs. Applicant should have ready access to an existing network of physicians and health care professionals; capacity to reach, engage, and activate large numbers (>1,000) of physicians and health care professionals throughout the U.S. efficiently and effectively through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.); and access to professionally trained staff and members with adequate skills and experience to understand and successfully carry out the work described. The applicant should have the capacity to collaborate with traditional and nontraditional partners (e.g., community-based organizations, faith-based organizations, sororities and fraternities, and local health councils), the applicant will implement interventions that focus on DHDSP strategies such as, team-based care, linking community resources and clinical services, self-measured blood pressure monitoring with clinical support, medication adherence, and removal of barriers to care or other areas related to hypertension prevention, detection, and control. Additionally, interventions must meaningfully address the social determinants of health. The applicant should have the capacity to produce effective, high-quality, scientifically accurate educational tools/resources for use in strengthening community-clinical linkages.
Recipient Program Experience:	The applicant should have prior experience and demonstrated success in: engaging large numbers (>1,000) of physicians/health care professionals throughout the U.S. through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.); • influencing change in physician behaviors/care practices; • coordinating/collaborating with other physician/health care professional member organizations to advance mutual goals; • producing effective, high quality, scientifically accurate educational tools/resources for use by physicians/health care professionals; • planning, implementing, and evaluating the outcome of interventions or demonstration projects targeting specific health care issues/needs; and • serving as a recognized leader for professional, multi-disciplinary education, collaboration, and communication in the areas of preventive medicine and public health.
Expectations for Collaboration:	The applicant should provide documented experience in collaborating with FQHCs, and other health systems and other relevant collaborators specifically addressing cardiovascular disease and hypertension.
Expected Subcontractual Work and Criteria:	N/A
General Instructions for Use of Funds:	N/A
Strategic Area:	**Policy and Programs**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Fund 4 to 6 demonstration projects to implement processes and models to increase screening, testing, and referrals of African American males and females at risk or with hypertension to evidence-based self-measured blood pressure (SMBP) monitoring programs with clinical support, increase medication adherence, and identify and reduce barriers to hypertension prevention, detection, and control. Provide regular and in-depth technical assistance related to SMBP with clinical support, hypertension, and cardiovascular disease prevention. Develop an online Hypertension Control Technical Assistance hub to house best practices on hypertension screening, testing, and referring populations of focus to SMBP program with clinical support, project deliverables, and online educational content. Maintain a Learning Collaborative to engage and share strategies and discussions around implementation and barriers for an SMBP program.
Process Measures:	Identification of 4 to 6 demonstration project sites, clinics, FQHCs, or integrated health systems with satisfactory performance and outcomes. Provide one-one-one technical assistance to 4 to 6 demonstration project sites to address barriers and opportunities. The development and maintenance of an online resources center via a suitable online source.
Outputs:	Workplan to accomplish assigned activities for the funded demonstration projects. Clinical/programmatic workflow diagrams, infographics, and practice tool resources, etc. for each demonstration site funded. Number of technical assistances provided monthly to the 4 to 6 demonstration sites. At least 2 Learning Collaborative webinars, peer-to-peer forums, or other forms of mass communication. At least one online resource center for demonstration projects that houses evidence-based and evidence-informed hypertension, cardiovascular disease, and SMBP related resources and tools. At least one final report for each demonstration sites (4 to 6) that highlight key lessons learned, best practices/strategies, successful approaches, and key evaluation finds related to the implementation of the SMBP programs in each demonstration site. Sustainability plan for each demonstration sites (4 to 6).

Budget Period Outcomes:	Improved capacity to prioritize, identify, and customize relevant programs and services to address public health needs. Increased number of demonstration sites implementing processes and models to increase screening, testing, and referrals of African American males and females at risk or with hypertension to evidence-based self-measured blood pressure (SMBP) monitoring programs with clinical support, increase medication adherence, and identify and reduce barriers to hypertension prevention, detection, and control. Increased number of technical assistance resources by documenting and developing best practices to successfully implement an SMBP program with clinical support with a focus on health equity.
Outcome Measures:	Comparison of baseline established by demonstration projects; increase in the number of African American males and females with uncontrolled hypertension that were identified, screened, and referred to an evidence-based or evidence-informed SMBP program with clinical support. Increased awareness of evidence-based resources to address hypertension among African Americans. Increase the number of resources utilized and shared within the learning collaborative.

Project Title:	**Building Work@Health Program Capacity for Sustainable Training and Technical Assistance**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	Increasing health care costs and health-related decreases in worker productivity are leading American businesses to examine strategies to improve employee health and contain health costs that are largely driven by chronic diseases and related lifestyle choices. Employers are recognizing the role they can play in creating a healthy work environment and providing their employees with opportunities for healthy lifestyle choices. Workplace health programs not only benefit individual employees but make good business sense. The approach that has proven most effective is to implement an evidence-based comprehensive health promotion program that includes individual risk reduction programs, coupled with environmental supports for healthy behaviors and is coordinated and integrated with other wellness activities. Work@Health is a comprehensive workplace health training program that has supported employers of various sizes, industry sectors, and geographic areas as well as other participants who support employer workplace health efforts such as health departments, business coalitions, and trade associations since 2014. The program helps employers develop a skill set and capacity to build or enhance a science-based workplace health program through basic and intermediate level training and technical assistance. This project aims to build the capacity of state health departments and their partners working with employers with an emphasis on the planning and infrastructure needed to sustain and take the Work@Health program to scale while keeping the training on the frontier of best and evidence-based practice.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Population Health (DPH)
Proposed FY24 Project Funding Total:	$150,000.00
Funding Appropriation:	75-23-0948
Funding Statutory Authority:	Program is generally authorized by Sections 1703(a) (2) and 1703(a) (4) of the Public Health Service Act as amended (42 U.S.C.300u-2), and Sections 301 (a) and 317 (k) of the Public Health Service Act
Expected Project Length:	2 Years

Recipient Organizational Capacity:	Applicant should have organizational capacity to work with State Health Departments, particularly chronic disease units as well as private non-profit organizations. The applicant should have organizational capacity to provide outreach to and engagement with public and private employers in states. The applicant should also have technological capacity and infrastructure to offer training and technical assistance using multiple modalities (online, in-person, and blended approaches). The applicant should have the capacity and skill to broadly disseminate and support the adoption and sustainability of evidence-based interventions and best practices. The applicant shall be familiar with the CDC's Work@Health employer training program, its approaches, and its data.
Recipient Program Experience:	Applicant should have experience in public health, behavioral science, social marketing, health communications, program and policy development, and program evaluation. Applicant should have ability to reach into and engage the business community. Applicant should have a strong desire and commitment to build workplace health knowledge and capacity within the organization. It is desirable, but not necessary that applicant have experience in workplace health protection and promotion theory and practice, organizational change, evidence-based models and best practices, and industry trends. The applicant should have expertise in adult education, adult learning, and large-scale training delivery via mixed methods approaches (i.e., virtual and in-person), and have access to others who are experienced or subject matter experts in these areas as well as workplace health programs. Applicant should have ability to develop training curricula, materials and aides and provide support to trainees during training programs including using technology such as a Learning Management System (LMS) to organize and provide access to training materials and supports. Applicant should have experience in strategic planning and broad dissemination of evidence-based programs, policies, and practices including strategies and tactics related to adoption, scaling, and sustainability of evidence-based interventions and best practices.
Expectations for Collaboration:	The applicant is expected to carry out activities in close collaboration with the CDC, and partnership calls will be held at least monthly to discuss progress.
Expected Subcontractual Work and Criteria:	N/A
General Instructions for Use of Funds:	The budget should adhere to CDC requirements per the funding announcement. The organization should provide a qualified individual dedicated to lead this project.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Activities will include: • Support a training and technical assistance portal/platform available to state and local HD certified trainers and employer trainees to facilitate and accelerate Work@Health training including strategies and recommendations for modernization. • Develop a standard process/protocol and certification timeline for maintaining train-the-trainer credentials and support their ability to continue to provide Work@Health training independently. • Ensure connections for Train-the-Trainers to relevant technical assistance materials, tools, resources, and networking opportunities. • Conduct a review of the Work@Health curriculum. • Develop a comprehensive training and technical assistance plan that describes an implementation approach and resources needed to create, maintain, and scale a training infrastructure capable of delivering Work@Health training to employers and train-the-trainers at both the basic and advanced levels. The plan can consider the following elements: o A physical home for the training program including space to bring state and local HD trainers together for ongoing professional development with appropriate meeting space for hands-on training and supporting technology. o Establishment of an executive or advisory board. o Strategies for sustainable financing including but not limited to: in-kind contributions, grants, gifts, donations, and fee-for-service. o A phased implementation approach and opportunities for integration with other chronic disease prevention and health promotion programs. o Recruitment, on-boarding, and training/technical support during stand-up protocols. o Staffing plan. o Establishment and maintenance of a training and technical assistance portal to be the primary information and support system for training employers, master trainers, train-the-trainer trainees; providing technical assistance; providing targeted resources, and creating virtual communities. • Engage key public health professionals including certified Work@Health trainers in development of the training and technical assistance plan. • Develop a capabilities statement of needed abilities, resources, and infrastructure at the local, state, regional, and/or national level to scale the Work@Health program. • Describe and develop strategies to leverage other workplace health resources.
Process Measures:	1. Plan for Work@Health sustainability and scale. 2. Maintain and update training and technical assistance platform 3. Engage key stakeholders including Work@Health trainers, states, and employers in the Work@Health program
Outputs:	1. Comprehensive training and technical assistance plan 2. Training and technical assistance portal/platform 3. Trainer certification protocols 4. Capabilities statement for scaling the Work@Health program. 5. Agendas, PowerPoints, Resources/Recordings for regular meetings
Budget Period Outcomes:	1. Increased availability and accessibility of continuing education and training, tools and resources focused on public health competencies and new skills 2. Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions. 3. Improved quality, availability, and accessibility of public health education materials, training, and implementation and evaluation tools and resources

Outcome Measures:	• Increased availability and accessibility of continuing education and training, tools and resources focused on public health competencies and new skills • Improved quality, availability, and accessibility of public health education materials, training, and implementation and evaluation tools and resources

Project Title:	**Million Hearts: Atlanta Hypertension Initiative, Improving Hypertension Control in Priority Populations**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	This cooperative agreement builds capacity of state health departments to prevent heart attacks and strokes through increased hypertension control in local jurisdictions using a collaborative practice model.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division for Heart Disease and Stroke Prevention (DHDSP)
Proposed FY24 Project Funding Total:	$520,000.00
Funding Appropriation:	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
Funding Statutory Authority:	Sec. 301(a) of the Public Health Service Act (42 U.S.C. 241(a)); Sec. 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2)) and Patient Protection and Affordable Care Act, 2010 (P.L. 111-148)
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient organization must have the ability to gather partners in one metropolitan area or jurisdiction to develop and implement cardiovascular disease interventions. Skills needed include supporting collaborative practice models, ability to engage stakeholders in meaningful collaboration and support an infrastructure for a collaborative practice model of engagement. Helpful to be familiar with Million Hearts® strategies and strategies to improve outcomes for priority populations. Knowledge about the Live to the Beat campaign would be desired.

Recipient Program Experience:	Applicants should have experience providing training and TA to state health departments and community-based partners and disseminate programs through this multidisciplinary public health network. Applicants should have knowledge of and familiarity with the Million Hearts® framework, relevant indicators of progress, and clinical quality measures. This includes a foundational understanding of hypertension and other risk factors for stroke and heart attacks, the evidence-based strategies to prevent stroke and heart attacks, and the appropriate measures to assess performance. In particular, the applicant should have a knowledge of hypertension and the data elements needed to assess a health care institution's performance on the clinical quality measure for hypertension control. Applicants should have experience exercising appropriate levers the Million Hearts® initiative uses to engage and health care organizations and community-based organizations in taking action to prevent strokes and heart attacks (e.g., promote best practices from the Million Hearts® change package series, MAP BP, Target BP, etc.) Experience engaging organizations serving Black adults in cardiovascular risk reduction is desired. Strong communication and customer service skills are needed to assure the initiative aligns with Million Hearts® messages and resources. Applicants should have experience supporting state health departments to promote activities locally through public health community channels.
Expectations for Collaboration:	Collaboration with CDC is essential to assure recognition efforts align with Million Hearts® goals and CDC guidance. Additionally, recipient would be expected to support state health departments to establish partnerships to collaborate with other public health partners and health care organizations at the local level to improve cardiovascular health. The applicant is expected to collaborate with the Million Hearts® Team to clearly articulate progress made and the expectations of partners. Regular engagement during Million Hearts® Partner Call meetings and Live to the Beat events is expected. The ideal applicant has familiarity with the Million Hearts® 2027 initiative and work with public and private community partners, including those working across the geographical area to improve hypertension control.
Expected Subcontractual Work and Criteria:	The applicant is expected to provide oversight and support to the project, but much of the technical work entails SHDs' engagement with public health chronic disease prevention partners at the local level. It may also be appropriate to subcontract with an organization that can engage local community partners to advance Million Hearts® strategies and improve hypertension control and outcomes for priority populations.

General Instructions for Use of Funds:	The funds should be used to engage and staff, state and local community partners and support innovation and implementation of evidence-based strategies to advance Million Hearts® strategies and improve outcomes for priority populations in at least one local public health jurisdiction (e.g., Atlanta Hypertension Initiative). Travel is permissible but should be minimized for maximum impact. Support activities to provide evaluation of strategies, including recommended options to evaluate program process and community outreach activities, lead content development and implementation of evaluation plan, and revision of existing survey instruments outlined in the evaluation plan. Personnel will be required to coordinate activities with subcontracted organizations. Funds may be used to support capacity building organizations to advance local engagement efforts, this may include project equipment. Funds may also be used to support technical assistance and/or communication activities is permissible. Personnel are needed to coordinate the work across subcontracted organizations and chronic disease public health professionals across jurisdictions.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Engage and staff, state and local community partners and support innovation and implementation of evidence-based strategies to advance Million Hearts® strategies and improve outcomes for priority populations in at least one local public health jurisdiction (e.g., Atlanta Hypertension Initiative). • Support state health department to leverage local community-based organizations and/or churches in deployment of Live to the Beat to supplement their work towards improved hypertension control. • Support local health care organizations in uptake of strategies aimed at implementing quality improvement programs to improve hypertension control (e.g., Million Hearts® Hypertension Control Change Package, MAP, Target BP, etc.). • Review strategies, develop and implement tactics identified in Live to the Beat evaluation plan, including revising survey instruments and community outreach activities. • Maintain ongoing communication with the Million Hearts® team to trouble shoot issues and ensure project objectives are met in a timely manner.
Process Measures:	• Secure a subcontract with an organization that can engage local community partners to advance Million Hearts® strategies and improve outcomes for priority populations in partnership with community partners. • # of local community-based organizations state health department engages to deploy Live to the Beat resources to increase hypertension control in specified local or geographical region (20) • # of local health care organizations committed to implementing quality improvement programs (7) • Development, implementation, and revision of evaluation plan
Outputs:	• Monthly reports on partnership activities and progress made to improve hypertension control in the funded local public health jurisdiction (10) • List of engaged community-based organizations, health care organizations and other contributing partners (up to 50) • Report on total number of individuals reached with Live to the Beat messages and resources in specified local/geographic area. • Summary report /guidance for state health department regarding lessons learned in supporting municipality driven cardiovascular health initiatives

Budget Period Outcomes:	• Increased awareness of state health department to engage local community-based organizations to advance public health initiatives at the local level • Increased awareness of the high impact evidence-based strategies championed by Million Hearts® among local community-based organizations and health care organizations. • Increased hypertension control in at least one defined local community or geographical area. • Evidence of the impact of community engagement strategies delivered through community-based organizations to increase awareness and support for hypertension control in Black adults.
Outcome Measures:	• Increased awareness and implementation of the high impact evidence-based strategies championed by Million Hearts® among community-based organizations and partners to increase hypertension control; increased awareness of the threat of uncontrolled high blood pressure and increased knowledge on the steps to control high blood pressure.

Project Title:	**Emergency Preparedness and Response Maternal Child Health Virtual Learning Collaborative**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to improve collaboration between maternal and child health (MCH) and emergency preparedness and response (EPR) personnel at Local Health Departments (LHDs) to enhance the capacity to prioritize women of reproductive age (WRA), including pregnant, postpartum, and breastfeeding people and their infants, in preparedness plans and emergency responses. Recipient will lead a virtual learning collaborative (VLC) to include developing and delivering training and technical assistance to increase knowledge of MCH priorities among EPR personnel and train MCH personnel to engage in preparedness activities. The VLC will consist of 10 or more LHDs, with one staff member from MCH and one staff member from EPR departments of LHDs as participants, aiming to increase collaboration within LHDs. Recipient will conduct an in-person tabletop exercise for participants to allow for increase collaboration an enhanced knowledge sharing.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Reproductive Health (DRH)
Proposed FY24 Project Funding Total:	$350,000.00
Funding Appropriation:	75-24-0948 Safe Motherhood
Funding Statutory Authority:	This program is authorized under Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a) and Section 317K, 42 U.S.C. 247b-12 (Safe Motherhood)
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient organization capacity should: • possess the capability to organize and convene multiple local health department staff across the nation, • have experience developing and administering ongoing training and technical assistance sessions virtually, • have experience developing and administering in-person tabletop exercises for participants, • have a documented history of providing technical advice and assistance to local health departments, • have appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects of the virtual learning collaborative, and • have appropriate information technology systems to produce required federal progress, financial and annual reports.
Recipient Program Experience:	The recipient organization should: • have documented history of organizing and convening multiple local health department staff across the nation, • have documented history of providing both maternal and child health and emergency preparedness and response capacity building assistance to local health departments, and • have experience in providing technical advice and assistance to partner organizations and to local health departments.

Expectations for Collaboration:	The recipient will need to collaborate with local health department staff, specifically those in both maternal and child health (e.g., Title V directors and other staff) and emergency preparedness and response personnel, and other reproductive Health Emergency Preparedness and Response professionals.
Expected Subcontractual Work and Criteria:	The recipient may subcontract with individuals or organizations with expertise in communication, training, and/or adult learning to help develop and facilitate trainings and case study exercises that consider MCH populations for the VLC members. The subcontractor should have experience with topics of EPR and MCH to develop and facilitate trainings.
General Instructions for Use of Funds:	None in addition to those required in the NOFO.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Strengthen a virtual learning collaborative of 10 or more LHDs, continuing to increase collaboration among MCH and EPR colleagues within LHDs through virtual training modules and case study exercises. • Provide strategies and training to increase collaboration between MCH and EPR through an accredited training. • Convene VLC members in-person to participate in hands-on exercise to strengthen capacity building and share success stories at end of the project year. • Develop evaluation plan to assess improvements in capacity and capture VLC members success and lessons learned. • Collaborate with partner organizations as appropriate and through opportunities identified. For example, experts might be invited to join specific calls, or activities will be conducted with other organizations to encourage state and local collaboration. • Promote and disseminate strategies identified by the VLC through recipient channels, with partners, and at relevant conferences.
Process Measures:	• Enroll 10 or more LHDs to participate in the VLC through application process and selection. • Develop VLC training curriculum (at least three virtual webinars and one in-person tabletop exercise) and related materials (workbooks, pre/post-tests, etc.). • Ensure majority of LHD participants attend the end of year in-person exercise. • At least 80% of LHD participants participate in program evaluation activities. • Make accreditation/continuing education available for participants of the course.
Outputs:	• Roster of enrolled VLC participants • Recordings of VLC training sessions/webinars • Agenda, notes, and slides as appropriate from partner calls and presentations • Agenda, presentation slides, and other relevant materials for the in-person convening • Final evaluation plan and evaluation results/report • Approved continuing education accreditation
Budget Period Outcomes:	• Increased collaboration among MCH and EPR staff/departments in LHDs. • Increased capacity for LHDs to prioritize women of reproductive age, including pregnant, postpartum, and breastfeeding people and their infants in local preparedness plans, activities, and emergency responses.

Outcome Measures:	At least 70% of LHD participants report fostering partnerships aimed at increasing collaboration or taking direct actions for integrating MCH considerations into their LHD preparedness plans, activities, and emergency responses.

Project Title:	**Tribal Maternal Mortality Review: A Potential Strategy for Native Communities**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**This project will benefit Tribal health departments.**
Project Plan Details	
Project Purpose:	The Division of Reproductive Health (DRH) recognizes detailed reviews of pregnancy-associated deaths as the best opportunity for improving the availability of actionable data on maternal mortality. Although progress has been made among state and local maternal mortality review committees (MMRCs), there are currently no Tribally-led MMRCs. Additional forums are needed to build on the productive discussions to date. The purpose of this project is to enhance the foundation for national collaborative learning and hold necessary partner convenings to ensure consultation and timely input from Indian Tribes in the exploration of Tribal Maternal Mortality Review Committees that respect Native culture and result in meaningful and effective prevention strategies for Native communities.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Reproductive Health (DRH)
Proposed FY24 Project Funding Total:	$300,000.00
Funding Appropriation:	75-24-0948 Safe Motherhood
Funding Statutory Authority:	This program is authorized under Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a) and Section 317K, 42 U.S.C. 247b-12 (Safe Motherhood)
Expected Project Length:	2 Years
Recipient Organizational Capacity:	The recipient should have a documented history of establishing effective relationships with Tribal health agencies including the infrastructure and capacity noted in the following bullets: • Established communication lines with Area Health Boards, national Tribal organizations, and tribes. • Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects. • Appropriate information technology systems to produce required federal progress, financial, and annual reports.
Recipient Program Experience:	• Extensive experience of advising on health care and public health practice issues of American Indians and Alaska Natives. • Extensive experience delivering timely information and other services to all Tribal Governments. • Have a documented history of leading national Tribal public health programs and policy. • Experience in working with issues of Maternal Health and Maternal Mortality Prevention.
Expectations for Collaboration:	The recipient will be encouraged to identify, build, and sustain strategic partnerships and collaborations that have a role in implementing this project's strategies and activities, and achieving the expected outcomes.
Expected Subcontractual Work and Criteria:	None expected.

General Instructions for Use of Funds:	Funds are intended to support staff time, travel and contractual expenses related to proposed activities. The recipient should budget for level of effort (LOE) at or greater than 50% for two or more staff to carry out the strategies of this project. The applicant must submit an itemized budget and budget narrative, consistent with CDC guidance for completing a detailed budget (http://www.cdc.gov/od/pgo/funding/budgetguide.htm. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose and projected outcomes outlined in the project narrative. Recipient should budget for travel (up to 4 staff for 3 days) to two national convenings on maternal mortality. In YR1, one of these convenings will take place in Atlanta, GA April 1-3, 2025, and the other 3-day convening location is TBD.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	- Collaborate to plan and host an in-person convening to engage partners in strategic planning activities for Tribal Maternal Mortality Review by the end of the 2024 calendar year, and in other strategic planning activities to prevent pregnancy-related deaths among American Indian and Alaska Native (AI/AN) communities. Recipient to support travel for up to 15 participants from tribal partners. - Partner with other maternal health organizations to build capacity and increase communications of maternal mortality prevention and maternal health promotion efforts by conducting a virtual forum. - Host quarterly community of practice or other ‘community roundtable’ calls to facilitate collaborative efforts with other partners funded to explore the feasibility of Tribally-led Maternal Mortality Review Committees (MMRCs) and other partners in Tribal maternal health promotion and maternal mortality prevention. - Support recipient staff travel to national convenings to further support formative design and information sharing related to planning for tribal led, public health focused MMRCs.
Process Measures:	- Number of in-person convening participants, representing Tribal maternal data, program, and policy essential to successful implementation of Tribally-led MMRCs, to include partners funded to explore the feasibility of Tribally-led MMRCs and other maternal health partners. - Number of attendees at virtual forum, featuring at least 3 subject matter experts. - At least 70% of partner organizations, who are also funded by CDC’s Maternal Mortality Prevention Team to explore the feasibility of Tribally-led MMRCs, attend quarterly community roundtable calls.

Outputs:	- Written meeting summaries that outline key discussions and next steps. - Documentation of recommendations, based on meeting discussions, that can inform the strategic direction and potential implementation of fully sustainable Tribally-led MMRCs. - Recipient staff attendance and contribution to content (e.g., presentation or poster) to 2 national convenings, including the Maternal Mortality Review Information Application User Meeting and associated tribal partner meetings, from April 1-3, 2025, in Atlanta, GA.
Budget Period Outcomes:	• Identified opportunities for increased partnerships and for increased understanding of Tribal maternal health priorities, and partnerships essential for Tribally-led MMRCs and of the gaps and barriers Tribal jurisdictions encounter in implementing MMRCs. • Identified opportunities for integration of recommendations to increase tribal representation in existing MMRC processes. • Increased opportunities for meaningful consultation and timely input from Indian Tribes.
Outcome Measures:	At least one success story that describes how a tribal public health authority develops an increased understanding of the possible role for Tribally-led MMRCs in improving the availability of actionable data to prevent maternal mortality in AI/AN populations.

Project Title:	**Hear Her American Indian/ Alaska Native Campaign Implementation and Partnerships**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Tribal health departments**
Project Plan Details	
Project Purpose:	This project will strengthen capacity for Tribes, tribally serving organizations, health departments, and other organizations serving American Indian/ Alaska Native (AI/AN) communities to raise awareness of urgent maternal warning signs and the importance of communication between healthcare providers, people who are pregnant and postpartum, and their support systems.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Reproductive Health (DRH)
Proposed FY24 Project Funding Total:	$500,000.00
Funding Appropriation:	75-24-0948 Safe Motherhood
Funding Statutory Authority:	Public Health Service Act Section 301(a), 42 U.S.C. 241(a) and Section 317K, 42 U.S.C. 247b-12 (Safe Motherhood)
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The applicant should have significant experience building capacity and partnering within Tribes, tribally serving organizations, health departments, or other organizations serving American Indian/ Alaska Native communities. It is important that the applicant have capacity to organize virtual meetings, facilitate strategic partnerships, provide robust technical assistance, report on progress updates, and distribute communication materials through national, regional, and tribal channels.
Recipient Program Experience:	1) Experience working with American Indian/ Alaska Native communities 2) Experience building capacity and partnering with Tribes, tribally serving organizations, health departments, or other organizations serving AI/AN communities 3) Experience disseminating health education materials through strategic partnerships at the national, regional, or tribal level; particularly to reach AI/AN communities on tribal lands and non-tribal areas.
Expectations for Collaboration:	The awardee will be expected to engage with CDC's technical monitor and the Hear Her® campaign team throughout the project lifecycle, including regular meetings and email communication to collaborate on strategies for health information dissemination, capacity building, and partnership engagement
Expected Subcontractual Work and Criteria:	The awardee will be expected to engage with sub-contractors as needed to locally implement the Hear Her AI/AN campaign and other dissemination or capacity building activities.
General Instructions for Use of Funds:	Use of funds may include, but is not limited to, costs related to personnel time, hosting events, and travel for campaign related meetings or evets. Travel related expenses to be paid using project funds should be consistent with per diem rates established by the US General Service Administration (http://gsa.gov).
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus
Activities:	• Develop and implement a strategy to build capacity of Tribes, tribally serving organizations, health departments, and/or other organizations that serve AI/AN communities. • Promote the Hear Her AI/AN campaign at relevant conferences and meetings where organizations serving AI/AN communities can learn about the campaign materials and strategies to raise awareness of urgent maternal warning signs. • Provide mini-grants to Tribes, tribally serving organizations, health departments, and/or other organizations that serve AI/AN communities to support community-based implementation of the Hear Her campaign. • Provide technical assistance to partners who serve Tribes, tribally serving organizations, health departments, and/or other organizations that serve AI/AN communities related to implementing the Hear Her campaign.
Process Measures:	• Outreach to at least three Tribes, tribally serving organizations, health departments, and/or other organizations that serve AI/AN communities.
Outputs:	• A strategic plan for capacity building and partnership with Tribes, tribally serving organizations, health departments, and/or other organizations that serve AI/AN communities to increase awareness of the urgent maternal warning signs and the importance of communication between healthcare providers, people who are pregnant and postpartum, and their support systems. • Documented promotion and/ or distribution of Hear Her materials through events, meetings, toolkits, local organizations, etc. • Learning sessions/ webinars for Tribes, tribally serving organizations, health departments, and/or other organizations that serve AI/AN communities. • Distribution of mini-grants to Tribes, tribally serving organizations, health departments, and/or other organizations that serve AI/AN communities to support implementation of the Hear Her campaign.
Budget Period Outcomes:	• Increased capacity of select Tribes, tribally serving organizations, health departments, and/or other organizations that serve AI/AN communities to increase awareness of the urgent maternal warning signs and the importance of communication between healthcare providers, people who are pregnant and postpartum, and their support systems in their communities.
Outcome Measures:	• At least 80% of Tribes, tribally serving organizations, health departments, and/or other organizations that awardee works with report increased capacity to disseminate information related to the Hear Her AI/AN campaign and urgent maternal warning sign education.

Project Title:	**Improving Adolescent Health Through State-Level School-Based Programmatic Strategies**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**The populations of focus for this project are staff within state and territorial health departments whose roles are related to adolescent health and well-being and who are most likely to engage with other state leadership in adolescent and school health.**
Project Plan Details	
Project Purpose:	The purpose of this project is to support state education agencies and health departments to work together to improve health education, connection from schools to services, and safe and supportive school environments.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Adolescent and School Health (DASH)
Proposed FY24 Project Funding Total:	$750,000.00
Funding Appropriation:	75240950
Funding Statutory Authority:	Sections 301(a) and 317(k)(2) of the Public Health Service Act [42 U.S.C. Sections 241 and 247(k)(2)], as amended.
Expected Project Length:	1 Year

Recipient Organizational Capacity:	Organizational capacity for this work includes the following: • Capability to conduct work in an area where youth are at increased risk for adverse health outcomes. • Demonstrated leadership in working with state- or territorial-level adolescent health leadership including leveraging current adolescent health policies, programs, and practices. • Expertise to advise on the implementation of adolescent health policies, programs, and practices for health education, health services, and safe and supportive environment activities. • Ability to align adolescent health plans within the state or territorial adolescent health leadership. • Capability to analyze key adolescent health issues/disparities and develop a plan using health risk and protective factors that will address individual, community, and organizational levels. • Capability to establish and then expand key external partnerships to provide additional expertise in adolescent health. • Capability to implement evaluation and performance measurement activities including providing an evaluation and performance measurement plan, collaborating with other partners and stakeholders to collect specified data, collect data to report on outcome and performance measures, and disseminate evaluation results to key stakeholders at least annually and at the end of the project period. • Evidence of an organizational connection to and strong working relationships with state decision makers and policy makers across the United States. • A constituency that includes members from within the state legislative or executive branches of government. • Ability to establish strong working relationships with state education agency or state health agency decision makers. • Expertise in conducting technical assistance and trainings in-person and online to multi-sector leadership teams, using multi-sector approaches and with appropriate learner techniques.
Recipient Program Experience:	Program experience should include the following: Expertise in CDC's What Works in Schools program. Evidence of providing capacity-building and technical assistance to state and/or territorial health and other agencies related to adolescent health or other relevant content. Current or previous experience/expertise in health policy and health communications.
Expectations for Collaboration:	Recipient should participate in peer-sharing & community of practice [CoP] opportunities as applicable. Recipient should also work collaboratively to develop an action plan to implement and evaluate the What Works in Schools program that reflects current data and best available evidence to increase impacts on adolescent sexual health, violence, mental and emotional health, and substance use. All collaboration should include state and territorial adolescent-focused organizations.
Expected Subcontractual Work and Criteria:	This work may be subcontracted. A contractor should have at minimum the following qualifications: ability to easily reach key leadership in health and education agencies in all 50 states and US territories; ability to connect with (or are themselves) national organizations with specific interests in adolescent health and well-being; and knowledge of how to work with schools from a public health perspective.

General Instructions for Use of Funds:	Reasonable program budget items for this work include personnel, travel, supplies, and virtual/in-person services. There is an expectation for at least one in-person CBA convening during this project period; the budget should reflect this. The budget may include mini-grant or sub-contract opportunities for state and territorial health and education agency participation. The budget should not include funding for research or clinical care.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Prepare – Infrastructure • Establish a primary point of contact / champion(s) to facilitate internal coordination of policies, programs, & practices needed for school districts to implement the What Works in Schools program. • Identify relevant partners and establish a state or territorial team/coalition. • Identify state or territorial & local data sources related to adolescent health priorities collected on a reoccurring basis to inform development and evaluation of state action plan. Collaborate/Coordinate – Partnership • Participate in peer-sharing & community of practice [CoP] opportunities with populations of focus. • Formalize external partnerships with & convene peer-sharing opportunities for relevant decision-makers and stakeholders. Educate • Develop & disseminate materials, guidance, and tools/resources to educate state/territorial decision-makers about the What Works in Schools program. Action Planning • Work collaboratively to develop an action plan to implement and evaluate the What Works in Schools program that reflects current data and best available evidence to increase impacts on adolescent sexual health, violence, mental and emotional health, and substance use.
Process Measures:	• Increased number of state/territorial teams to identify and address adolescent health issues. (Prepare) • Increased number of state/territorial teams that completed a data review to identify priority adolescent health issues in selected state/territories. (Prepare) • Increased number of state/territorial teams that provided events (such as peer-sharing activities) to increase awareness of the What Works in Schools program. (Collaborate) • Increased number of state/territorial teams that identified, developed, or adapted resources to increase awareness of key decision-makers and partners at the state/territory level about the What Works in Schools program. (Educate) • Increased number of state/territorial teams that disseminated resources to increase awareness of key decision-makers and partners at the state/territorial level about the What Works in Schools program. (Educate) Increased number of state/territorial teams with ongoing action plans for reduction of high-risk behaviors among adolescents. Increased number of state/territorial teams with supportive environments for implementation of best practices related to What Works in Schools program.

Outputs:	• Roster of state/territorial teams recruited. • Summary reports of priority adolescent health issues in selected state/territories. • Documentation of collaborative activities (peer sharing, communities of practice). • Identify, develop, or adapt resources to increase awareness of key decision-makers and partners at the state/territory level about the What Works in Schools program. (Educate) • List of resources used to support the implementation of evidence-based strategies to support student health in K-12 schools. • Action plans to state/territories to implement evidence-based strategies to support student health in K-12 schools.
Budget Period Outcomes:	• Increased use of data to inform and evaluate state/territory action plan and related activities. • Increased formalized partnerships among state/territory teams. • Increased awareness among decision makers and key partners on priority adolescent health issues and the What Works in Schools program. • Increased readiness to engage in data-based activities to support school district-level implementation of the What Works in Schools program.
Outcome Measures:	At least 50% of state/territorial teams participating in this project will identify one effective strategy to address a priority adolescent health issue in their K-12 school jurisdictions.

Project Title:	Getting Further Faster: Virtual Community of Practice
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**This project will build capacity for MCPs (including state and territorial health departments, community-based organizations [rural, urban, and tribal], and health care systems) in a range of work segments, including but not limited to education, management, policy and program development, communications, and partnership development.**
Project Plan Details	
Project Purpose:	In 2020, CDC's NCCDPHP launched the Improving Social Determinants of Health – Getting Further Faster (GFF) initiative. The initiative focused on multisector community partnerships' (MCPs) efforts that align with the five domains of NCCDPHP's SDOH framework: (1) built environment (BE), (2) community-clinical linkages (CCL), (3) food and nutrition security (FNS), (4) social connectedness (SC), and (5) tobacco-free policies (TFP). In the first year of the initiative, forty-two MCPs participated in a retrospective evaluation to build the evidence base on successful coalition-led strategies. Year 1 findings indicated that partnerships' efforts helped expand their communities' capacity to address SDOH, contributed to community changes that support healthy living, and helped improve chronic disease-related outcomes among community members. In the second year of GFF, a subset of the MCPs were selected to learn more about their collaboration with health departments, costs of the interventions, sustainability strategies, and how MCPs help build community resilience. In the final year, we worked with four MCPs to further examine the infrastructure needed to support collaboration between governmental public health departments, health care systems, and human service agencies to support MCPs' SDOH interventions. MCPs reported a range of positive health outcomes, from better clinical outcomes to lower healthcare costs. A series of published papers, briefs, and blogs have described the findings: -Emery, K. J., Durocher, B., Arena, L. C., Glasgow, L., Bayer, E. M., Plescia, M., Holtgrave, P. L., & Hacker, K. (2023). Health Departments' Role in Addressing Social Determinants of Health in Collaboration With Multisector Community Partnerships. Journal of public health management and practice : JPHMP, 29(1), 51–55. https://doi.org/10.1097/PHH.0000000000001685 -Glasgow, L., Clayton, M., Honeycutt, A., Bayer, E. M., Plescia, M., Holtgrave, P. L., & Hacker, K. (2023). Key insights on multisector community partnerships from real-world efforts to address social determinants of health. Evaluation and program planning, 99, 102298. https://doi.org/10.1016/j.evalprogplan.2023.102298 -Honeycutt, A. A., Yarnoff, B., Tayebali, Z., Glasgow, L., & Hacker, K. (2023). Using the Prevention Impacts Simulation Model to Estimate Long-Term Impacts of Multisector Community Partnerships' Efforts to Address Social Determinants of Health. Preventing chronic disease, 20, E62. https://doi.org/10.5888/pcd20.220327 -Hacker, K., Glasgow, L., Bayer, E. M., & Holtgrave, P. (2023). Getting Further Faster: Illuminating Opportunities for Health Departments to Support Community-Driven Social Determinants of Health Interventions. Journal of public health management and practice : JPHMP, 29(1), 105–107. https://doi.org/10.1097/PHH.0000000000001684 In addition to the evaluation, we provided training and technical assistance (T/TA) to participants of the GFF Initiative in years 1 and 2. Additionally, the evidence helped inform SDOH activities and served as the foundation for the launch of a virtual, interactive national SDOH Community of Practice (CoP). The project also convened state community health workers (CHWs) offices to address training,

	certification, and sustainability post-COVID-19 pandemic, specifically to demonstrate the need for and potential value of a neutral, member-driven organization to convene state CHWs offices and/or their surrogates. Deliverables included conducting a landscape assessment of the CHWs financing policy landscape and convening a CHWs Peer Network. These activities identified several key actions that could assist in advancing the work of MCPs: improving partner engagement, increasing access to resources, and funding and sustainability strategies. Building upon the findings from the GFF initiative, this project will continue to translate evidence to practice. The funding will be used to enhance the GFF CoP's virtual platform and continue to provide tools and resources of evidence-based interventions to create and sustain healthy communities. The proposed project will also work to support CHWs sustainability efforts and provide resources on how to integrate CHWs in public health practice. Additionally, the project will build on prior efforts to support the development of CHWs capacity in communities. These efforts include exploring financing options, certification, and expanding CHWs-delivered services.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Office of Policy, Planning, and Partnerships (OPPP)
Proposed FY24 Project Funding Total:	$500,000.00
Funding Appropriation:	75-X-0948
Funding Statutory Authority:	This program is generally authorized under Sec 317(k)(2) of the Public Health Service Act, as amended (42 USC 247b(k)(2)) and Patient Protection and Affordable Care Act (PL 111-148).
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The organization(s) that will lead this project should have strong, working relationships with key partners, including but not limited to state/territorial public health officials/agencies, community partners/community-based organizations, tribal communities, non-profit health systems, and human services organizations, to address SDOH and prevent chronic disease. The organization(s) should have a history of supporting and equipping public health officials in advancing their work in population health and well-being. The organization(s) should have significant technical expertise and extensive experience in the following domains: cultivating partnerships between public health and other organizations; supporting and strengthening the public health workforce by providing a range of capacity building and technical assistance offerings; robust communication, facilitation, and dissemination skills; supporting the implementation of equitable, evidence-based public health policies and programs; increasing public health agencies' capacity to integrate and sustain data infrastructure (e.g., closed loop referrals); and ability to respond to related workforce development needs.

Recipient Program Experience:	The objective for this project is to help build capacity for MCPs in a range of work segments, including but not limited to evaluation, education, management, policy and program development, communications, and partnership development. In order to effectively conduct the work described in the project details section, the recipient organization(s) should have extensive experience working programmatically with cross-sector partners that are geographically diverse (e.g., state/territorial health departments, tribal communities, community-based organizations, non-profit organizations, CHW network organizations, and health care systems). The organization(s) should also have content expertise in the following domains: developing and convening cross-sector partners; fostering connections across systems and community members to improve health outcomes; effectively communicating the impact of efforts to address SDOH and prevent chronic disease, as well as the value to relevant audiences; developing strategies that support the development and integration of CHWs into the public health workforce; supporting community coordination and communication; developing suite of tools and resources (e.g., toolkits, guidance documents, and learning modules) focused on various topics including data interoperability/management/quality, evaluation and continuous quality improvement, policy, sustainability planning, and communication strategies; workforce development [strategies to integrate and support CHWs]; and developing and managing websites and communication materials (e.g., weekly and monthly newsletters, issue briefs, on-demand newscast).
Expectations for Collaboration:	Extensive collaboration is essential to ensure the success of this project. The recipient organization will collaborate with CDC to expand and deepen the training and technical assistance and resources to members of the CoP. The recipient will also collaborate with subject matter experts and organizations to support the CoP to: -Develop new resources and toolkits, -Develop micro-learnings relevant to chronic disease, SDOH and CHWs, -Develop blogs on SDOH practice, -Respond to ad hoc TA requests, and -Facilitate peer-to-peer exchanges and connections among members through virtual learnings, workshops, and online forums. Potential topics will be informed based on previous work from the GFF Initiative. These may include: -Community coordination and awareness, -Building and cultivating diverse partnerships, -Integration of CHWs (e.g., financing, developing CHW partnership model, care coordination, and linkages to care), and -Data management and quality (closed loop referrals).
Expected Subcontractual Work and Criteria:	It is expected that the recipient of this funding may need to subcontract the following activities to other partner organizations: 1) developing, field testing, validating, and modifying (as identified) specific tools and resources that aid in capacity-building, implementation, and communications for partnerships; 2) developing learning modules for website; 3) conducting trainings (peer-to-peer learnings, webinars, etc.) and responding to ad hoc TA requests; and 4) assessing the usefulness of activities to inform future T/TA. The period of performance for these subcontracts will mirror that of the parent funding given that these activities are essential during the entire lifecycle of the project and funding.
General Instructions for Use of Funds:	Funds for this project are anticipated to be spent on staff time and expertise, subcontracts, travel (including transportation, lodging, etc.), and administrative costs.

Strategic Area:	Organizational Capacity and Performance Improvement
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	This funding will be used to sustain and enhance the virtual, interactive GFF CoP, which will include continuing to support the CHW workforce and strengthening partnerships with the workforce with public health departments. This will be achieved through the following activities: -Develop new and/or tailor resources or tools including but not limited to: -Communications/social media toolkits -Sustaining strategic partnerships to address SDOH -Strategies for data interoperability (closed-loop referrals) -Braiding and blending of funds -Integration and training of CHWs -Building and strengthening cross-sector partnerships -Issues briefs on agreed upon topics -Produce micro-learning modules (1-2) on mutually agreed upon topics -Develop blogs (up to 3) on SDOH practice and/or -Develop content to promote virtual CoP (new resources and learning modules, upcoming webinars) -Develop dissemination plan of new materials -Host 2-3 webinars -Facilitate peer connections to assist in building SDOH capacity among members by convening virtual learnings, forums, and workshops and/or webinars -Evaluate the effectiveness of CoP activities to inform future activities (including but not limited to polls, surveys, and focus groups)
Process Measures:	o Minimum of 12 coordination activities between CDC and project partners (including regular calls, ad-hoc meetings, etc.) o Twelve monthly status reports highlighting project progress to CDC o Between 3-5 T/TA materials developed (e.g., toolkits, factsheets, learning modules, blogs) o Conduct 2-3 virtual convenings for participants (e.g., workshops, webinars) o Between 2-4 peer-to-peer exchanges o Number of responses to ad hoc TA requests (dependent on participants) o At least 8 promotional and outreach activities to promote CoP (products, events) o One final report assessing T/TA effectiveness to CDC

Outputs:	-Select/contract with T/TA provider through RFP process -Development and implementation of an engagement/outreach plan to engage new CoP members -Enhance and manage virtual CoP: -Develop micro-learning modules -Create tailored-made resources and toolkits -Facilitate peer-to-peer learning events -Provide responses to ad hoc TA requests -Virtual trainings, webinars, workshops -Develop communication strategy and disseminate materials -Develop and disseminate a monthly status report to CDC
Budget Period Outcomes:	State, county, regional, and metropolitan health departments, community-based organizations, tribal communities, health care systems and other partners will have access to evidence-based resources to inform planning efforts for public health interventions, program evaluations, and policymaking. The value and feasibility of the virtual CoP as a valuable resource will be demonstrated, and future cross-sector partnerships will continue to have access to tools that help improve public health practice and facilitate the implementation of evidence-based practices. This will improve the knowledge of strategies and awareness evidence based SDOH interventions and improve chronic disease prevention.
Outcome Measures:	-At least 60% of CoP members report that the virtual tool makes information and findings intuitive, user friendly, and effective. -Number of new members of CoP. -Number of people accessing the virtual platform. -Increased knowledge of participants in strategies and awareness of resources to address SDOH affecting chronic disease prevention by 60%. -Increased knowledge of effective strategies to increase authentic integration and sustainability of CHWs' roles, capacity, and leadership. -Increase the number of exchanges of SDOH approaches and strategies by 50%. -Increase the number of new partners and contributions to addressing SDOH.

Project Title:	**Maternal and neonatal risk-appropriate care: assessment, analysis, and action**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	This project will build upon current work to strengthen maternal and neonatal risk-appropriate care systems to help ensure that pregnant people and infants receive the right care at the right facility at the right time. The primary purposes are to improve the documentation and understanding of current state approaches and policies for, and experiences with, risk-appropriate care; to support state implementation of updated assessments of facility levels of care; and to support use of risk-appropriate care data to create action plans for strengthening state maternal and neonatal risk-appropriate care systems. To improve risk-appropriate care, a focus on maternal and infant health emerging issues that impact care access and receipt is also necessary.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Reproductive Health (DRH)
Proposed FY24 Project Funding Total:	$875,000.00
Funding Appropriation:	75-24-0948 Safe Motherhood
Funding Statutory Authority:	This program is authorized under Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a) and Section 317K, 42 U.S.C. 247b-12 (Safe Motherhood)
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Organizational capacity required includes history of successfully engaging state health departments, primarily state health officials, and other state partners in collaborative projects; qualitative research skills and capacity; strong history of collaborations with academic and other partners; ability to convene and facilitate collaboration across multiple agencies; and ability to identify and address maternal and infant health emerging issues that impact receipt of and access to care.
Recipient Program Experience:	Program experience includes expertise in risk-appropriate care for maternal and neonatal health; familiarity with state health department priorities, approaches, and policies addressing risk-appropriate care for maternal and neonatal health; and understanding of the key gaps in the evidence for risk-appropriate care and emerging issues and priorities facing states. The recipient should be a membership organization of state leadership responsible for health and health-related decisions at the state level.
Expectations for Collaboration:	Recipient is expected to collaborate with state-level partners to understand states' experiences with maternal and neonatal risk-appropriate care implementation and with an academic or other partner with the capacity and expertise to assess existing levels of maternal care implementation approaches (guidelines, funding, requirements, policies, etc.) across states. The recipient should describe history of leading work in this area.

Expected Subcontractual Work and Criteria:	Recipient may be expected to provide support to state-level partners for implementation of maternal and neonatal risk appropriate care activities within each state. Activities will include assessing levels of care for facilities within the state, support of data linkage and collaborative data analyses, and developing activity plans for using findings to support risk appropriate care within the state. Recipient will be expected to sub-contract with an academic or other partner to identify existing state implementation approaches (guidelines, funding, requirements, policies, etc.) for levels of maternal care and summarize and disseminate key characteristics of these approaches.
General Instructions for Use of Funds:	Funds are intended to fund staff time, travel, and contractual expenses related to proposed activities. The Recipient must submit an itemized budget and budget narrative, consistent with CDC guidance for completing a detailed budget.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	• Gather and report on states' experiences with maternal and neonatal risk-appropriate care implementation • Work with an academic or other partner to identify existing levels of maternal care implementation approaches across states and summarize and disseminate key characteristics of these approaches • Support the use of the above findings by states to increase their capacity to identify and implement best practices for strengthening systems of maternal and neonatal risk-appropriate care • Provide resources and funding for state-level partner agencies for implementation of maternal and neonatal risk-appropriate care activities within states, including assessment, analysis, and action • Assess other emerging issues in maternal and infant health that impact maternal and neonatal risk-appropriate care and receipt
Process Measures:	Representatives from at least 10 states attend an informational webinar on the implementation of maternal and neonatal risk-appropriate care activities (assessment, analysis, and action)
Outputs:	Report produced on state experiences with maternal and neonatal risk-appropriate care implementation At least 1 webinar is held with states to share state experiences and best practices with maternal and neonatal risk-appropriate care implementation approaches At least 5 states will be funded to support maternal and neonatal risk-appropriate care activities, including assessment, analysis, and action
Budget Period Outcomes:	Increased awareness of resources and best practices for maternal and neonatal risk-appropriate care implementation Increased number of maternal and neonatal risk-appropriate care data analyses conducted and disseminated by state partners Improved ability to identify and support actions to strengthen state maternal and neonatal risk-appropriate care systems
Outcome Measures:	At least 60% of participating state partners report an improved ability to identify actions to strengthen the maternal and neonatal risk-appropriate care system in their state

Project Title:	**Understanding and Advancing State-Level Policies to Support Brain Health and Caregiving**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	Estimates project that by the year 2060, 94.7 million people in the US will be over the age of 60 and 14 million adults in the US will be diagnosed with Alzheimer's disease and related dementias (ADRD). CDC recognizes that addressing these issues requires a comprehensive public health approach. We can strengthen our public health infrastructure by changing systems and environments, as well as employing policies to promote risk reduction, improve early diagnosis, prevent and manage comorbidities, and avoid hospitalizations. CDC proposes to work with a leading national organization to conduct an environmental scan of state and local policies that address brain health and public health support for caregivers. This project is the first step towards improving brain health through increasing policy action and implementation—a core outcome of the Healthy Brain Initiative State and Local Road Map for Public Health, 2023-2027 (a guidebook for state and local public health practitioners to address brain health in their communities). The purpose of this project is to conduct an environmental scan focused on: 1) state and local policies that promote brain health, and 2) state and local policies that present a public health approach to supports for caregivers. Based on the results of the scan, the recipient will identify promising models and suggest next steps to enable the spread of key models or strategies nationally.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Population Health (DPH)
Proposed FY24 Project Funding Total:	$300,000.00
Funding Appropriation:	Section 398A of the Public Health Service Act, 42 U.S.C. 280c-4
Funding Statutory Authority:	The Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act; PL115-406 that amends the Public Health Service Act (Section 398A; 42 U.S.C. 280c-3-4.)
Expected Project Length:	1 Year
Recipient Organizational Capacity:	• Be an organization of member states representing public health officials • Documented history of establishing effective relationships among state and other health agencies. • Documented experience improving public health through capacity building. • Previous experience working to build public health capacity of state health departments to address dementia, cognitive health, or caregiving from a public health approach. • Highly trained staff with experience and skills to achieve project milestones.
Recipient Program Experience:	Success applicants should have prior experience and demonstrated success in: • Conducting environmental scans across state public health departments • Building public health capacity of state health departments to address dementia, cognitive health, and caregiving from a public health approach.

Expectations for Collaboration:	Collaboration with CDC's Alzheimer's Disease Program SMEs; state public health officials; and other relevant stakeholders.
Expected Subcontractual Work and Criteria:	The recipient may subcontract work as long as the contractor's experience is required to accomplish activities.
General Instructions for Use of Funds:	The applicant must submit an itemized budget and budget narrative, consistent with CDC guidance for completing a detailed budget. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose and projected outcomes outlined in the project narrative.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Conduct an environmental scan that provides a comprehensive review and analysis of existing state policies that address brain health, including initiatives addressing ADRD across the life course (risk reduction, early detection, caregiving). Additionally, identify policies specifically designed to support caregivers in their roles from a public health approach. • Using the results of the environmental scan, identify and analyze promising models and strategies that promote brain health and provide support for caregivers from a public health approach. This analysis may include an examination of funding mechanisms, service delivery models, and partnerships between public, private, and non-profit sectors. • Compile the results of the environmental scan into a detailed report including data summaries, policy analyses, case studies of promising models, and actionable recommendations. Recommendations should include next steps to enable national spread of key models or strategies.
Process Measures:	CDC and funded recipient kick-off meeting completed Regular check-ins with the Technical Monitor Draft of environmental scan approach Number of state policies reviewed Engagement with relevant stakeholders throughout the project
Outputs:	Notes from CDC and funding partner kick-off meeting Project timeline Final report of environmental scan findings and recommendations
Budget Period Outcomes:	Increased knowledge of evidence-based policies and strategies promoting brain health and supporting caregivers at the state level.
Outcome Measures:	Increased awareness and understanding of existing state policies that address brain health and caregivers.

Project Title:	**Equipping Community Health Workers in Rural Areas to Address Alzheimer's Disease and Related Dementias**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	Alzheimer's disease and other dementia pose significant challenges for individuals, families, and communities. In rural and medically underserved areas, access to specialized dementia care and resources is often limited. Community health workers (CHWs) play a crucial role in bridging this gap by providing essential healthcare services within these communities. The purpose of this project is to develop and pilot a Project ECHO module that focuses on video-conferencing Alzheimer's and dementia education and training specifically designed for CHWs working in rural and medically underserved areas. Project ECHO (Extension for Community Healthcare Outcomes) is a tele-mentoring model that connects specialists with primary care providers or CHWs through virtual sessions to enhance their knowledge and skills. The goal of the project is to equip CHWs with the necessary training, resources, and support to effectively address cognitive impairment and dementia within their communities. By providing them with specialized education through video-conferencing sessions, the project aims to improve early detection, diagnosis rates, quality of care provided to individuals with cognitive impairment or dementia, as well as support for their caregivers. This initiative recognizes the unique challenges faced by CHWs in rural areas who may not have access to comprehensive training on Alzheimer's disease and related dementias. By leveraging technology-enabled learning platforms like Project ECHO, the project seeks to overcome geographical barriers and provide CHWs with ongoing professional development opportunities specific to cognitive impairment and dementia care. Through piloting the Project ECHO module with a group of CHWs in rural communities, the project will gather valuable insights into its effectiveness, feasibility, acceptability among participants, as well as identify any necessary adaptations or improvements needed before scaling up efforts more broadly. Overall, this project aims to empower CHWs working within rural communities by equipping them with the knowledge and skills needed to address cognitive impairment and dementia effectively. By strengthening their capacity through targeted education and support, it strives to improve outcomes for individuals living with Alzheimer's disease or other forms of dementia in underserved areas while enhancing caregiver support within these communities.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Population Health (DPH)
Proposed FY24 Project Funding Total:	$300,000.00
Funding Appropriation:	Section 398A of the Public Health Service Act, 42 U.S.C. 280c-4
Funding Statutory Authority:	The Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act; PL115-406 that amends the Public Health Service Act (Section 398A; 42 U.S.C. 280c-3-4.)

Expected Project Length:	1 Year
Recipient Organizational Capacity:	• Be an organization of member states and territories representing public health officials • Documented history of establishing effective relationships among state and other health agencies. • Documented experience improving public health through capacity building. • Previous experience working to build public health capacity of state health departments to address dementia, cognitive health, or caregiving from a public health approach. • Highly trained staff with experience and skills to achieve project milestones.
Recipient Program Experience:	Success applicants should have prior experience and demonstrated success in: • Developing Project ECHO modules in collaboration with a federal agency • Building public health capacity of state health departments to address dementia, cognitive health, and caregiving from a public health approach.
Expectations for Collaboration:	Collaboration with federal government; state and territorial public health officials; community health worker organizations; experts in Alzheimer's disease and related dementias, brain health, and caregiving; and other relevant stakeholders.
Expected Subcontractual Work and Criteria:	The recipient may subcontract work as long as the contractor's experience is required to accomplish activities.
General Instructions for Use of Funds:	The applicant must submit an itemized budget and budget narrative, consistent with CDC guidance for completing a detailed budget. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose and projected outcomes outlined in the project narrative.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	• Work with CDC and other relevant subject matter experts to develop Project ECHO module on Alzheimer’s and dementia education and training with CHWs in rural and medically underserved areas • Conduct a needs assessment to identify the specific knowledge gaps, challenges, and training needs of CHWs working in rural communities regarding cognitive impairment and dementia care. • Develop a specialized curriculum for the Project ECHO module that covers topics identified in the needs assessment, which may include dementia risk reduction, early detection of dementia, dementia caregiving, evidence-based care practices, and cultural considerations relevant to rural settings. • Create educational content for each topic within the curriculum. This may include presentations, case studies, interactive exercises, videos demonstrating best practices, or resource materials tailored to the unique needs of CHWs in rural areas. • Engage a group of CHWs from rural communities to participate in a pilot test of the Project ECHO module. • Refine the Project ECHO module based on feedback from the pilot test.

Process Measures:	• To ensure scientific soundness of the developed Project ECHO module, at least 3 subject matter experts will be engaged in the content development • To increase capacity of CHWs to address Alzheimer's and related dementias in their communities, at least one Project ECHO module on Alzheimer's and dementia education tailored to CHWs in rural areas will be developed • CHWs from at least 3 of 5 jurisdictions invited will attend and complete the Project ECHO module pilot
Outputs:	• Developed Project ECHO module on Alzheimer's and dementia education tailored to CHWs in rural areas • Summary report of findings and recommendations from pilot test of Project ECHO module
Budget Period Outcomes:	• Increased capacity of state and territorial public health agencies to address Alzheimer's disease and other dementia in areas with limited access to care • Increased use of best practices by CHWs to address Alzheimer's disease and other dementia in rural communities.
Outcome Measures:	At least 80% of CHWs who attend the pilot Project ECHO report increased knowledge and skills in cognitive impairment and dementia, leading to enhanced support for individuals with Alzheimer's disease or other forms of dementia in rural communities.

Project Title:	National Strategic Plan for Chronic Disease Surveillance Modernization
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**All NCCDPHP Surveillance System Partners Across All Chronic Categories, Public Health Departments, Health Care Data Providers, and Community Partners that Use Chronic Surveillance Data**
Project Plan Details	
Project Purpose:	Background: The U.S. Centers for Disease Control and Prevention's (CDC) Data Modernization Initiative (DMI) launched in 2020 with the goal of getting data for "better, faster, and actionable insights for decision-making at all levels of public health." However, many challenges and gaps remain regarding chronic disease surveillance. These include limited workforce capacity, lack of standard processes for data extraction, delays in data availability and use, high cost of technology upgrades, siloed systems with limited data interoperability, and lack of funding. To try to address these challenges, a Chronic Disease Surveillance Data Modernization Strategic Plan and Roadmap was developed to address jurisdictions' and partners' data modernization needs across the chronic disease data ecosystem. In late 2023, the Council of State and Territorial Epidemiologists (CSTE) convened a Chronic Disease Surveillance Data Modernization Partner's network to develop the plan and included over 30 partners (STLT chronic disease epidemiologists, data modernization partners, and representatives from CDC's National Center for Chronic Disease and Health Promotion (NCCDPHP)). The plan was also informed by NNCCDPHP's current chronic disease surveillance data modernization efforts, a landscape analysis that included: a review of the scientific and grey literature, an online assessment of STLT partners, and focus groups with Tribal Epidemiologist Centers and U.S. territories. The plan also aligns with the agency's Public Health Data Strategy (PHDS), Project Purpose: This project will build off the Chronic Disease Surveillance Data Modernization Strategic Plan and roadmap and is meant to be implemented by STLT public health agencies to guide their data modernization efforts with the goal of improving chronic disease surveillance to drive data-driven impactful interventions and ultimately reduce chronic disease morbidity and mortality. The funding recipient will: 1)Refine the Chronic Disease Surveillance Data Modernization Strategic Plan and roadmap by widely sharing the plan and getting feedback from STLT partners and key groups that have not yet been fully involved. 2)Develop a toolkit for implementation of the Chronic Disease Surveillance Data Modernization Strategic Plan plan and roadmap that takes into account STLT resources and capacity (through a maturity model) and disseminates knowledge on strategies and actions that can be implemented by STLTS in the short, medium and long term. 3) Assure alignment and integration with the overall CDC Public Health Data Strategy (PHDS) to include chronic disease data modernization needs. Activities: • Expanded engagement. Expand sharing and getting input on the plan beyond the current Chronic Disease and Health Promotion Surveillance Modernization Key Partners' Network to priority groups not yet engaged, and out to constituents such as state, local, territorial and tribal health departments for dissemination, input, and uptake. o The proposed strategy should be brought to constituents so they have the opportunity to engage in the strategy and roadmap so the product can more effectively address the needs of the field and varied perspectives. o Input can be obtained through convenings, focus groups, and/or surveys.attendance at existing meetings and conferences that constituents attend (e.g. STLTS, chronic disease, and technical groups)

	• Plan refinement: Based on input from STLS, refine the Chronic Disease Surveillance Data Modernization Strategic Plan and roadmap and build on the project sustainability plan. This would include identifying and supporting strategies, models, algorithms and actions that are most viable as well as integration with the PHDS • Integrated structures and activities. Build chronic disease strategies and engagement into established DMI committees, working groups, and activities. • Knowledge sharing and workforce. Create a knowledge repository for knowledge sharing across jurisdictions to support the staffing and skills needed (e.g. chronic disease case definitions; shared lessons.) • Strategy and activity alignment. Align the current PHDS and OPHDST activities around existing chronic disease activities (e.g. MENDS, BSeR, CODI, Cancer Registry, BRFSS modernization) • Development of a Toolkit for Implementation of Chronic Disease Surveillance Data Modernization in STLTS that would include concrete steps and examples of successful implementation of items such as: o Concrete steps and examples for funding through CMS and other mechanisms to support chronic disease surveillance tools such as BRFSS and PRAMS o Identification and documentation of examples of successful chronic disease surveillance data modernization including the use of braided funding o Identification and documentation of existing training programs for upskilling public health workforce o Outline methodologies for that address the needs for individual and longitudinal data needed for chronic disease information needs o Concrete steps and resources for data sharing, linkage and leverage other data sources o Use Case Development: Develop and coordinate chronic disease-related use cases under the PHDS, providing technical assistance and promoting funding opportunities to support these initiatives. • Dissemination. Share the 2025 PHDS which will include Chronic Disease Surveillance Data Modernization Strategic Plan and roadmap in a strategy for one voice for CDC. • Maturity Assessment: Conduct an analysis of CDC‘s Office of Public Health Data, Surveillance and Technology (OPHDST's) PHDS maturity assessment as it relates to measures central to advancing chronic disease modernization.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Office of Informatics and Information Resources Management (OIIRM)
Proposed FY24 Project Funding Total:	$500,000.00
Funding Appropriation:	75-24-0943
Funding Statutory Authority:	PL 118-47 “Further Consolidated Appropriations Act, 2024
Expected Project Length:	1 Year

Recipient Organizational Capacity:	The organization should be a professional organization that reaches key constituents and experts which knowledge of states, territories, local and territorial needs for chronic disease the United States. Should be a leader in the field of public health and have a proven track record of promoting public health through effective disease surveillance, outbreak investigation, and data analysis. Have expertise and leadership capabilities and be uniquely positioned to lead the national effort to modernize chronic disease surveillance in the United States and convene a national group of stakeholders. In addition, the organization should have established relationships with a broad range of stakeholders in the public health community. The organization should work closely with federal agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) to promote public health initiatives. The organization should demonstrate that it collaborates with non-governmental organizations and professional associations to advance public health policy and practice. Through these partnerships, it will provide the organization with the resources and networks necessary to convene a national group of stakeholders and lead the effort to modernize chronic disease surveillance in the United States. Finally, the organization should have a strong commitment to equity and social justice in public health. The organization should recognize the need to address health disparities and social determinants of health in its policy statements and recommendations. The organization should also have an established Health Equity Workgroup to address the impact of social determinants of health on disease outcomes. This commitment to equity and social justice is critical in ensuring that the modernization of chronic disease surveillance in the United States is inclusive, culturally sensitive, and responsive to the needs of diverse communities.
Recipient Program Experience:	First and foremost, the organization should have extensive knowledge and expertise in chronic disease surveillance. The organization should have a long history of working with state and territorial health departments to develop and implement disease surveillance systems. The organization should have played a critical role in developing and implementing surveillance systems. Furthermore, the organization should have demonstrated leadership in developing and implementing public health policies and programs. The organization should have a proven track record of promoting evidence-based approaches to public health, and its leadership has been instrumental in shaping public health policy at the state and federal levels. The organization should have developed numerous position statements and policy recommendations on a wide range of public health issues, including disease surveillance and data collection. This leadership is essential in leading the effort to modernize chronic disease surveillance in the United States. In conclusion, the organization should be uniquely qualified to lead the national effort to modernize chronic disease surveillance in the United States and convene a national group of stakeholders. The organization should have an extensive knowledge and expertise in chronic disease surveillance, established relationships with a broad range of stakeholders in the public health community, demonstrated leadership in developing and implementing public health policies and programs, and a strong commitment to equity and social justice in public health. By leveraging these capabilities, the organization can help advance a national strategy to improve chronic disease surveillance, reduce the burden of chronic diseases, and improve public health outcomes for all Americans.

Expectations for Collaboration:	NCCDPHP continually partners with CDC affiliate organizations and the proposed scope of work above highlights the need to not only continue this but even expand it to be more inclusive. The works of advancing chronic disease surveillance goes well beyond the traditional CDC affiliate organizations represented in the CDC DMI Partnership Consortium (that may be staff largely by technology stewards from each of the organizations). Chronic disease surveillance modernization represents one of the most comprehensive public health data modernization challenges because it also involves others that demand a voice in the process including but not limited to: • Scientific community (taskforces, expert panels, etc.) that oversees the development of chronic disease practice/clinical guidelines for screening, prevention, etc. • Insurers that navigate complex payment models about what chronic prevention and treatment are covered. • Nursing homes that care and treat elderly patients with long-standing chronic conditions. • Community and Patient advocate groups • Academic institutions • R&D companies working on new and emerging technologies to detect, screen, and treat chronic conditions and the corresponding efforts to develop drugs to combat chronic conditions in an affordable way. • Big Tech creating newer, faster, and more dynamic cloud-based architectures. • Champions of Social Justice and Equity for All • Federal Partners • Foundation Partners Chronic disease surveillance is challenging due to issues such as data gaps, limitations in data access and timeliness, high data collection costs, inadequate staffing, siloes systems, chronic underfunding, and much more. We propose a collaborative model for chronic surveillance modernization that seeks to bring STLS experiences and needs to inform the model and be responsive to the needs of the field. The goal is not merely a new surveillance platform but rather one that provides chronic surveillance solutions can ultimately get the right information, to the right place, and at the right time to address the challenge of chronic disease morbidity and mortality. Conversations will include STLT Partners and foster the development of multi-sector collaboration to ensure representativeness across all STLTs. This strategy is meant to ensure that the effort is inclusive. It will also engage public health affiliates, community groups, federal and state partners, and stakeholder organizations most impacted by Chronic Diseases and actively work to improve chronic disease health outcomes.
Expected Subcontractual Work and Criteria:	The organization would be expected to provide a breakdown and budget justification statements on how they would leverage the total amount requested of $500,000. This breakdown would include cost, materials, overhead, and project related expenditures, travel, etc. This would also include any subcontracts with other organizations needed to perform critical tasks.
General Instructions for Use of Funds:	
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	

Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Refinement of the Chronic Disease Surveillance Data Strategic Plan based on feedback from diverse STLT partners, including underrepresented groups such as tribes and territories, to ensure inclusivity and comprehensiveness. o The proposed strategy should be brought to constituents so they have the opportunity to engage in the strategy and roadmap so the product can more effectively address the needs of the field and varied perspectives. o Input can be obtained through convenings, focus groups, and/or surveys.attendance at existing meetings and conferences that constituents attend (e.g. STLTS, chronic disease, and technical groups) • Integrated Structures and Activities: Incorporate chronic disease strategies and engagement into existing Data Modernization Initiative (DMI) committees, working groups, and activities to leverage established frameworks. • Increase awareness and knowledge amongst STLS including key decision makers such as State Health Officers (SHOs), State Epidemiologists, and Chronic Disease Program Directors of the effective strategies and tools for improving chronic disease surveillance data modernization in STLTS. • Increase alignment with PHDS: Leverage programmatic initiatives and conferences and meetings attended by SLTS, CDC, and other partners to align chronic disease data modernization needs with the overall Public Health Data Strategy (PHDS) to ensure integration and consistency across public health data efforts. • Development of a Toolkit for Implementation of Chronic Disease Surveillance Data Modernization in STLTS that would include concrete steps and examples of successful implementation of items such as: o Concrete steps and examples for funding through CMS and other mechanisms to support chronic disease surveillance tools such as BRFSS and PRAMS o Identification and documentation of examples of successful chronic disease surveillance data modernization including the use of braided funding o Identification and documentation of existing training programs for upskilling public health workforce o Outline methodologies for that address the needs for individual and longitudinal data needed for chronic disease information needs o Concrete steps and resources for data sharing, linkage and leverage other data sources o Use Case Development: Develop and coordinate chronic disease-related use cases under the PHDS, providing technical assistance and promoting funding opportunities to support these initiatives. • Integrated structures and activities. Build chronic disease strategies and engagement into established DMI committees, working groups, and activities. • Knowledge sharing and workforce. Create a knowledge repository for knowledge sharing across jurisdictions to support the staffing and skills needed (e.g. chronic disease case definitions; shared lessons.) • Strategy and activity alignment. Align the current PHDS and OPHDST activities around existing chronic disease activities (e.g. MENDS, BSeR, CODI, Cancer

	Registry, BRFSS modernization) • Dissemination. Share the 2025 PHDS which will include Chronic Disease Surveillance Data Modernization Strategic Plan and roadmap in a strategy for one voice for CDC. • Maturity Assessment: Conduct an analysis of CDC's Office of Public Health Data, Surveillance and Technology (OPHDST's) PHDS maturity assessment as it relates to measures central to advancing chronic disease modernization.
Process Measures:	• Stakeholder Engagement: Measure the extent of engagement with new STLT partners and underrepresented groups by tracking the number of new participants and the diversity of feedback received through surveys, focus groups, and convenings. • Strategic Alignment: Monitor the alignment of chronic disease modernization activities with the PHDS by assessing the incorporation of chronic disease needs into PHDS goals and milestones. • Network Expansion: Evaluate the growth of the Chronic Disease and Health Promotion Surveillance Modernization Key Partners' Network by tracking new memberships, attendance at meetings, and participation in conferences. • Technical Evaluation of Toolkit Components: Obtaining stakeholder input and buy-in of core needs, capabilities, best practices, and opportunities for support & TA that are to be incorporated into the toolkit.
Outputs:	• Refined Strategic Plan: A refined Chronic Disease Strategic Plan that incorporates feedback from a wider range of STLT partners, including underrepresented groups, and aligns with the PHDS. • Knowledge Repository: Comprehensive knowledge repository that is easily available to facilitate knowledge sharing across jurisdictions, including chronic disease case definitions, shared lessons, and best practices. • Implementation Guidance: Toolkit for Chronic Disease Surveillance Data Strategy to support widescale Implementation for STLT partners. • Success Stories Dissemination: Curate and disseminate a collection of success stories that highlight chronic disease use cases within the PHDS framework, showcasing the impact and benefits of the modernization efforts.
Budget Period Outcomes:	• Quarter 1: Operational workplan: Will establish a viable workplan to operationalize the refinement and dissemination of the Chronic Disease Surveillance Data Modernization Strategic Plan and Roadmap, and the development of a toolkit for implementation. • Quarter 2: Updated Chronic Disease Surveillance Data Modernization Strategic Plan and Roadmap based on Feedback and Lessons Learned from STLT Partners and key groups • Quarter 3: Development of Chronic Disease Surveillance Data Modernization Toolkit: Draft of Toolkit for Sharing with STLT partners • Quarter 4: Finalized Toolkit launched and disseminated widely amongst participating partners

Outcome Measures:	(1) Establish metrics that highlight areas of impact and progress in electronic data transfer of chronic data. (2) Improvement in user chronic disease stakeholder satisfaction with chronic surveillance modernization strategies that impact on their IT systems.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Engagement Expansion: o Broaden the engagement beyond current partners to include new stakeholders, ensuring a wider representation and dissemination of the strategic plan. o Enhance current partnership networks: Strengthen and expand the Chronic Disease and Health Promotion Surveillance Modernization Key Partners' Network by continuing routine meetings and attending relevant conferences to identify and integrate new partners, foster collaboration and increase knowledge sharing. o Enhanced Partnership Models: Engage in other existing Data Modernization partnership models to foster collaboration among technical, scientific, and operational stakeholders across all levels of the chronic disease landscape. This network will serve as a platform for sharing best practices, lessons learned, and innovative solutions. Engagement Workshops on Chronic Disease Data Modernization Strategy and Toolkit Dissemination: Organize and conduct information and toolkit training sessions for STLT partners at conferences and meetings that STLT partners are already attending, focusing on understanding the Chronic Disease Surveillance Data Modernization Strategy and how to facilitate the implementation of the strategy given existing resources and capacity. These workshops will help partners develop and begin to implement a chronic disease data modernization strategy Partnership Effectiveness Metrics and Evaluation for Equity: Evaluate partnership effectiveness and impact for chronic disease surveillance data modernization using existing framework for measuring the strength and diversity of partnerships, the level of partner engagement, and the outcomes of collaborative efforts. Quarterly evaluations will inform adjustments and improvements to partnership strategies.
Process Measures:	• Diverse Partner Participation: Track the number and diversity of new partners engaged through outreach programs and partnership models, aiming for a 25% increase in participation from non-traditional and underrepresented groups, including tribes and territories. • Collaborative Project Outcomes: Measure the success of collaborative projects by evaluating the achievement of project-specific goals, and partnership effectiveness measures. • Impact of Strategy and Toolkit Engagement Workshops: Assess the impact of Strategy and Toolkit engagement workshop effectiveness by gathering feedback from STLTS participants

Outputs:	• Strengthened Partnership Network: Within one year, a strengthened Chronic Disease Data Modernization Partners Network that includes a diverse range of stakeholders from across the chronic disease landscape. This network will enhance collaboration, knowledge sharing, and collective action towards chronic disease surveillance modernization. • Improved Partnership Effectiveness: Demonstration of the practice of effective partnering practices as measured by the partnership collaboration tool and the successful refinement of the Chronic Disease Surveillance Data Modernization Strategy and Development of the Toolkit as measured by partner satisfaction and engagement with the partnership process. These outcomes will demonstrate the value of the partnerships and their contributions to advancing chronic disease surveillance modernization goals.
Budget Period Outcomes:	• By July 31, 2025, will have an effective partnership with a diverse group of participating STLTS and DMI organizations through the Partners Network with shared goals and completed workplans.
Outcome Measures:	(1) Engagement and collaboration through tracking the frequency and quality of interactions, participation in joint initiatives, and contributions to shared goals by targeted outreach to STLT jurisdictions, State Health Officials, public health organizations, policymakers, healthcare organizations, community partners, government organizations, vendors, and payers that will be represented in the Partner's Network (2) Success will be indicated by an increase in partner meeting attendance, a rise in collaborative project participation, and positive feedback from partners regarding the effectiveness of engagement activities and the value of their contributions to the chronic disease surveillance modernization efforts. Increase in partner meeting attendance, a rise in collaborative project participation, and positive feedback from partners regarding the effectiveness of engagement activities and the value of their contributions to the modernization efforts.

Project Title:	**Development, Implementation and Evaluation of an Evidence-based Brain Health Approach**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments and their community and healthcare organization partners to help promote and implement linkages between clinical and community sectors.**
Project Plan Details	
Project Purpose:	The rise in the aging population and prevalence of Alzheimer's disease and related dementias among the U.S. population is an urgent public health issue. Community-clinical linkages are a critical social determinant of health as part of a public health approach to healthy aging and brain health. CDC proposes to work with a leading national organization with experience working with state health agencies, community care hubs and area agencies on aging (AAA) to facilitate community and clinical linkages for the improvement of brain health outcomes. The purpose of this five-year project is to have the national organization in partnership with CDC, health departments, community organizations, including community care hubs and AAAs, and healthcare organizations, develop, test and widely disseminate and support the implementation of an evidence-based brain health approach through connections between community and clinical sectors. The approach will help delay loss of independence, support mental, physical and social function, and maintain an individual's health related to brain health through effective screening, diagnosing, referral and appropriate care, including engagement of community and healthcare organizations, health professionals and home health supports. Over the five-year period, the recipient will conduct assessments, develop an approach or framework based on findings from assessments and subject matter experts' input, pilot test the approach and revise as needed, scale-up adoption of the approach among selected sites/organizations, and raise awareness about the approach. The final evidence-based brain health approach will serve as a guide to health departments on making community and clinical connections to improve brain health outcomes. The approach should incorporate best practices, models, tools/resources, trainings/educational opportunities, systems changes, financial supports/incentives, and engagement of community, healthcare and home health, including caregivers and people with cognitive impairment or dementia, to ultimately improve individual outcomes related to brain health. The development of the approach will require the engagement of appropriate partnerships and a quality improvement process. The project will require the collection of process, output and outcome measures to document impact of the approach and report on the outcomes. And, lastly, the recipient will support the CDC funded CDC-RFA-DP-23-0010 BOLD recipients by helping them adopt strategies defined by the evidence-based brain health approach.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Population Health (DPH)
Proposed FY24 Project Funding Total:	$800,000.00
Funding Appropriation:	The Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act; PL115-406 that amends the Public Health Service Act (Section 398A; 42 U.S.C. 280c-3-4.)

Funding Statutory Authority:	Section 398A of the Public Health Service Act, 42 U.S.C. 280c-4; and under the Public Health Service Act § 301(a) and 317(k)(2), 42 U.S.C. § 241(a) and 247b(k)(2), as amended.
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The applicant should have the organizational capacity to work closely with health departments, healthcare organizations, community care hubs and AAAs as it relates to community and clinical linkages. The organization should have experience supporting health departments, healthcare organizations, and community organizations in achieving programmatic goals and strategies. There should be a strong infrastructure in place to carry out activities and initiatives to accomplish programmatic goals. They should have the appropriate capacity to facilitate community-clinical linkages and develop strategic action plans, toolkits, reports, facilitate conference calls, presentations, write manuscripts, and conduct outreach. In addition to organizational capacity, their leadership should have appropriate experience and skills to carry out the purpose of this project with state, local, tribal and territorial health departments, healthcare organizations and community organizations.
Recipient Program Experience:	Successful applicants should have prior experience and demonstrated success in: • Partnering with state, local, tribal and territorial health departments. • Promoting access to health care services within community and clinical settings. • Facilitating partnerships and linkages between community and clinical sectors, including engagement of community care hubs, AAAs and healthcare organizations. • Delivering technical support to relevant partners and stakeholders in community and clinical settings. • Conducting program implementation, evaluation and dissemination of findings. • Brain health content expertise.
Expectations for Collaboration:	Applicants are encouraged to collaborate or subcontract with other relevant community and clinical organizations to develop strategies and actions that promote brain health in community settings, including community care hubs and AAAs, and clinical settings and the connection between the two in close collaboration with CDC's Alzheimer's Disease Program and Arthritis Management and Well-being Program.
Expected Subcontractual Work and Criteria:	Applicant is encouraged to subcontract with organizations or individuals to acquire the necessary expertise to support the different phases of this project over a 5-year period. This may include subject matter expertise to conduct assessments, clinical systems change processes, facilitation and documentation of the expert panel process, development of training, education and other materials to support the dissemination and implementation of the brain health approach, conducting pilot site evaluation and documentation, and raising awareness about the brain health approach to defined target organizations/audiences.
General Instructions for Use of Funds:	The funds provided for this project in GY1 should be used to directly address the activities outlined in the project plan. Use of funds may include, but is not limited to costs related to personnel time, consultants/subcontracts, and conducting necessary assessments. Other expenses may be allowed upon consultation with CDC and creation of final work plan.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The following is a list of activities for a 5-Year Plan, including details for the first year's activities, to develop, test and widely disseminate and support the implementation of an evidence-based brain health approach with the support of health departments, community organizations, including community care hubs and AAAs, healthcare organizations, and home health supports, including caregivers and people with dementia. YEAR 1: Assessment Phase 1) Conduct an environmental scan of policies, best practices, models, tools, and resources being used in healthcare and community practice to support brain health, and that result in delayed loss of independence and supports for mental, physical, and social functioning. A review of the CDC/NACDD Arthritis Care Model approach and its process to define the arthritis care approach is encouraged to serve as guidance. 2) Conduct an assessment within health departments, community care hubs and AAAs to help better understand current capacity and gaps to address brain health through current opportunities, evidence-based practice and/or interventions. 3) Assess best strategies to engage health departments, healthcare organizations, community organizations in clinical/community linkages for brain health. 4) Identify and assess which policies, tools/resources are of most value, and what novel tools or policies are needed to fill gaps in addressing brain health in the context of this project. 5) Assess feasibility of financial supports, such as reimbursement, best payment structures and other incentives, that can support clinical-to-community linkages for brain health. 6) Engage key organization(s) (i.e., health departments, community care hubs, area agencies on aging, dementia centers, senior centers, etc.) to conduct focus group interviews with various audiences to learn additional information not found through environmental and other type of assessments to address brain health needs from the public health perspective. 7) Begin to identify and obtain commitments for a panel of diverse, multi-disciplinary experts to advise on the design of an evidence-based brain health approach in the context of this project. See Year 2 for details. 8) Begin to develop materials to educate and help facilitate the process for the panel of experts. 9) Develop tools and provide technical assistance, training and/or consultation services to support 12 CDC state arthritis awardees, state health departments, in their CDC-RFA-DP-23-0001 "State Public Health Approaches to Addressing Arthritis" Strategy 2 work to increase health care providers' physical activity (PA) counseling for arthritis management and referrals to arthritis-appropriate, evidence-based interventions (AAEBIs) or other PA opportunities. Expertise should include knowledge about working with different provider types and navigating electronic health records, medical billing and reimbursement, and other methods to prompt or incentivize healthcare providers or healthcare systems to conduct arthritis pain and function assessments, counsel patients

	about the benefits of physical activity for arthritis management, and refer or recommend community-based interventions to patients as a complement clinical care. Activities are intended to complement and be in alignment with the newly developed Arthritis Care Model being pilot tested in 2024. YEAR 2: Development Phase 1) Convene and lead a panel of diverse, multi-disciplinary experts to advise on the design of an evidence-based brain health approach to support community and clinical linkages. 2) Design an evidence-based brain health approach to detect, including risk factors related to brain health, diagnose as appropriate, refer patients and/or provide appropriate care for patients served by healthcare and community organizations to address brain health needs. 3) Develop and make available tools, resources, financial supports, and training and education to help healthcare and community organizations adopt and sustain the brain health approach. 4) Develop a draft implementation plan of the newly designed evidence-based brain health approach. 5) Continue providing technical assistance, training and/or consultation services to support CDC-RFA-DP-23-0001 recipients to forge clinical to community connections and achieve DP-23-0001 outcomes. YEAR 3: Pilot Testing Phase 1) Engage at least one site to serve as a pilot test for the evidence-based brain health approach. 2) Revise the implementation plan to use for dissemination of the approach across other healthcare and community organizations. 3) Continue providing technical assistance, training and/or consultation services to support CDC-RFA-DP-23-0001 recipients to forge clinical to community connections and achieve DP-23-0001 outcomes. YEAR 4-5: Scaling Up Phase 1) Engage at least five other sites that are strategically selected to adopt the evidence-based brain health approach. 2) Document process and outcome measures determined of value for reporting to CDC and other relevant partners. 3) Raise awareness about the evidence-based brain health approach at conferences/meetings, through webinars, reports, and manuscripts. 4) Support the CDC funded CDC-RFA-DP-23-0010 BOLD recipients by helping them adopt strategies defined by the evidence-based brain health approach. 5) Continue providing technical assistance, training and/or consultation services to support CDC-RFA-DP-23-0001 recipients to forge clinical to community connections and achieve DP-23-0001 outcomes.

Process Measures:	PM1. Engagement of expert(s) to conduct at least 10 different environmental scans/assessments to capture information to inform the development of the evidence-based healthy brain health approach. PM2. Defined criteria on how to conduct at least 10 different environmental scans/assessments. PM3. Conduct at least 10 different environmental scans/assessments. PM4. Engagement of expert(s) to conduct at least one focus group for an identified site, target audience, and/or other relevant groups if appropriate. PM5. Defined questionnaire and process for focus groups. PM6. Engaged at least 4 focus groups. PM7. Engagement of expert(s) to define and convene a panel of experts. PM8. Defined purpose and process for the panel of experts. PM9. Recruitment of members for the panel of experts. PM10. Development of tools/resources to support CDC-RFA-DP-23-0001 recipients PM11. Provision of at least 12 technical assistances, trainings and/or consultation services to CDC-RFA-DP-23-0001 recipients.
Outputs:	1. A CDC approved process to conduct assessments/environmental scans and focus groups to help promote best practice for activities described for Years 2-5. 2. At least four (4) focus group interviews at one or more sites to gather further assessment information. 3. Two (2) reports, including an executive summary, on information resulting from the assessments/environmental scans and focus groups, including best practice, barriers, recommendations, and the following: a. A list, including links, of valuable tools and resources identified during the assessment process. b. A list of facilitators (i.e., reimbursement, CMS Medicare Annual Visit, etc.) to support the adoption of evidence-based brain health approach. 4. Description of the process for convening the panel of experts. 5. List of proposed members for the panel of experts. 6. At least 1 tool and 1 resource to help build the capacity of funded arthritis states and other partners to forge clinic to community connections and achieve CDC-RFA-DP-23-0001 outcomes. 7. Monthly technical assistance opportunities (e.g. via direct consultation, work group(s), trainings and or webinars) for funded states on topics that will build their capacity to forge connections with health care providers and entities and achieve DP-23-0001 outcomes.
Budget Period Outcomes:	1. A CDC approved process to conduct assessments/environmental scans and focus groups to define best practice for activities described for Years 2-5. 2. Convened focus groups at one or more site. 2. Two (2) reports, including an executive summary, on information resulting from the assessments/environmental scans and focus groups, including lessons learned and recommendations, and the following: a. A list, including links, of tools and resources identified during the assessment process. b. A list of facilitators (i.e., reimbursement, CMS Medicare Annual Visit, etc.) to support the adoption of CHC evidence-based healthy aging and brain health approach. c. Focus group summary that includes input from physicians, nurses, administrative staff, and other community health center staff and/or partners. 3. A list of experts on the panel, proposed panel process and prepared resources to support the facilitation of the panel of experts in Year 2. 4. Twelve CDC-RFA-DP-23-0001 recipients received tools, resources and/or technical assistance to increase health care provider's PA counseling for arthritis management and referrals to arthritis-appropriate, evidence-based interventions or other PA opportunities

Outcome Measures:	1. At least two reports that contribute to an increased knowledge about evidence-based practice, gaps and needed resources/tools for health departments, healthcare and community organizations to increase brain health strategies for better health outcomes. 2. At least 25 individuals with subject matter expertise and representing organizations that are relevant to help develop the evidence-based brain health approach. 3. Twelve CDC state arthritis recipients funded under CDC-RFA-DP-23-0001 have an improved knowledge and experience to build capacity to forge connections with health care providers and entities to help achieve DP-23-0001 outcomes

Project Title:	**Strengthening National Program of Cancer Registries by Enhancing Education and Training Capacity and Infrastructure**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to build upon current education and training capacity available within NPCR funded registries and to enhance the education/training tools and infrastructure to ensure that all NPCR registries, regardless of size and level of funding, have the educational tools needed to operate an efficient and effective cancer registry. The educational platform will also be available to CDC to enhance communication and educational opportunities to all funded programs.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Cancer Prevention and Control (DCPC)
Proposed FY24 Project Funding Total:	$150,000.00
Funding Appropriation:	75-24-0948
Funding Statutory Authority:	Public Health Services Act; (PHS) 42 U.S.C. 241, 247(b), 317(k), 301(a), 311, (Note B)
Expected Project Length:	5 Years
Recipient Organizational Capacity:	• Recipient should have a documented history of establishing and maintaining productive and effective partnerships with NPCR-funded cancer registries. • Recipient should have previous experience leading national meetings and webinars for state chronic disease programs. • Recipient should have capacity to host and provide logistical support for up to four (4) webinars, up to one (1) hour each, with a minimum of 150 lines. • Recipient should have the capacity to provide logistical and technical support for up to 54 registries/DCPC programs to use the education platform.
Recipient Program Experience:	The recipient should have comprehensive understanding, extensive experience and strong existing collaborations with state health departments. Recipient should have experience and expertise in central cancer registries of state health departments. Recipient should have a comprehensive understanding of cancer prevention and control programs implemented through state health departments. Recipient should also have technical and logistical experience regarding developing, maintaining and hosting educational platform.
Expectations for Collaboration:	The recipient will be expected to foster collaborations between state health departments and other organizations within states (e.g. academic institutions, etc.) in order to support the sustainability of project activities. Additionally, collaboration between the recipient and CDC's grantees is expected.
Expected Subcontractual Work and Criteria:	The recipient may subcontract the project to a qualified individual or entity with relevant experience to carry out the work described - experience in building/maintaining a web-based educational portal/platform, and experience with cancer registry operations and training.

General Instructions for Use of Funds:	The funds provided for the project should be used to directly address the proposed activities described. Use of the funds may include, but is not limited to, cost related to personnel time, onboarding and technical assistance to grantees, conducting webinars and trainings, and travel as necessary to meet the needs of educational platform for DCPC.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	• Provide platform/opportunity for programs to share information about improvement of the quality and timeliness of NPCR cancer data submission. • Host webinar to help improve accessibility of DCPC communication and educational resources and tool to grantees.
Process Measures:	• Collecting training tools best practices, where appropriate, to share with registries/programs/DCPC. • Monthly tracking of use (# of trainings, # of students, # of courses, # of pre-posttest, etc.) of tool/educational offerings.
Outputs:	• Provide at least two opportunities for sharing of tools and resources for efficient and effective registry operations. • Biannual sharing of educational data/tools and resources across registries/DCPC.
Budget Period Outcomes:	• 10% increase in training and education to meet established NPCR standards.
Outcome Measures:	• Registries/programs will increase education and training, essential elements in cancer data quality, completeness and timeliness. • Annual report inclusive of who is using the portal, improvement in knowledge, attitude and practice.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	• Plan and/or coordinate webinar to facilitate sharing of educational tools to improve the quality and timeliness of NPCR cancer data submission. • Plan and/or coordinate webinar to facilitate accessibility of DCPC communication and educational resources and tool to grantees.
Process Measures:	• Work with registries/programs to prepare site, create courses, modify and adapt site as needed. • Provide help desk for each registry/registry. • Ensure web-based educational portal is available 24/7. • Share tools educational tools within and across programs.
Outputs:	• Provide opportunities for sharing of tools and resources for efficient and effective registry operations. • Biannual sharing of educational data/tools and resources across registries/DCPC. • Biannual webinars to introduce the platform to new registries/programs • Biannual webinars to update registries/programs to platform updates/changes

Budget Period Outcomes:	• 10% increase in training and education to meet established NPCR standards. • Monthly reporting of tool/education sharing across registries and with DCPC. • Maintain current and increase access to educational tools and opportunities with NPCR catchment area. • Resolve any software issues that may arise. • Perform major enhancements as needed.
Outcome Measures:	• At least 95% of registries/programs will increase education and training, essential elements in cancer data quality, completeness and timeliness. • Annual report inclusive of who is using the portal, improvement in knowledge, attitude and practice.

Project Title:	Supporting the Growth of Walkability Action Institutes Across the Country
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	The purpose of the Active People, Healthy NationSM State-wide Walkability Action Institute (WAI) Project is to train, support, and evaluate at least four cross-disciplinary community teams within a given state, representing a diversity of geographic areas (urban to rural) by metropolitan and other regional planning organizations to implement policy, system, and environmental supports for environments supporting walking and other forms of active living. The state-wide WAI will bring together at least 4 teams (described below) from a diversity of geographic areas (urban, suburban, and rural) within the state, prioritizing selection of High Obesity Program (HOP)-funded and/or Racial and Ethnic Approaches to Community Health (REACH)-funded communities within the state as appropriate to build capacity that aligns/supports the Division of Nutrition, Physical Activity, and Obesity's priority strategy – community design for physical activity. It should also reinforce significant national public health policy statements supporting walking, including the Surgeon' General's Call to Action to Promote Walking and Walkable Communities and the Physical Activity Guidelines for Americans. Teams within the selected state should represent cross-disciplinary fields with an interest in promoting policy, system, and environmental supports for environments supporting community design for physical activity. Each team must have 4-6 members, including at minimum: one public health professional, one transportation engineering or planning professional, and one elected decision maker with the authority and expertise to support the purpose of the project. Other members may be made up from the fields of economic or community development, planning, parks, and recreation, among others, but each member must have the authority and expertise to support the purpose of the project. The applicant will be responsible for managing a competitive selection process if applicable, as well as be responsible for planning, implementing, and evaluating either a hybrid training (minimum two-day in-person training with a series of virtual sessions) or a minimum of a three-day in-person training for community-based teams of 6 people. The state selected will provide travel and per diem for the team participants. All teams should meet the criteria listed above as well as include at least one person representing the area's metropolitan planning organization or other similar state and/or local agency with a decision-making role of transportation investments that has the authority and expertise to support the purpose of the project. Each community team will be expected to develop action plans no more than 30 days after the completion of the training that support DNPAO's community design for physical activity strategy. These action plans must include specific elements related to integrating policy, systems, and environmental supports into the regional planning process of the jurisdiction. The training will include faculty/experts from the fields of walking and walkability, land use planning and development, transportation engineering, active transportation planning, active living environments, integrating health into metropolitan planning, metropolitan planning professional organizations, rural active living, and possibly other active living fields including equity, bicycling, public transit, and smart growth communities. The state-wide WAI will also bring together a state-based team including representatives from the state department of transportation, the state department of public health and others as appropriate to support the work of the community teams participating.

	The project will support the completion of action plans from all the teams, facilitate ongoing communication between the teams, organize peer learning opportunities among current and previously trained WAI teams, monitor progress on implementing action plans, and the development of success stories resulting from this project and previous WAIs. In addition, the project may include in person technical assistance or follow-up in person sessions as resources allow, as well as the support of a WAI trainee community of practice, created from all of the community-based teams trained in this year and previous years. At the end of the project period, the project should yield action plans from small teams, a short report on the progress teams have made in accomplishing their action plans, updated summary statistics from previous WAI trainees, and promotion of Active People, Healthy Nation. Through the development of this training and related efforts, the recipient will be expected to facilitate collaborations to support Active People, Healthy Nation and its network to build capacity in a way that aligns/supports the Division of Nutrition, Physical Activity, and Obesity's strategic goals and priorities. The recipient will be asked to support or contribute to efforts to build awareness and support for Active People, Healthy Nation with routine communications, networking, and strategic engagement. The applicant will also be expected to integrate Active People, Healthy Nation into all communications about the WAI (e.g., The Walkability Action Institute supported by Active People, Healthy Nation).
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Nutrition, Physical Activity, and Obesity (DNPAO)
Proposed FY24 Project Funding Total:	$200,000.00
Funding Appropriation:	75-24-0948
Funding Statutory Authority:	Public Health Service Act , Title 42, Sections 307 and 301 U.S.C. 241I and 241 (a).
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The project requires the capacity to bring teams of cross-disciplinary fields together. The grantee should have the capacity to quickly implement and scale the reach of the Walkability Action Institute, to reach out to a diverse group of stakeholders, plan, support, and evaluate trainings in successful program management, meeting program goals, and advancing policy, system, and environmental supports for environments that support walking, physical activity, and active living. The grantee should have demonstrated experience of recruiting expert faculty for trainings and recruiting participants from non-public health sectors. Organizational capacity to manage complex projects including project, budget, and personnel planning is required. In addition, the grantee should have experience in taking a proven process and scaling it up to reach a wider audience.

Recipient Program Experience:	This work requires extensive knowledge and expertise about the public health workforce, especially about how state, tribal and territorial chronic disease programs are addressing active living environments that support community design for physical activity. It requires extensive knowledge of key additional workforces, such as transportation planning and engineering and their planning and programmatic activities and responsibilities. The applicant should have the ability to access academic resources to address content areas related to the field including the relationship between physical activity and health outcomes, physical activity policy, systems, and environmental approaches. The applicant should have an established network of experts across all the areas previously described to recruit a high-quality faculty. The applicant should also have established ties and excellent relationships with the field as well as emerging leaders that can be relied upon to help guide the action teams. The applicant should show evidence of having an established track record in supporting states and community teams of cross-disciplinary members supporting active living environments. The applicant should have full knowledge and understanding of CDC chronic disease funded programs that include physical activity, and healthy community design interventions and approaches. The applicant should also be knowledgeable in program impact evaluation and the use of evaluation results in program development.
Expectations for Collaboration:	The organization will ensure that appropriate experts identified and available to provide technical assistance to the teams throughout the project period. These experts should have extensive experience in equitable policy, system and environmental supports for community design for physical activity, like walking and walkability, equity, active transportation and land use planning, active living environments, planning efforts to integrate health into metropolitan transportation planning, public transit, and smart growth planning strategies. In addition, the applicant should have identified available resources such as clearhouses, tools, guidance documents, best practices, etc. that can be made available to the institute participants. The applicant is expected to establish and maintain a collaborative Community of Practice for the existing cohort of teams participating in the training as well as previous cohorts.
Expected Subcontractual Work and Criteria:	To the degree that specific content expertise is required to effectively conduct the work described above does not exist within the applicant's organization, sub-contractual activities are allowed. It is expected that sub-contractual activities will be limited to such areas as: additional subject matter experts to conduct trainings or develop webinars and other resources to support WAIs (e.g. web-based trainings).

General Instructions for Use of Funds:	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and prioritize activities in the workplan. Funds may be used for necessary labor, materials, travel, subcontracts, and other appropriate direct and indirect costs associated with the project and project outcomes. This is not a research project. Key informant interviews, focus groups, or subject matter feedback by way of a partner group can be used as long as no more than nine (9) individuals participate in the process (e.g., no more than 9 individuals can be asked the same questions within a 12 month period). If groups are convened, they should not be designed to give consensus recommendations from the group; only individual input should be sought. This project will increase capacity of state and local health departments and other allied departments, decision-makers, and NGOs to effectively collaborate and implement effective strategies to increase physical activity through community design. It will also create sustainable coalitions between these public health and non-public health entities that will promote and facilitate critical cross-sectoral work needed to support and expand active community environments.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Maintain the WAI Community of Practice contact list. Hold monthly WAI Community of Practice meetings. Develop success stories of partnerships between Active People, Healthy Nation (including recipient) and local/tribal/state level entity/entities. Maintain and expand collaborations to support Active People, Healthy Nation and its network, a network of organizations dedicated to promoting Active People, Healthy Nation as a national movement. Promote Active People, Healthy Nation among the funded organization's network and member affiliates in routine communications, networking, and strategic engagement. Promote Active People, Healthy Nation resources in the funded organization's newsletters, blog posts, podcasts, social media, web materials, presentations, etc. Support communities who are interested in Active People, Healthy Nation proclamations with DNPAO funded recipients and other local, state, and Tribal jurisdictions working to increase physical activity through community design. Participate in Active People, Healthy Nation national funded partner network meetings and Roundtable meetings. Participate in PAPREN meetings. Promote and disseminate products developed as well as resources (e.g., tools, trainings, reports) available from DNPAO, Active People, Healthy Nation partners in coordination with DNPAO and where applicable with Active People, Healthy Nation partners.

Process Measures:	100% of WAI CoP members receive the meeting invite. Representative(s) identified to participate in the Active People, Healthy Nation national funded partner network meetings (3 times per year) and Roundtable meetings (3 times per year). Reference Active People, Healthy Nation in any communication platforms/public discourse at least 40 times: averaging once per week. At least 1 earned media story on partner activities related to Active People, Healthy Nation. At least 5 Active People, Healthy Nation proclamations. Share Active People, Healthy Nation promotional activities at the Active People, Healthy Nation roundtable (3 times per year) and Active People, Healthy Nation national funded partner network (3 times per year) to facilitate peer sharing. 100% of new and updated developed products branded with Active People, Healthy Nation. 100% of promotional activities for new and updated products tied to Active People, Healthy Nation. At least 1 success story highlighting impact of funded organization’s work supporting Active People, Healthy Nation . Participate in at least six PAPREN related meetings a year.

Outputs:	Convene monthly WAI Community of Practice meetings, with current and former WAI teams. Document meeting attendance, agendas, and minutes for each WAI Community of Practice session. Topics and speakers are identified for all WAI Community of Practice sessions. Develop a communications plan detailing how Active People, Healthy Nation resources will be promoted in communications platforms/public discourse. Success stories highlighting partnerships between Active People, Healthy Nation (including recipient) and local/tribal/state level entity/entities. Reference Active People, Healthy Nation in any communication platforms/public discourse relevant to developed products and where CDC funding provided support as follows: Include the "Active People, Healthy NationSM" and Active People, Healthy Nation design element. Include #ActivePeople on social media. Communication plan that details how Active People, Healthy Nation resources will be promoted in communications platforms/public discourse. Develop Active People, Healthy People messages as part of the organization's communication plan and disseminate existing Active People, Healthy Nation messages. Plan to support communities who are interested in Active People, Healthy Nation proclamations with constituencies. Documentation of Active People, Healthy Nation proclamations. Materials (E.g., website, newsletters, social media, reports, blog posts, success stories) that include the Active People, Healthy Nation design element. Documentation that partner resources and/or recipient work was promoted in social media, on websites, in trainings, meetings, etc. Documentation that Active People and/or CDC funding was acknowledged appropriately . Participate in PAPREN related meetings.
Budget Period Outcomes:	Increased engagement with WAI CoP members. Increased engagement with Active People, Healthy Nation partners. Increased population coverage for Active People, Healthy Nation proclamations.
Outcome Measures:	Expand by 50% the number of impressions on Active People, Healthy Nation resources (e.g., CDC developed or supported products, Active People, Healthy Nation partner products) in funded organization's newsletters, blog posts, podcasts, social media, web materials, presentations, etc . Maintain at least 20% WAI alumni team participation in the WAI CoP group.

Strategic Area:	Workforce
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Train cross-disciplinary teams from across a given state, representing a diversity of geographic areas (urban to rural) by metropolitan and other regional planning organizations to implement policy, system, and environmental supports for environments supporting walking and other forms of community design for physical activity. Develop success stories based upon current and previous Walkability Action Institute (WAI) teams. Update information on number of teams, states, and individuals have participated in the WAI, including demographics, sectors represented, geography, etc. Promote products developed as well as resources (e.g., tools, trainings, reports) available from Division of Nutrition, Physical Activity, and Obesity (DNPAO), Active People, Healthy Nation partners in coordination with DNPAO and where applicable with Active People, Healthy Nation partners. Implement a post-training continuous quality improvement process to inform the WAI curriculum to ensure it addresses the capacity building assistance needs of participants.
Process Measures:	100% of faculty, including the lead course director are confirmed. 100% of DNPAO recipients (e.g., State Physical Activity and Nutrition (SPAN), High Obesity Program (High Obesity Program 2023-2028 | DNPAO | CDC)) received information about the state-based WAI opportunity. At least one state expresses interest in the WAI . All state-based WAI applications are reviewed. Identify at least 6 WAI teams for potential success stories based upon current state-based WAI cohorts and/or previous WAI teams. All WAI team members, faculty, and state team members accept the WAI invite. 1 state-based WAI is completed. Select 3 success stories in collaboration with CDC. 100% of WAI materials reference Active People, Healthy Nation.

Outputs:	Contract with lead course director for the state-based WAI. Training plan and materials to address transportation and land use PSEs as appropriate to address DNPAO's priority strategy of community design for physical activity. An annotated agenda detailing course content and activities. Master list of all faculty and bios. Track number of applicants at state and local level. All training materials (agenda, course notebooks, power point slides). Deliver 1 state-based WAI. An application process is developed, if applicable. Daily and overall course evaluation analyses for each day of the state-based WAI and overall efficacy of previous WAIs and community of practice. Updated summary statistics of current and previous WAI cohorts, including demographic and/or geographic diversity of participants as well as teams. Develop Team Active People, Healthy Action Plan template for community-based teams. Final report for the project year, inclusive of all updated project processes and outcomes (including support of Active People, Healthy Nation). Copies of all community Active People, Healthy Nation action plans. 3 success stories based upon current or previous WAI teams. Documentation that developed products and/or DNPAO and related partner resources were promoted in social media, on websites, in trainings, meetings, etc. Documentation that Active People and/or CDC funding was acknowledged as appropriate on the complimentary products developed. Post-training continuous quality improvement process. Summary of results from the post-training continuous quality improvement process.
Budget Period Outcomes:	Increased diversity of participants and teams. Increased awareness about the work being done as a result of states and teams participating in the WAI. Increased population coverage of policies that promote walking and rolling (e.g., Complete Streets, Safe Routes, zoning, and master/comp plans), including by race/ethnicity and income.

Outcome Measures:	Number of hits on success stories posted on the website increases by 25% . Number of people reached by implementation of action plan components increases by 10% within 12 months of completion of WAI.

Project Title:	**Creating Publicly-Accessible Chronic Disease Prevalence Estimates from the MENDS Network**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**This project will build capacity for state health department staff, including but not limited to staff who work in the fields of epidemiology, public health and clinical informatics, data science, and statistics.**
Project Plan Details	
Project Purpose:	The purpose of this project is to build a publicly-accessible data dashboard and visualization platform to provide the public with access to weighted and modeled chronic disease prevalence estimates, nationally and by state, that are derived from the Multi-State Electronic Health Record (EHR)-Based Network for Disease Surveillance (MENDS). In 2018, CDC's Division for Heart Disease and Stroke Prevention launched a pilot project that aimed to strengthen chronic disease surveillance, management, and program evaluation capacity by building an electronic health record (EHR)-based chronic disease surveillance network. By leveraging electronic health record (EHR) data across a distributed network of data contributors, this surveillance system aims to enable state public health departments to generate timely, reliable prevalence estimates for chronic diseases and their risk factors, as well as for the treatment, management, and control of these diseases. The MENDS pilot project enlisted collaboration from five data contributors which provide EHR data from all 50 states (with 12 states having adequate data representation to produce state-level estimates). The network has nine data users, primarily state health departments. Data are queried across this distributed network to create prevalence estimates for hypertension, hypertension control, diabetes, diabetes control, high cholesterol, obesity, and smoking. The pilot MENDS project made significant strides toward establishing this distributed network as a national chronic disease surveillance tool that can complement national and state-level surveillance data provided by the Behavioral Risk Factor Surveillance System (BRFSS). In the geographic areas that are well represented, MENDS provides access to more timely, localized data than BRFSS, and allows for assessment of disease control. Having timely state and local-level chronic disease surveillance estimates is vital for planning and evaluating public health interventions and policies. A series of published papers have described the successes of MENDS. In the final year of the MENDS pilot project, a project evaluation identified several key actions that can help improve the utility of MENDS as a national chronic disease surveillance system. Two of those actions that are relevant to this current project include: 1) reducing the time it takes for MENDS to provide actionable data to partners and the public health community, and 2) resolving governance and data use agreement (DUA) challenges that limit scalability and the ability to provide MENDS estimates of chronic disease prevalence through a publicly accessible data dashboard. Currently, only MENDS data contributors and close collaborators at selected state health departments have access to MENDS prevalence estimates through the RiskScape platform. This funding will be used to perform weighting and modeling of the raw state- and local-level chronic disease prevalence estimates derived from MENDS and to use these weighted and modeled estimates to build a data dashboard and visualization platform that can be accessed by the public and other key public health partners outside the small network of MENDS collaborators. This data dashboard and visualization platform will be embedded within or linked to existing public health dashboards that are used for chronic disease surveillance. Where possible, the project will leverage existing data dashboard and visualization tools in use and supported by public health data modernization activities.

CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division for Heart Disease and Stroke Prevention (DHDSP)
Proposed FY24 Project Funding Total:	$830,000.00
Funding Appropriation:	75-24-0948
Funding Statutory Authority:	This activity was reviewed by CDC and was conducted consistent with applicable federal law and CDC policy: 45 C.F.R. part 46, 21 C.F.R. part 56; 42 U.S.C. Sect. 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Sect. 501 et seq.
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The organization that leads this project should have significant technical expertise and skills in the following domains: building surveillance systems using EHR data, informatics and information technology (IT) project management, applying weighting and modeling to achieve estimates that are more representative at the national and state level, and developing data visualizations and dashboards to communicate chronic disease surveillance data. The organization should have the technology necessary to conduct this work including software to produce data dashboards and visualizations.
Recipient Program Experience:	Population of focus: This project will build capacity for state health department staff including but not limited to epidemiologists, public health and clinical informaticians, data scientists, and statisticians. In order to effectively conduct the work described in the project details section, the recipient organization should have extensive experience working programmatically with state health department staff. The organization should also have content expertise in the following domains: building surveillance systems using EHR data, informatics and information technology (IT) project management skills, applying weighting and modeling to achieve estimates that are more representative at the national and state level, and developing data visualizations and dashboards to communicate chronic disease surveillance data.
Expectations for Collaboration:	Extensive collaboration is essential to ensure the success of this project. The recipient organization will collaborate with CDC and potentially subcontractors to design a surveillance system that meets the needs for chronic disease surveillance in the U.S., to design the methodology for applying weighting and modeling to improve the representativeness of prevalence estimates, and to communicate the resulting chronic disease surveillance estimates through a public-facing data dashboard and visualization platform.

Expected Subcontractual Work and Criteria:	Activities: It is expected that the recipient of this funding may need to subcontract the following activities to other partner organizations: 1) application of weighting and modeling methods to improve the representativeness of the estimates at the state and national level; 2) development of a public-facing data dashboard and visualization platform; and 3) developing reference guides and public-facing resources and communications materials for the MENDS project. Funding Amounts: 1) application of weighting and modeling methods to improve the representativeness of the estimates at the state and national level [$205,000]; 2) development of a public-facing data dashboard and visualization platform [$187,000]; and 3) developing reference guides and public-facing resources and communications materials for the MENDS project [$101,000]. Period of Performance: The period of performance for these subcontracts will mirror that of the parent funding given that these activities are essential during the entire lifecycle of the project and funding. Selection Criteria: Subcontractors should have experience in informatics and information technology (IT) project management, applying weighting and modeling to achieve estimates that are more representative at the national and state level, and developing data visualizations and dashboards to communicate chronic disease surveillance data.
General Instructions for Use of Funds:	Funds for this project are anticipated to be spent on staff time and expertise, staff fringe benefits, consultant fees, subcontracts, data and hardware acquisition, travel (including transportation, lodging, meals and incidentals), software, cloud storage, legal services for data use agreements, and administrative costs (office supplies, meeting logistics).
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	This funding will be used to perform weighting and modeling of the raw state- and local-level chronic disease prevalence estimates derived from MENDS and to use these weighted and modeled estimates to build a data dashboard and visualization platform that can be accessed by the public and other key public health partners outside the small network of MENDS collaborators. This will be achieved through the following activities: - Develop and implement a methodology for weighting and modeling of chronic disease prevalence estimates that are derived from MENDS data to improve the representativeness of the data. Enhancing the MENDS project's emphasis on weighting and modeling is an integral activity to improve the representativeness of the data at the state and national level and create reliable estimates of population disease burden. Developing multi-level longitudinal models will enable more precise prevalence estimation and temporal trend analysis. Developing tools to automate and improve the efficiency of weighting and modeling will be an important priority. The aim will be to provide state and national chronic disease prevalence estimates that are updated quarterly using weighting and modeling techniques which improve the representativeness of the data. - The weighted and modeled data will be used to build automated, sustained, continuously updated data pipelines that draw on weighted MENDS data that are aggregated across contributing sites quarterly. Using these data pipelines, publicly available data visualizations and dashboards will be developed to provide actionable public health insights to state and local health departments, clinicians, the public, and other public health partners. The data dashboard will be designed with the aim of improving the timeliness and accessibility of validated MENDS data for CDC, state and local public health agencies, the public, and other public health partners. The dashboard and visualization tool can build on the existing infrastructure of iVEST, but with a focus on making the data more accessible for CDC, the public, and CDC partners. These tools should be linkable to or embedded within CDC surveillance systems like the Interactive Atlas of Heart Disease and Stroke: https://www.cdc.gov/dhdsp/maps/atlas/index.htm - This project should focus on creating standard data use agreements for data contributors that allow for the data to be shared on a public-facing dashboard. This project should utilize and adapt best practices for data sharing policy tools and processes developed by CDC for work with jurisdictions (e.g., the Core DUA). - Reference guides and public-facing resources and communications materials for the MENDS project will be developed for inclusion on the data dashboard or the MENDS website. Below is an estimated timeline of activities if funding is available: Years 1–2 of the funding will focus on improving data use agreements so that MENDS data can be shared publicly, developing a weighting and modeling methodology that improves the representativeness of the data, and developing a prototype for the public-facing data dashboard. Years 3–5 of the funding will focus on establishing a finalized, publicly available data dashboard and visualizations that are embedded in CDC surveillance systems like the Interactive Atlas of Heart Disease and Stroke.
Process Measures:	At least 75% of MENDS data contributors have data use agreements that allow for their data to be included in a public-facing data dashboard.
Outputs:	• Estimates of chronic disease prevalence that are updated quarterly using weighting and modeling techniques. • An automated, sustained, continuously updated data pipeline that aggregates and weights data from contributing sites quarterly and produces accessible data visualizations and dashboards that provide actionable public health insights to CDC and its partners.

Budget Period Outcomes:	• State and local health departments, CDC, and other public health partners will have improved access to timely, valid, localized chronic disease surveillance data to inform planning efforts for public health interventions, program evaluations, and policymaking. • The value and feasibility of MENDS as a national chronic disease surveillance system will be demonstrated and future partnerships will be secured to ensure the long-term sustainability of MENDS
Outcome Measures:	Within 1 year, a prototype of the public-facing data dashboard will be developed, which displays state- and national-level prevalence estimates for chronic diseases in the MENDS surveillance system.

Project Title:	**Multi-Location Young Child Nutrition Campaign**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Chronic disease directors and chronic disease prevention workforce in local and state health departments (including the District of Columbia) located in states/communities with DNPAO funding (State Physical Activity and Nutrition Program, High Obesity Program, and Racial and Ethnic Approaches to Community Health Program). Funded recipients can be found here: Funding by State | DNPAO | CDC**
Project Plan Details	
Project Purpose:	Good nutrition provides the building blocks for a child's brain development and sets the foundation for future health. The first years of a child's life are a critical window of opportunity to shape lifelong eating habits and taste-preferences. Gaps exist in accurate, science-based messages related to infant and toddler nutrition that are culturally appropriate to specific audiences, including those experiencing health disparities. Building on lessons learned from previous Infant, Toddler and Young Child Nutrition (ITN) campaigns, this project will build communication capacity for state and local health departments through partnership with a skilled media and marketing company(ies) to adapt and place digital and social media advertisements about healthy infant, toddler, and young child nutrition practices in select locations to an audience experiencing disparities. These may be moms, parents, caregivers or other relevant audiences.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Nutrition, Physical Activity, and Obesity (DNPAO)
Proposed FY24 Project Funding Total:	$249,900.00
Funding Appropriation:	75-24-0948
Funding Statutory Authority:	Sections 301(a) and 317(k)(2) of the Public Health Service Act 247 (b)(k)(2)
Expected Project Length:	5 Years
Recipient Organizational Capacity:	• Must have established relationship and demonstrated effectiveness in coordinating and collaborating with chronic disease directors and staff in state and local health departments across all 50 states and Washington DC, and the general public. • Organization will need to have the experience and capacity to identify and select interested state/local organizations based on standard criteria, including experience with announcing, selecting, awarding and managing an RFP for digital media/marketing subcontractor(s).
Recipient Program Experience:	• Must have knowledge in chronic disease prevention, specifically child nutrition and reducing health disparities, and young child parents and caregivers • Experience in providing tailored training and technical assistance to state/local partners. • Experience in strategic communication messaging and campaign planning preferred. • Experience managing ad agency preferred.

Expectations for Collaboration:	Awardee must collaborate closely with chronic disease directors and staff in selected regional, state, local health departments/organizations and coordinate with CDC subject matter experts to plan, monitor, and refine execution of the location-based campaigns.
Expected Subcontractual Work and Criteria:	Recipient will likely subcontract with an organization with experience with digital media and marketing. Expected subcontract work and criteria include the following: • Approximate Funding Amount: $15,000 in 4-6 (no more than 8) selected locations for direct expenses related to paid ad placement and campaign promotion; plus $95,000 for overhead (planning, shared systems, and technical assistance by location). • Period of Performance: 10 months Activities: • In collaboration with recipient and with CDC SMEs, identify existing materials for adaptation and clarify messaging. • Develop overall project workplan timeline with staff assignments. • Work with selected location staff to: o Provide technical assistance on digital advertising and promotion opportunities o Identify local priorities, disparities, partnerships, and current/past activities to consider in planning. o Refine and implement a plan for paid placement and promotion based on local population with high disparities and local priorities. o Present proposed media outlets and plan. o Provide ongoing metric check-ins. • Provide graphic support and customization, as needed, for the digital ad campaign. • Track metrics in real-time across channels and locations to be able to refine ad placement and maximum selected metrics (e.g., reach, frequency, click through etc). • Provide regular reporting on metrics. • Work in collaboration selected locations, funded entity, and CDC staff on project implementation and assessment efforts. Recommended Selection Criteria: Subcontractor should have experience with digital advertising, including the use of real-time media analytics and optimization tools. Subcontractor should also have expertise in speaking with communities with ITN disparities in the United States (e.g., African American or Hispanic populations with lower income, rural populations, and tribal populations).
General Instructions for Use of Funds:	Awardee should establish a mutually agreed upon schedule for general reporting on project status and availability of funds, as is reasonable depending on accounting and business realities (e.g., types of contracts involved, internal close-out schedules, etc.)
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Coordinate planning and implementation in regular meetings with CDC SMEs • Work with interested state/local organizations to adapt, place, and A/B test digital ads related to infant and toddler nutrition that are culturally appropriate to specific audiences, including those experiencing health disparities. This includes: o Meeting with organization staff regularly. o Identifying local ITN program goals and objectives and how the campaign can help achieve those goals. o Planning individualized campaigns by location. Campaigns will be leverage existing ads. o Using existing data from participating state/local organizations related to the audience of focus-- number, ethnicity, geographic location, values, beliefs, etc. o Assisting participating state/local entities with integrating campaign materials into their existing efforts and providing guidance on optimizing campaign efforts with supporting messages. o Monitoring in real-time each state/local organization's ads against performance indicators and algorithms and modify digital buy by location as indicated. • Use lessons learned from previous ITN campaigns (MI, OR, KS, OK, and NH), as well as existing audience research, and current market data media buy. • Modifycreative materials. • Develop and finalize a plan including media buy specifics and performance metrics. • Place ads in local markets to select audiences • Launch media ad buys. • Monitor ad performance and modify buy accordingly. • Place finalized materials in the State and Community Health Media Center, as needed. • Analyze, summarize, and share findings and lessons learned with SPAN, HOP, and REACH recipients, State and Community Heath Media Center users, and other state and local public health professionals.
Process Measures:	• Number of campaign locations selected • Number of ads customized and placed
Outputs:	• Paid media metrics (e.g., # of ad placements, impressions, click throughs, bonus placements/dollar value added) • Communication support (e.g., site technical assistance calls, support materials provided, presentation of campaign lessons learned to DNPAO recipients
Budget Period Outcomes:	• Increase by 4 the number of locations with ITN staff with increased awareness and knowledge of paid digital communication best practices. • Increase by 20 the number of DNPAO recipients with increased awareness and knowledge of paid digital communication best practices.
Outcome Measures:	1. At least 50% of media channels used will reach jurisdictions with the greatest disparities in early child nutrition.

Project Title:	**Reducing Disparities in Breastfeeding through Continuity of Care**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**The nearly 3,000 local health departments across the United States, including the primary audience of local health department leaders and secondary audience of local health department employees.**
Project Plan Details	
Project Purpose:	The purpose of this project is to build capacity of local health departments to reduce racial disparities in breastfeeding in the Southeastern United States. This project will aim to improve breastfeeding duration and exclusivity among communities within the Southeast by: 1) implementing activities to increase the capacity of health departments to increase access to breastfeeding support, and 2) building capacity and support for maternal, infant, and early childhood nutrition security within the first 1,000 days (from pregnancy through the first two years of life) through adaptation and implementation continuity of care strategies to support breastfeeding. This project will aim to improve the coordination and communication between breastfeeding partners nationally with those at a local level within the Southeastern United States by: 1) convening a national-level partnership vested in public health breastfeeding to share lessons learned about the implementation and impact of the continuity of care in communities in the Southeastern United States.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Nutrition, Physical Activity, and Obesity (DNPAO)
Proposed FY24 Project Funding Total:	$950,000.00
Funding Appropriation:	75-X-0948
Funding Statutory Authority:	Public Health Service Act , Title 42, Sections 307 and 301 U.S.C. 241l and 241(a)
Expected Project Length:	5 Years

Recipient Organizational Capacity:	The applicant should demonstrate the ability to successfully execute the strategies and meet project outcomes by addressing the following: -Adequate infrastructure to engage with local health departments, and national organizations in order to build capacity to implement the continuity of care strategies to support breastfeeding and adapt, if needed -Workforce capacity and competency in community health, specifically in maternal and child health, lactation, health equity, and partnerships -Relative skill sets or demonstrated ability to access expertise in breastfeeding -Expertise, data systems, and electronic and communication systems to implement the award -Capability to manage any procurement efforts, including the ability to write and award subcontracts -Capability to engage and provide leadership to a broad base of national partners to advance public health breastfeeding
Recipient Program Experience:	-Experience and expertise in providing public health capacity building assistance at the local level. -Significant (10 or more years) experience in partnering with local health departments to reach community-based organizations that serve families and can be engaged to provide breastfeeding support. -Experience in using population-based data to define and identify priority communities. -Experience in working in maternal and child health at the local level. -Experience in reaching and providing capacity building assistance to local-level organizations. -Experience in facilitating community-to-community mentoring, and peer exchange of best practices, and tools. -Experience in implementing programs that address health equity, with an emphasis on those programs that have reduced health disparities. -Experience in engaging a broad base of national partners to advance public health breastfeeding.

Expectations for Collaboration:	-It is expected that the recipient will partner with local health departments in Southeastern communities that provide breastfeeding support, to develop continuity of care promising practices. -It is expected that the recipient will partner with the multisectoral national breastfeeding committee to support partnerships between national level efforts and community level work in the Southeastern United States. -It is expected that the recipient will partner with national organizations focused on breastfeeding disparities to support partnership efforts and disseminate findings related to breastfeeding activities in the Southeastern United States. -It is expected that the recipient will collaborate with state and/or local cultural breastfeeding coalitions in Southeastern communities to support continuity of care projects and disseminate findings. -It is expected that the recipient will work with a cadre of national partners addressing public health breastfeeding. -It is expected that the recipient will form a network collaborative of local health departments addressing continuity of care.
Expected Subcontractual Work and Criteria:	Work with a minimum of 5 local health departments in at least 5 Southeastern states to support implementation of continuity of care strategies to support breastfeeding. It is expected that local health departments serve a population of at least 50% African American or non-Hispanic Black.
General Instructions for Use of Funds:	-The recipient may use funds for staff and/or contractors with subject matter expertise, to be able to provide subject matter expertise to local health departments and community organizations. -Funds may be used to collaborate with and obtain technical assistance from the multisectoral national breastfeeding committee and/or other priority population specific technical assistance providers on developing partnerships, capacity building for local coalitions that can support community efforts, appropriate local-level strategies, and national dissemination of practices implemented and lessons learned. -Funds may be used for travel to conduct on-site technical assistance. Funds could be used for sub-contracts to support implementation of continuity of care strategies to support breastfeeding. -Funds should be used to develop web-based resources and webinars, as needed, to meet the needs of funded communities, and to make these available nationally. -Funds should be used to implement activities, , report lessons learned, and create success stories. -Funds should not be used to buy food, buy equipment, collect data or do research.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	

Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Recipients should propose plans which address 1) partnership engagement, and 2) partnership sustainment. Partnership efforts should focus on building linkages between national level efforts and local level work in the Southeastern United States. Partners should have a focus on maternal, infant, and early childhood nutrition within the first 1,000 days. Proposed plans should incorporate at least 1 activity for these 2 categories. Other activities which address these categories that are not listed below can be proposed. 1) National Partnership Engagement -Convene representatives from national organization(s) vested in public health breastfeeding. Focus of convening is to share lessons learned about the implementation and impact of the continuity of care strategies to support breastfeeding in communities in the Southeastern United States. Organizations can have a variety of focus areas (e.g., first 1,000 days, nutrition security related to breastfeeding or among families with very young children, health equity, reducing racial and cultural breastfeeding disparities). Proposed plans could incorporate at least 1 activity for these 2 categories. Recipients should focus on activities to engage partners in the first year. Other activities which address these categories that are not listed below can be proposed. 2) Partnership Sustainment -Sustain infrastructure of a partnership of national organizations through quarterly meetings. Partnership should include regular participation from at least 6 national organizations vested in using a public health approach to increase access to breastfeeding support. -Provide opportunities to increase engagement and provide progress, success stories, or other relevant activities through webinars, newsletters, or other communication activities. -Provide opportunities to build support for and capacity of partners. This could include opportunities to engage in learning activities or other relevant activities such as trainings on continuity of care strategies to support breastfeeding.
Process Measures:	Number of partners participating in regular updates to share progress, success stories, or other relevant activities related to the continuity of care to support breastfeeding.

Outputs:	Partnership Engagement -Identification of lessons learned, documented in a report, at the national and local level to successfully implement the continuity of care strategies in communities in the Southeastern United States. Partnership Sustainment -Quarterly meetings with participation of at least 6 national organizations in a national breastfeeding partnership.
Budget Period Outcomes:	-To sustain partnerships with national organizations and other relevant partners with a vested interest in public health breastfeeding. -To share lessons learned about the implementation and impact of the continuity of care in communities in the Southeastern United States.
Outcome Measures:	Two or more success stories and/or lessons learned on the impact of continuity of care in communities in the Southeastern United States disseminated through a national partnership.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Recipients should propose plans which address 1) program initiation, 2) program engagement, 3) program education and training, and 4) program implementation. Programmatic work should focus on implementing the continuity of care model among communities in the Southeastern United States. In the first year, proposed plans should prioritize activities within program initiation. Proposed plans could incorporate 1 activity from the remaining 3 categories. Other activities which address these categories that are not listed below can be proposed. Program Initiation -Work with a minimum of 5 local health departments, to support the implementation, and if need identified, the adaptation of the continuity of care strategies for communities in the Southeastern United States. Program Engagement: -Coordinate and collaborate to identify and develop local-level partnerships to implement continuity of care strategies. If communities need adaptations of the continuity of care strategies, this can be explored. -Engage with local level partners to assess what supports are needed to successfully implement the continuity of care model in their communities. -Create a local-level partnership, to provide subject matter expertise, and to connect local-level partners with one another to share lessons learned on the implementation and impact of the continuity of care across the Southeastern United States. Program Education and Training: -Provide education and training on the continuity of care strategies to community-based organizations to implement relevant strategies in the communities they serve. Program Implementation: -Provide technical assistance and subject matter expertise to local health departments. This can include helping organizations identify which strategies within the continuity of care strategies are best suited for their communities. -Coordinate and collaborate to develop implementation plans for continuity of care strategies in communities in the Southeastern United States.
Process Measures:	Examples of process measures are provided. -Program Initiation: Number of local health departments working with the recipient to implement or adapt the continuity of care strategies for communities in the Southeastern United States.

Outputs:	Examples of outputs are provided. Program Initiation: -Subcontracts awarded to 5 county/city health departments to implement the continuity of care model within communities in the Southeastern United States. Program Engagement: -Quarterly meetings held with local-level partners and organizations. Program Education and Training: -Provide education and training to local organizations to implement specific continuity of care strategies. Program Implementation: -Development of plans for the implementation of the continuity of care strategies.
Budget Period Outcomes:	-Increased implementation of breastfeeding interventions that use best practices and reduce inequities. -Increased implementation of community-specific continuity of care breastfeeding support strategies within Southeastern communities. -Increased training of local level organizations on the continuity of care strategies. -Increased coordination and communication among local-level partners and organizations.
Outcome Measures:	-People served by at least 5 local health departments that are implementing policies or activities for breastfeeding continuity of care

Project Title:	**Enhancing Cancer Program Awardees Capacity Through Peer-to-Peer Learning**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health department staff working on National Breast and Cervical Cancer Early Detection and /Colorectal Cancer Control Programs, including program directors, data managers, evaluators, and partners.**
Project Plan Details	
Project Purpose:	To support awardee capacity to implement National Breast and Cervical Cancer Early Detection (NBCCEDP) and Colorectal Cancer Control Program (CRCCP) activities through Peer-to-Peer Learning.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Cancer Prevention and Control (DCPC)
Proposed FY24 Project Funding Total:	$525,000.00
Funding Appropriation:	75-24-0948
Funding Statutory Authority:	Public Health Services Act; (PHS) 42 U.S.C. 241, 247(b), 317(k), 301(a), 311, (Note B)
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The applicant should have a comprehensive understanding, extensive experience, strong infrastructure and existing ongoing communication with the target audience of state, tribal and territorial public health departments across the US. Additionally, the applicant should have existing established relationships and partnerships with key national organizations in public health, chronic disease prevention and control, cancer prevention and control, cancer screening test registry, health care systems such as Federally Qualified Health Centers and Medicaid programs, and others that reach low-income, high-risk populations. Such an applicant organization with well-established, competent infrastructure will ensure good understanding of the project's target audience, and exhibit greater efficiency in carrying out the project through effective management of project activities to meet timelines.
Recipient Program Experience:	Specific to this project, the applicant should have the following and related experiences and expertise: • capacity to plan and successfully execute large scale web-based or in-person workshops and trainings. • experience managing logistics to facilitate the smooth implementation of the training activities as proposed • capacity to create and execute a process evaluation plan • strong leadership, project management, and communication skills to ensure the planning committee, speakers/experts, and participants are kept well informed • strong skills in organizing, synthesizing, and summarizing information, and writing to produce high quality, clearly written deliverables • Expert knowledge of the NBCCEDP and of the CRCCP programs and Notice of Funding Opportunity Announcements, including optimal implementation of NOFO strategies to meet DP22-2202 and DP20-2002 outcomes.

Expectations for Collaboration:	Engage with NBCCEDP and CRCCP awardees and designated partners to gather information on awardee technical assistance tools and other needs, in order to develop agendas, meeting strategies, support resources, and to identify expert speakers. Engage with content/subject matter experts to identify and secure appropriate expert speakers and to help refine agendas and tools, including best approaches to engage participants and convey and provide technical assistance on complex topics. Foster a high level of interaction and engagement among the peer participants in order to establish relationships and enable ongoing collaboration and peer-to-peer learning after trainings.
Expected Subcontractual Work and Criteria:	Training coordination may be subcontracted to an individual who has strong meeting planning and execution experience, and who is well organized, a good communicator, follows-through on tasks and communications, and can effectively multi-task. Secure expert speakers and facilitators for trainings and forums. The awardee may choose to subcontract with organizations who have experience and expertise working directly with health systems partners, individuals/organizations with expertise in cancer screening test registries, and/or NBCCEDP and CRCCP awardees to implement evidence-based interventions in clinics. It is recommended that these subcontractors have experience working with awardees in successful implementation of DP20-2002 and/or DP22-2202. Ancillary trainings include speaker/trainer costs, travel, lodging, and per diem. For ancillary trainings/forums to inform and/or provide technical assistance, secure venue in Atlanta or vicinity for participant lodging and meeting space with virtual platform, as needed, adequate to accommodate described trainings and forums. Lodging and meeting space must be smoke-free and the county in which the space is located must be smoke-free.
General Instructions for Use of Funds:	In accordance with terms and conditions of the NOFO.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Identification of specific awardee needs with expert webinars and technical assistance provided to resolve barriers to equitable service delivery for priority populations served by awardees. Provision of technical assistance will ensure awardees understand updated best practices and evidence-based interventions as science evolves regarding breast and cervical and colorectal cancer service delivery. Planning, hosting, and facilitating a hybrid (virtual/in-person) training to convene awardees offering technical assistance to strengthen organizational capacities and competencies using evidence-based interventions and strategies outlined in NBCCEDP NOFO and CRCCP NOFO. Support efforts to explore the feasibility of awardees developing and/or participating in a cancer screening test registry.

Process Measures:	At least 8 facilitated series of Expert Webinars that include group follow-up TA calls will be completed. At least two hybrid (virtual/in-person trainings will be convened. At least five experts/expert organizations engaged to explore feasibility of a cancer screening test registry. To maintain participation level, 95% of awardees will at least participate virtually.
Outputs:	Development of one page guidance for each Breast and Cervical and Colorectal Program Strategy based on NOFO requirements and peer and expert-shared examples/promising practices. Development of roadmap for programs/state health departments to implement a cancer screening test registry.
Budget Period Outcomes:	Funds appropriately allocated so that outcomes are achieved with zero remaining funds.
Outcome Measures:	At least 85% of NBCCEDP and CRCCP awardees report using one-page guidance documents to improve NOFO implementation (e.g., submit realistic proposed service delivery goals and work plans based on NOFO requirements).
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Provide broad-based technical assistance by convening hybrid (virtual/in-person) forums, to include planning, hosting, and facilitating, that offers awardees strategies to identify and engage health systems partners on strategies to equitably address breast, cervical, and colorectal cancer screening rates.
Process Measures:	At least 95% of awardees will participate at least virtually in the event.
Outputs:	Development of a list of potential partners to facilitate breast, cervical, and colorectal screening services based on at least 1 recommendation per awardee.
Budget Period Outcomes:	Funds appropriately allocated so that outcomes are achieved with zero remaining funds.
Outcome Measures:	At least 70% of awardees have identified health systems partners to work with in clinics serving individuals from populations who are medically underserved and have low screening rates for breast, cervical and/or colorectal cancer.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Planning, hosting, and facilitating a hybrid (virtual/in-person) awardee meeting of peers for discussion and exchange of views regarding tools and technical assistance to equitably advance prevention and wellness among communities at greatest risk of breast, cervical, and colorectal cancer.

Process Measures:	At least 95% of awardees will participate at least virtually in the event.
Outputs:	Development of 2-5 new tools awardees can access online 24/7 to help identify and serve high risk populations for breast, cervical, and colorectal cancer.
Budget Period Outcomes:	Funds appropriately allocated so that outcomes are achieved with zero remaining funds.
Outcome Measures:	At least 70% of awardees will use the online tools to identify and provide screening services for at least 5% more patients per year and achieve other National Breast and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program NOFO outcomes.

Project Title:	**Building Capacity of the Public Health System to Improve Population Health Through Local Health Departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**The City and County Health Departments across the United States, which includes department staff, leadership, and stakeholders. The primary audience being local health department leaders and the secondary audience of local health department employees.**
Project Plan Details	
Project Purpose:	Local public health systems are key in promoting social norm change at the community level. Since the first U.S. Surgeon General's report on the health consequences of smoking in 1964, the prevalence of cigarette smoking among adults has substantially decreased. This success is grounded in the ability of local communities to shape social norms through policy and systems level interventions. Despite the success in reaching national smoking prevalence goals set to meet the Healthy People 2030 Goals, the prevalence of smoking remains higher among certain populations including those living in the Midwest and Southeast, individuals living in poverty, rural communities, American Indians, and those with behavioral health issues compared to their counterparts. The purpose of this project is to strengthen local tobacco control efforts in areas of the U.S. with the highest tobacco use prevalence through city and county health departments. The awardee is expected to increase the implementation of evidence-based tobacco control programs, policies, and services working with city and county health department staff. The awardee is encouraged to increase the state tobacco control program capacity to implement effective evidence-based tobacco control programs at the local level and through the local public health system.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Office of Smoking and Health (OSH)
Proposed FY24 Project Funding Total:	$145,000.00
Funding Appropriation:	75-X-0948
Funding Statutory Authority:	317(k)(2) of the Public Health Service Act as amended [42 U.S.C. 247b(k)(2)]
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The awardee must be professionally skilled in the area of local and community public health with a proven history of organizing, executing, and evaluating local public health interventions. The awardee should have experience managing a steering committee, program committee, and a series of break out work groups.
Recipient Program Experience:	The awardee must have demonstrated experience in: organizing, executing and evaluating local public health interventions; and managing a steering committee, program committee, and series of break out work groups.

Expectations for Collaboration:	The awardee is required to expand and leverage partnerships with city and county health departments. The awardee is required to collaborate with the state tobacco control programs in all states where work is conducted with city and county health departments. The awardee is required to collaborate with CDC funded national partnerships that work directly with local public health departments.
Expected Subcontractual Work and Criteria:	The awardee may subcontract as necessary for carrying out this cooperative agreement.
General Instructions for Use of Funds:	
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Implement activities to improve operational capacity, such as policy and strategic planning, and plans, administration and management, and quality improvement. • Provide technical assistance to local public health departments and their stakeholders through multiple modalities including topic specific webinars and calls, workgroups, including planning agendas, requesting speakers, sending out notices, moderating calls, preparing notes, and sending out notes from calls. • Expand the knowledge of evidence-based tobacco control interventions and policies on high priority issues such as local smokefree air policies; flavored tobacco products, including menthol; e-cigarette policies; and health system change that encourages quit attempts among tobacco users.
Process Measures:	• Create a community of practice where LHD members can learn, collaborate, and share best practices, policies, and knowledge on tobacco control. • Research resources from existing databases and tobacco control organizations (i.e., CDC, TRUTH, CTFK, National Networks, and other health organizations) to inform updates and best practices to create a knowledge base for local health departments.
Outputs:	Demonstrated tobacco control work in multiple states and local health departments/systems in each of those states to improve implementation of evidence-based tobacco control interventions.
Budget Period Outcomes:	Awardee should increase the number of tools and resources to support tobacco control and prevention programs through city and county health departments.
Outcome Measures:	• Increased understanding of existing local health department efforts related to tobacco control interventions and an increased understanding of up-to-date research from external partner sites. • Increased knowledge, understanding, and provision of technical support that leads to successful implementation of evidence-based tobacco control programs for local and community tobacco control programs. • Increased understanding of the unique needs of rural communities that leads to successful implementation of evidence-based tobacco control programs.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	

Outcomes:	Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Improve the establishment and maintenance of results-driven partnerships by maintaining and expanding partnerships with national organizations and other agencies to support local tobacco control activities. • Build on existing national network of local health departments (LHDs) to increase public understanding of the burden of tobacco use. • Work to expand outreach to rural, small, and medium communities by disseminating and promoting tobacco prevention and control information, tools, resources, model practices, and research to city and county health departments.
Process Measures:	• Attend national conferences, briefings, and sessions on tobacco control; Attend CDC national partner and media network activities to stay up-to-date on tobacco related issues and news to stay relevant for local health departments. • Collaborate with CDC funded National Networks that are working with rural communities.
Outputs:	• Participate in quarterly meetings of national public health partners to stay abreast of developments in tobacco policy and programming, exchange information, and cross-promote resources. • Create a mechanism and venues to provide expertise to implement the goals of CDC with the local public health departments and their stakeholders, including workgroups, webinars, conference calls, meetings and resource materials.
Budget Period Outcomes:	• Increase participation in meetings with national public health partners. • Increase participation in national conferences, briefings, and sessions on tobacco control. • Increase participation in CDC national partner and media network activities.
Outcome Measures:	• Increase understanding of local health department needs and activities among national partners. • Establish and maintain diverse public health partnerships for cooperation and achievement of evidence-based public health strategies and interventions. • Increased collaboration between local health departments and local health systems to deliver evidence-based tobacco control interventions.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Improve the use of best and promising practices for tobacco control and implementation of evidence-based informed programs and services by city and county health departments. • Develop and disseminate webinars to increase city and county health departments' understanding of how to leverage cross-sectoral partnerships to facilitate the expansion of interventions related to emerging tobacco issues in public health both nationally and at the local level. • Provide education on evidence-based tobacco control interventions. • Identify emerging issues for technical assistance and develop technical assistance opportunities to include webinars, work groups and resources to increase knowledge and understanding of the issues.

Process Measures:	Inform local health departments throughout the nation about emerging tobacco issues in public health, and rural local health department tobacco control and prevention efforts.
Outputs:	• Use various communication channels to promote webinars. • Present findings at national conference, or partner meeting to showcase local health department tobacco prevention and cessation efforts.
Budget Period Outcomes:	• Increase the understanding of the unique needs of rural communities that lead to successful implementation of evidence-based tobacco control programs. • Enhance the understanding about the local health department's role and how to leverage cross-sectoral partnerships to facilitate the expansion of rural interventions related to emerging tobacco issues in public health both national and locally.
Outcome Measures:	• Improve capacity to identify, prioritize, and customize relevant programs and services to address public health needs. • Improve operational capacity to evaluate, manage, and improve public health systems. • Increase use and dissemination by local health departments of training resources and support materials for evidence-based tobacco control interventions.

Project Title:	**Supporting State Department of Health Tobacco Control Programs through the State Tobacco Control Program Managers Network**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health department tobacco control managers and their program staff will receive support and technical assistance to improve their capacity to build and sustain their programs and achieve the goals of the National Tobacco Control Program and the Office on Smoking and Health.**
Project Plan Details	
Project Purpose:	The goals of the Office on Smoking and Health (OSH) and the National Tobacco Control Program (NTCP) are to use evidence-based interventions to prevent initiation to tobacco use, eliminate secondhand smoke exposure, increase tobacco use cessation, and advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities. A key route to accomplishing these goals is through funding to state health departments to ensure a nationwide system of state tobacco control programs. The purpose of this project is to provide technical assistance support to the National Tobacco Control Program (NTCP) to improve workforce development in state tobacco control programs, increase sharing of skills and expertise, and administer the National Tobacco Control Network (TCN). The TCN provides an opportunity for state program managers and key staff to access and share expertise, information, technical assistance, and training, including on strategies to advance health equity in tobacco control programs. Administration and expansion of TCN serves to strengthen commercial tobacco prevention and control leadership and build program capacity.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Office of Smoking and Health (OSH)
Proposed FY24 Project Funding Total:	$375,000.00
Funding Appropriation:	75-X-0948
Funding Statutory Authority:	317(k)(2) of the Public Health Service Act as amended [42 U.S.C. 247b(k)(2)]
Expected Project Length:	5 Years

Recipient Organizational Capacity:	Commercial tobacco use remains the number one cause of preventable disease, disability, and death in the United States. The goals of the Office on Smoking and Health (OSH) and the National Tobacco Control Program (NTCP) are to use evidence-based interventions to prevent initiation to tobacco use, eliminate secondhand smoke exposure, increase tobacco use cessation, advance health equity by identifying and eliminating commercial tobacco-related inequities and disparities. The NTCP is made up of Tobacco Control Program Managers and their program staff in states, and US Territories and Freely Associated States. The NTCP includes staff with a variety of expertise, such as in policy, tobacco cessation, mass reach health communications, youth engagement, health disparities, behavioral health, and data surveillance and evaluation. NTCP partners include national organizations, other federal agencies, local health agencies, and community-based organizations. This project will provide capacity building assistance to build and sustain National Tobacco Control Program Managers and program staff in the public health workforce by educating on tobacco control issues and the impact of tobacco use across public health, particularly among populations experiencing tobacco health disparities and inequities, and with a focus on new staff and high priority issues of state health departments. The project will identify and assess workforce gaps, training, and education needs of NTCP managers and staff, and then develop and deliver education and quality training that addresses the identified needs. Education and training will be evidence based and evidence informed, including resources for NTCPs to advance health equity. The project will provide communication, coordination, and collaboration to connect priority tobacco control issues of state and US affiliated jurisdictions, focusing on integrating tobacco control into health department high priority issues and initiatives, including access to care (e.g., for tobacco use cessation and treatment), engagement on policy priorities including flavored and menthol tobacco use, and the ongoing mental health, opioid, and maternal health crises facing public health, with flexibility to address other public health issues that may emerge over time. The project will promote collaboration across health department sectors (chronic disease prevention, behavioral health, maternal and child health) to educate on tobacco use prevention and cessation, and to integrate interventions that support and complement initiatives across the states and nation. The project will build program capacity to advance policy, systems, and environmental (PSE) change in tobacco control programs.
Recipient Program Experience:	The recipient should show evidence of relationships and experience with state health departments relative to tobacco control, have worked collaboratively with federal, national, and state partners as well as nongovernmental organizations, and possess expertise engaging such organizations and partners to provide technical assistance and advance CDC OSH goals. The recipient should have experience in tobacco control at the national and state level and be knowledgeable in tobacco policy issues that impact the sustainability of comprehensive state tobacco control programs. This includes knowledge in program infrastructure, tobacco control policies, cessation and health systems, and health equity, as well as cross-cutting issues for tobacco control such as in chronic diseases and behavioral health. The recipient should have expertise in managing multiple projects and liaising between CDC, multiple partners, and stakeholders. The recipient should have structures in place for managing networks, committee, and workgroups.

Expectations for Collaboration:	CDC OSH expects the recipient to collaborate with OSH's partners, including federal, national, and state organizations whose work relates directly or indirectly to tobacco control. The recipient is also expected to collaborate with CDC OSH staff and funded NOFO recipients that may include states, recipients of other cooperative agreements, and networks as needed to accomplish the goals of OSH. CDC will provide guidance and consultation on partnerships and collaboration.
Expected Subcontractual Work and Criteria:	The recipient may subcontract as needed to accomplish the work of the project.
General Instructions for Use of Funds:	
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Engage national partners in policy priorities and develop/update tobacco control policy recommendations for TCN. • Identify and develop PSE training and resources, such as by hosting policy-related office hours. • Increase TCN member collaboration around tobacco policy, including treatment. • Monitor state health policy related to tobacco and communicate the evolving policy landscape via TCN, including by maintaining an online state tobacco policy map • Show and promote the value of the National Tobacco Control Program to state and territorial health department leaders. • Develop at least one resource per year for TCN members on strategies to sustain, expand, and diversify tobacco control program funding. • Provide training, TA, resources, and peer mentoring to build capacity of state and territorial tobacco control programs.
Process Measures:	Staff from at least 80% of tobacco control programs attend all PSE trainings throughout the budget period.
Outputs:	• Mentoring outreach opportunities for new tobacco control program managers • At least monthly communications (e.g., electronic newsletter) to National Tobacco Control Program Managers and their staff • Representation of state program managers on all CDC OSH meetings and calls to share information and best practices • Quarterly calls to provide regular communication between State Tobacco Control Managers and CDC OSH and national partners, including knowledge sharing on the latest scientific information, evidence-based practices, and opportunities to collaborate to advance the goals of CDC OSH. • Interactive online policy map that is updated regularly • TA events provided • Polls of TCN members about their training and TA needs to strengthen their tobacco control programs • Policy recommendations and other resources developed (e.g., policy map) • Monthly status reports for each of the technical requirements • National partners contacted

Budget Period Outcomes:	• Increased knowledge and application among TCN members of evidence-based and promising practices PSE practices in tobacco control programs
Outcome Measures:	• A nationwide network that supports state tobacco control program managers and state staff through regular communication, up-to-date resources, technical assistance on evidence-based program strategies and policy activities, peer mentorship, and opportunities to work with national tobacco control partners. • At least 70% of tobacco control program managers in local, state, tribal, and territorial tobacco control programs report increased knowledge and skills in tobacco control evidence-based practices and program management. • At least 70% of State Tobacco Control Managers report high satisfaction with the level of communication and collaboration that result from involvement in the network.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• House, maintain, and regularly update the Tobacco Control Network (TCN) website for National Tobacco Control Program staff. • Develop and distribute a monthly electronic newsletter to TCN members (i.e., tobacco control program staff and key partners) based on literature reviews, partners' information, CDC OSH suggestions, and needs of Tobacco Control Programs. • Convene a TCN Business Meeting at least once per year and conduct all meeting planning, develop meeting materials, facilitate meeting, provide on-site meeting support (e.g., note taking), and compile and send out meeting summary. • Develop annual TCN Strategic Map with goals, strategies, and activities. • Provide technical assistance for monthly calls, webinars, including planning agendas, sending out notices, moderating calls, preparing, and sending out notes from calls. • Facilitate peer-to-peer learning on health equity (e.g., menthol tobacco bans) and PSE issues to build capacity of tobacco control programs, including via collaboration with OSH-funded National Networks and other OSH TA providers. • Manage an online "Help Your Peers" information sharing and TA service, organizing queries, and archiving answers for TCN member use. • Implement a peer mentoring program that cultivates an informal interpersonal relationship between experienced and new tobacco control program managers. • Increase member engagement and expand diversity by convening monthly virtual TCN Executive Committee meetings and supporting regional TCN and committee meetings, including committees on policy, health equity, membership engagement, and new committees or working groups on topics to be determined by members. • With TCN members, assess tobacco control program staff training needs and support for the provision of technical assistance and share results with OSH. • Provide technical assistance and support to OSH to answer questions from those working in the tobacco control community (e.g., state programs, national partners) regarding their activities to achieve the National Tobacco Control goals and foster communication between OSH and TCN. • With guidance from the CDC OSH Project Officer, provide technical assistance (knowledge/information on the Surgeon General's Reports, Evidence Based Policy Outcomes, OSH media campaigns, and comprehensive tobacco control programming) to Program Managers through monthly conference calls, webinars, and articles. • Provide expertise and updates on standing OSH calls and webinars, including National Partners calls, NTCP webinars, and Media Network webinars. • Hold monthly meetings between CDC Project Officer and other PSB staff as needed to educate OSH Program Services Branch staff on knowledge related to technical assistance and on TCN activities and resources to increase communication between OSH, TCN, and tobacco control program managers.
Process Measures:	Online TCN member resources, such as the forum and events page, will show increased traffic via website monitoring. At least 75% of all state and territorial tobacco control programs will attend TCN learning events, such as webinars and office hours.

Outputs:	• Expansion of TCN committees and creation of new tobacco control topic-specific networking groups among TCN membership. • TCN Strategic map developed • Capacity building assistance/technical assistance provided in implementing the National Tobacco Control goals and objectives of OSH and the NTCP, through conference calls, webinars, online resources, and comprehensive evidence-based expertise to NTCP managers and staff • Maintenance and delivery of a TCN website with features that include a member directory with expanded roles, an events page, a forum for all state and territorial tobacco control program staff, and other standing resources • Maintenance of online resources that include publications, webinars, and lessons learned among Tobacco Control Network members • Monthly newsletter for TCN members • TCN Executive Committee meetings, including an annual in-person business meeting • A “Help Your Peers” archive • Peer mentoring program • Surveys of tobacco control programs staff to assess training and TA needs • Participation on OSH calls and webinars • A functioning Tobacco Control Network Executive Committee of officers, regional representatives, and committee leads and members from state tobacco control programs that meets virtually monthly and at least once annually in person
Budget Period Outcomes:	• Increased peer mentoring for new tobacco control program managers • Increased TCN member engagement • Increased knowledge and application of evidence-based and promising practices PSE practices in tobacco control programs • Increased provision of CBA to tobacco control program staff that leads to successful implementation of evidence-based tobacco control programs
Outcome Measures:	At least 90% of new tobacco control program managers report being invited to participate in informal peer mentoring.

Project Title:	**Building and Maintaining Capacity for Tobacco Prevention and Control within State Health Departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health department staff supporting tobacco control, including National Tobacco Control Program Managers and their staff**
Project Plan Details	
Project Purpose:	The project will provide communication, coordination, and collaboration to connect priority tobacco control issues of state health agencies, focusing on integrating tobacco into high priority issues and initiatives, including access to care (e.g., for tobacco use cessation and treatment), engagement on policy priorities including flavored and menthol tobacco use and the ongoing mental health, opioid, and maternal health crises, with the flexibility to address other public health issues that may emerge over time. The project will promote collaboration across health agencies to educate on tobacco use prevention and cessation, and to integrate interventions that support and complement initiatives across the states and nation. Training opportunities will be expanded to include state health officials, state medical officers, local and territorial health department staff.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Office of Smoking and Health (OSH)
Proposed FY24 Project Funding Total:	$250,000.00
Funding Appropriation:	75-X-0948
Funding Statutory Authority:	317(k)(2) of the Public Health Service Act as amended [42 U.S.C. 247b(k)(2)]
Expected Project Length:	5 Years

Recipient Organizational Capacity:	The recipient organization should have the capacity to engage with state public health departments, related state organizations, and their partners, and with federal and national organizations working in tobacco control. The recipient must be able to provide leadership at a national level across states and national networks to accomplish the following activities: • Provide capacity building assistance (education, training, and technical assistance) on evidence-based and promising practices for tobacco control to State Tobacco Control Program Managers • Expand educational opportunities to reach state health department leaders on the tobacco control evidence base and emerging issues • Develop and disseminate resources that align with the areas of the National Tobacco Control Program • Provide a variety of forums for sharing lessons learned and best practices • Promote collaboration across chronic disease and other areas, especially within state health departments • Convene the population of focus and their partners to address emerging issues in tobacco control and how these connect to the priorities of state health agencies The recipient organization must have an existing structure and capacity to connect State Tobacco Control Program Managers and tobacco issues to higher level state health department issues and priorities, including through state health officials, deputy directors, legislative liaisons, and health equity directors. The recipient staff must have knowledge of the evidence base to support comprehensive tobacco programs, including knowledge of emerging products and issues in tobacco control and the relationship of tobacco use to chronic disease. The organization should have the capacity to disseminate resources widely on a regular basis, though various venues including conducting webinars, pilot programs, facilitating conference calls, and developing and using media resources. This includes operation of the Tobacco Control Network website. The organization should have program management, staffing, and administrative capacity to support multiple project tasks and activities.
Recipient Program Experience:	The recipient should show evidence of relationships and experience with state health departments relative to tobacco control, have worked collaboratively with federal, national, and state partners as well as nongovernmental organizations, and possess expertise engaging such organizations and partners to provide technical assistance and advance CDC OSH goals. The recipient should have experience in tobacco control at the national and state level, and be knowledgeable in tobacco policy issues that impact the sustainability and activities of comprehensive tobacco control programs for states. This includes knowledge in program infrastructure, tobacco policy, cessation, and health equity, as well as cross-cutting issues for tobacco control such as in chronic diseases and behavioral health. The recipient should have expertise in managing multiple projects and liaising between CDC, multiple partners, and stakeholders. The recipient should have structures in place for managing networks, committee, and workgroups.
Expectations for Collaboration:	CDC expects the recipient to collaborate with partners, including federal, national and state organizations whose work relates directly or indirectly to tobacco control. The recipient is also expected to collaborate with CDC staff and funded awardees that may include states, recipients of other cooperative agreements, and networks as needed to accomplish the goals of this project. CDC will provide guidance and consultation on partnerships and collaboration.
Expected Subcontractual Work and Criteria:	The recipient may subcontract as needed to accomplish the work of the project.

General Instructions for Use of Funds:	
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Provide policy guidance and education on various state and national policies impacting tobacco control and related public health areas, such as chronic disease, access to care, and behavioral health, for NTCPs and their partners. • Develop resources and technical assistance to equitably advance evidence-based tobacco control activities. • Facilitate knowledge and adoption of evidence-based and evidence-informed tobacco control policy, programs, and initiatives by engaging partners at the national, state, and local levels. • Identify innovative methods to impact current and emerging issues in tobacco control programs and policies on a broad range of public health issues, such menthol and flavors, opioid use, and other emerging issues. • Provide a regular conduit to National Tobacco Control Program Managers and State health department leadership including state health directors • Leverage the evidence-based Tips from Formers Smokers national campaign with NTCPs and other public health programs. • Monthly status report that provides a summary of completed and on-going activities for each of the technical requirements and activities.
Process Measures:	Seventy percent of all CDC-funded state tobacco control programs will use the policy guidance or resources developed.
Outputs:	• Development of at least three policy guidance deliverables, such as a blog or prospectus • Newsletter published at least bi-monthly for NTCPs • Educational resources developed • Partners engaged • Technical assistance provided
Budget Period Outcomes:	• State National Tobacco Control Program (NTCP) Managers report access to capacity building services and resources • NTCP Managers report increased awareness of new best/promising practices and/or tools in tobacco control • NTCP Managers report use of CBA services, such as resources or technical assistance
Outcome Measures:	At least 70% of NTCP Managers report application of a new or innovative method in their tobacco control program.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Coordinate collaboration among national technical assistance providers to provide evidence-based/-informed education, training, and technical assistance to State National Tobacco Control Program Managers and their staff. • Expand the knowledge of state health officials, deputy directors, policy liaisons, health equity directors and other staff in state health departments about evidence-based tobacco control on high priority issues such as menthol and other flavored tobacco products, e-cigarettes, and new tobacco products and their connections to mental health, substance use, and other health department priorities. • Strengthen partnerships between state NTCP managers/staff and other key public health partners, such as national nongovernmental organizations. • Identify and convene workforce development learning communities (e.g., site visit workshops) to address challenges and opportunities in select state tobacco control programs, such as in areas of workforce recruitment, training, and retention or advancing health equity in tobacco control programs. • Produce an evaluation report from the site visit workshops. • Identify and implement opportunities for pilot programs in select states to apply new frameworks and best practice models. (i.e., HHS Framework for Cessation). • Provide capacity building assistance that includes assessing the needs of National Tobacco Control Program Managers and providing technical assistance (via topic-specific webinars, calls, and other forums) that includes evidence-based and promising practices, such as Surgeon General's Reports, Evidence Base Policy Outcomes, CDC media campaigns, and comprehensive tobacco control programming. • Establish mechanisms/venues to provide expertise on NTCP goal implementation with the population of focus, such as forums, workgroups, webinars, conference calls, meetings, and collaboratives. • Monthly status report that provides a summary of completed and on-going activities for each of the technical requirements and activities.
Process Measures:	At least 90% of invited national TA providers will participate in each call to plan evidence-based/-informed education, training, and technical assistance for NTCPs
Outputs:	Development of a workforce development learning community with select state tobacco control programs Evaluation report produced from the workforce development learning community (e.g., site visit workshops) Calls held with national TA providers at least quarterly Virtual learning events for State Health Departments held at least quarterly Pilot state tobacco control programs that increase the dissemination and implementation of new recommendations for tobacco control (i.e., HHS Cessation Framework) Needs assessments (e.g., via surveys) of NTCP staff Meetings with state health department leadership, either collectively or individually CBA provided to NTCP managers and staff as indicated

Budget Period Outcomes:	• Increased collaboration by national TA providers in CBA/TA to NTCPs • The workforce development learning community is evaluated and provides a summary of lessons learned • Increased support to state tobacco control efforts via strengthened relationships between NTCPs and TA providers • Increased knowledge and skills in evidence-based tobacco control strategies and awareness of the evidence for comprehensive tobacco control program among the population of focus • Increased exchange of tobacco control scientific findings and strategies to address other public health priorities, that intersect with tobacco control • Increased collaboration and sharing among the members of the population of focus • Increased networking among public health professionals to support tobacco control at the State level with an emphasis on state health departments
Outcome Measures:	At least 75% of invited national TA providers participate in opportunities to improve collaboration between TA Providers and the NTCP.

Project Title:	**Characterizing chronic disease among Medicaid members who use tobacco**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health department, specifically those involved in Medicaid and tobacco control programs**
Project Plan Details	
Project Purpose:	People insured by Medicaid have a disproportionate prevalence of tobacco use. Prior work was successful in identifying one state and locality that was able to use multiple streams of data to identify Medicaid members who use tobacco beyond using claims data. This project aims to expand this analytic approach to more locations. Additionally, this project will further characterize Medicaid members' use of tobacco as well as those who live with tobacco-related chronic conditions. The project also aims to determine the use of cessation services among this population as well as assessing the quality of their chronic disease care using claims and enrollment data.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Office of Smoking and Health (OSH)
Proposed FY24 Project Funding Total:	$350,000.00
Funding Appropriation:	75-X-0948
Funding Statutory Authority:	317(k)(2) of the Public Health Service Act as amended [42 U.S.C. 247b(k)(2)]
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient organization must have the capacity to work across varying state and local health departments in order to access, analyze and report findings on chronic disease, quality of care and cessation treatment use among Medicaid members who use tobacco.
Recipient Program Experience:	The recipient organization must have experience in working with state and local health departments. The organization must have expertise in tobacco control, Medicaid data and analyses, clinical and medical management of chronic diseases, or the ability to partner with experts in these areas.
Expectations for Collaboration:	The recipient organization will be expected to collaborate with state and local health departments that manage Medicaid programs and have access to and expertise working with that data.
Expected Subcontractual Work and Criteria:	Subcontractual work may be expected with state and local health department partners, as well as academic institutions working with these health departments. Skills would likely involve data acquisition, data analysis, data reporting and knowledge of assessing clinical quality measures.
General Instructions for Use of Funds:	Funds can be used for acquisition and analysis of state level Medicaid data; sub-contractual costs for doing the data analysis; producing products including papers, reports and presentation. Funds may also be used for travel 1 time per year for 3 staff to travel as needed to meet with stakeholders or CDC staff.
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	

Outcomes:	Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• The recipient organization will work with states or localities to use Medicaid data in innovative ways to identify beneficiaries who use tobacco, related chronic conditions and behavioral risk factors. • The organization will work with these entities to determine how use of cessation services among Medicaid members can be measured using available data. • Prevalence of tobacco related chronic conditions and use of cessation services will be analyzed by socio-demographic factors such as race and ethnicity, age, gender. These factors will be determined based upon availability in the data.
Process Measures:	The organization will identify at least 3 states or localities that can access Medicaid data to perform the activities noted above. These states or localities will identify a plan to access this data and will perform preliminary analyses to identify Medicaid members who use tobacco as well as determine how to identify tobacco related chronic diseases among this population.
Outputs:	Preliminary analyses completed documenting tobacco users in each state's Medicaid data, as well as associated chronic conditions and behavioral risk factors.
Budget Period Outcomes:	Written results of the preliminary analyses to be completed as the required output.
Outcome Measures:	Each identified state or locality will be able to demonstrate how to identify tobacco users in Medicaid data, as well as associated chronic conditions. States will estimate tobacco use and use of tobacco cessation services among Medicaid members in their state or locality. These estimates may be used to serve as baseline measure for quality improvement projects.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Meet with partners to identify promising practices to identify Medicaid members who use tobacco, as well as tobacco related chronic diseases and cessation treatment utilization in order to help develop a blueprint that can be implemented in other states and localities. • Draft a blueprint that can demonstrate concrete ways states and localities can implement these practices.
Process Measures:	60% of invited partners will participate in sharing promising practices to identify Medicaid members who use tobacco in state Medicaid data. Will demonstrate ability to work with different state and localities to compile the roadmap.
Outputs:	Recipient organization will compile promising practices identified to form a blueprint of a cohesive strategy of identifying Medicaid members who use tobacco, as well as tobacco related chronic diseases and cessation treatment utilization.

Budget Period Outcomes:	A written report of the findings will be developed and shared among interested stakeholders.
Outcome Measures:	Recipient organization will share a draft report of the findings and discuss with CDC before a final report is developed.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Recipient organization will work toward developing a common strategy to use Medicaid data to identify populations of interest, including adults who use tobacco and live with tobacco related chronic diseases.
Process Measures:	Recipient organization will develop a plan to disseminate findings among public health entities who are interested in harnessing Medicaid data.
Outputs:	Development of information dissemination by the recipient, in the form of written reports, presentations or webinars that can be used to engage other states and entities.
Budget Period Outcomes:	Information around developing a common strategy of using Medicaid data will be effectively disseminated. Improve partnership engagement and awareness of using this data to identify Medicaid members who use tobacco and associated chronic conditions.
Outcome Measures:	Methods on identifying Medicaid members who use tobacco will be successfully implemented by more than 3 states.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Recipient organization will propose methods that information regarding prevalence of chronic disease and use of cessation treatment can be used to increase access to and utilization of tobacco cessation treatments among Medicaid members in a state. • In addition, identify opportunities to improve the health of these individuals with chronic conditions by assessing quality of care indicators. • Recipient organization with work with states and localities to determine how this data can be used to establish baseline measures in their state of Medicaid members who use tobacco and utilization of cessation services.
Process Measures:	Recipient organization will work with identified states to determine how many Medicaid members who use tobacco utilize cessation treatments.

Outputs:	Develop a report or reports on the use of cessation treatment among Medicaid members who smoke as well as quality of care indicators among those with smoking related chronic diseases. Reports may establish baseline measures of tobacco use and cessation treatment utilization in order to evaluate policy and programmatic efforts.
Budget Period Outcomes:	Create baseline measures that can be used to assess quality of care (including receiving cessation treatment) of tobacco related chronic diseases among Medicaid members who use tobacco.
Outcome Measures:	Recipient organization will identify 2 ways that entities can use this information to inform programmatic efforts to increase cessation treatment uptake and use among Medicaid members.

Project Title:	**Building the Capacity of Chronic Disease Directors in the U.S. Affiliated Pacific Islands**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Territorial Health Departments**
Project Plan Details	
Project Purpose:	Chronic disease directors, or their representatives, from the U.S. Affiliated Pacific Islands (USAPI) strive to bridge the gap in health disparities by reducing chronic disease burden, mobilizing resources, and recognizing the uniqueness of their communities and people. They develop input, feedback, and perspective on the policy, leadership, and management of coordinated chronic disease prevention and health promotion to address chronic disease and associated risk factors in the USAPI. This project will implement activities that will build capacity of USAPI chronic disease directors in the areas of leadership and partnership development, elevating their unique needs and approaches to chronic disease prevention and control.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Office of Public Health Practice (OPHP)
Proposed FY24 Project Funding Total:	$150,000.00
Funding Appropriation:	BA 75-24-0948
Funding Statutory Authority:	Sections 301(a), 317(k)(2), and 317(m) of the Public Health Services Act [42 U.S.C. Sections 241(a), 247(b)(k)(2), and 247(b-14)]
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient should have the capacity to work with the 6 USAPI which include American Samoa, Guam, Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands, Federated States of Micronesia, and the Republic of Palau. The recipient should have experience working with chronic disease directors and staff in the areas of workforce development, strategic leadership, and organizational capacity. They should have experience in implementing professional development opportunities in the USAPI. The recipient should be able to secure consultants with relevant cultural and subject matter expertise and communication skills to augment the CBA. The recipient should have a proven capacity to manage and monitor a large program budget, execute contracts efficiently and in a timely manner, and effectively allocate funding to procure necessary resources and produce project deliverables.

Recipient Program Experience:	• Demonstrated skills and experience providing CBA or other training and technical assistance activities to chronic disease directors and their staff. • Demonstrated knowledge and understanding of strengthening the organizational capacity of organizations to be more effective. • Direct program experience working with USAPI chronic disease director organizations and other programs in the USAPI is helpful, as work across time zones with many diverse partners and complex coordination needs is challenging. Cultural sensitivity, respect, and understanding of local and regional etiquette are essential qualities for all personnel involved and procedures planned. • Demonstrated ability to secure, support, and convene a diverse, representative group of subject matter experts with skills and experience needed to work at multiple levels of influence. • Knowledge and awareness of CDC chronic disease programs, particularly in the USAPI. • Demonstrated experience convening diverse groups of partners and facilitating meetings with focused agendas for public health action.
Expectations for Collaboration:	The recipient will be expected to work closely with CDC technical monitors, project officers, and other subject matter experts. They will be expected to collaborate with other regional partners. Historically, the program has worked with the National Association of Chronic Disease Directors (NACDD) and NACDD might be a good partner to work with for this project.
Expected Subcontractual Work and Criteria:	Subcontracts may be necessary to secure expertise, skills, and additional capacities needed to successfully accomplish the proposed work.
General Instructions for Use of Funds:	Funds for this project are anticipated to be spent on staff time and expertise, subcontracts, travel, and administrative costs. Funds may be used for convening PCDC members.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Within first year, convene population of focus to discuss needs, gaps, and priorities. • Hold a minimum of quarterly virtual meetings with population of focus that build on the previous meetings. • Draft TA/CBA plan for population of focus based on their input • Develop an action plan for population of focus to further support chronic disease prevention and control in the USAPI. The plan should align, complement, and support the strategies outlined in DP25-0024.
Process Measures:	Number of convenings with at least 5 of 6 USAPI represented. Number of agendas and summary notes from virtual meetings.
Outputs:	• Summary report(s) of convenings that highlight outcomes of the convenings and next steps. • Draft action plan • Draft TA plan

Budget Period Outcomes:	A council that works collaboratively across the USAPI to provide support for the implementation of chronic disease prevention and management activities. Increased organizational capacity of chronic disease directors in the USAPI to achieve progress and improvements in chronic disease prevention and management.
Outcome Measures:	Increased awareness of chronic disease directors and their staff of best/promising practices for strengthening organizational capacity. Enhanced skill and ability of the to support decision-processes, programs, and practices related to chronic disease prevention and management.

Project Title:	**Cancer Leadership and Collaboration Technical Assistance**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State Health Departments receiving funding from the Division of Cancer Prevention and Control (DCPC) will be the population of focus. The project will help these organizations build capacity for cancer prevention and control programs funded by CDC, including partnering and working with territorial, tribal, and other organizations that are also funded by the same programs, to share best practices and to reach populations that are disproportionately impacted by cancer.**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide support and technical assistance to CDC cancer programs to facilitate collaboration and communication among cancer programs; improve coordination of related activities; and increase learning and developmental opportunities for staff who manage and implement these programs.
CIO:	NCCDPHP
Division/Branch/Office /Unit:	Division of Cancer Prevention and Control (DCPC)
Proposed FY24 Project Funding Total:	$580,000.00
Funding Appropriation:	75-24-0948
Funding Statutory Authority:	Public Health Services Act; (PHS) 42 U.S.C. 241, 247(b), 317(k), 301(a), 311, (Note B)
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The purpose of this project is to provide a platform and resources to support capacity building and collaboration and learning among DCPC-funded state health departments. This will include strengthening collaboration and information sharing between state health departments and other organizations funded by DCPC. For this reason, the recipient for this project must have the capacity, connections, and infrastructure in place to reach and engage with public health officials at the state, tribal, territorial, Pacific Island Jurisdiction, and district levels to facilitate collaboration and learning among and across these entities.
Recipient Program Experience:	Recipient must have experience working with, building collaborations with, and providing technical assistance and training for public health officials at the state, tribal, territorial, Pacific Island Jurisdiction, and district levels.
Expectations for Collaboration:	• Collaborate closely with CDC-DCPC to implement the proposed project. • Collaborate closely with DCPC-funded awardees to develop strategies and initiatives to strengthen the capacity of awardees to meet DCPC program goals. • To minimize duplication of efforts, collaborate and coordinate with other organizations funded to provide technical assistance to DCPC's cancer prevention and control awardees. • Collaborate with organizations that monitor legislative and other policy changes that impact public health and/or cancer prevention and control. • Maintain frequent communication with the CDC-DCPC technical monitor and other staff to inform and/or update CDC on the project's status.

Expected Subcontractual Work and Criteria:	The applicant funded for this project may subcontract with an organization that has relevant experience in understanding and communicating how policy, systems and environmental (PSE) strategies could impact public health and/or cancer prevention and control programs. Activities that could be performed by the subcontractor could include tracking, analyzing, and summarizing PSE strategies that could impact cancer prevention and control efforts, collecting information about how public health programs are overcoming challenges to achieve cancer prevention and control objectives, and leading webinars to share updates and strategies with DCPC-funded organizations. Selection criteria for the subcontractor could include: • Strong communication, policy analysis and public health skills and experience • Systems for tracking and analyzing PSE strategies at the federal, state, and local levels • An understanding of PSE-related challenges for cancer prevention and control • Systems and processes for staying up-to-date on how public health organizations are overcoming challenges to achieve cancer prevention and control objectives The applicant funded for this project may also subcontract with an organization that has expertise providing training and technical assistance on how to effectively communicate the health impact of public health programs. Activities that could be performed by this subcontractor include providing training, resources, and tools to help DCPC-funded awardees develop success stories and impact statements and providing feedback on draft success stories and impact statements. Selection criteria for this subcontractor could include: • Experience developing communication strategies and materials to garner support for public health programs. • Experience teaching public health organizations how to develop communication products to garner support for their work.
General Instructions for Use of Funds:	Funds will be used to support staffing, including any necessary subcontracts, and related travel for the outlined activities.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Establish and maintain a mentoring program that connects less-experienced program staff with more experienced program staff. Establish and maintain workgroups among DCPC-funded awardees that focus on identifying needs and providing training and collaboration opportunities in key strategic areas. Recommended areas of focus for workgroups are: • Data and Evaluation • Communication Strategies • Monitoring and Leveraging Policies • Cancer Screening • Social Determinants of Health and Health Equity • Palliative Care and Cancer Survivor Support Work with DCPC leadership to develop and provide ongoing learning opportunities for all program areas - identify speakers/trainers from within the DCPC staff and programs and from external organizations. Provide technical assistance to help DCPC-funded awardees develop and use impactful success stories to drive awareness and support of their programs. Provide webinars for DCPC-funded awardees that help to increase knowledge and skills related to their identified challenges that impede program success.

Process Measures:	At least 75% of new program directors are paired with a mentor. At least 75% of awardees will engage with at least one workgroup each year. At least 75% of awardees will attend at least one webinar or meeting each year.
Outputs:	Recordings and resources from webinars and meetings are made available to all DCPC-funded awardees within one week following the webinar or meeting.
Budget Period Outcomes:	DCPC awardees have new skills, tools, and resources to support program objectives.
Outcome Measures:	At least 70% of population of focus have a success story that describes the impact/outcomes from their program.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Maintain frequent communication with DCPC awardees and staff meetings and workgroups that regularly convene awardees for collaboration and learning opportunities. • Maintain up-to-date email distribution lists for all DCPC awardees by program so distribution of information to awardees is efficient and effective. • Provide resources and platforms/forums that support and encourage collaboration and coordination between DCPC programs. • Provide a process for DCPC awardees to share and learn about promising and best practices that awardees/members have successfully implemented to overcome common barriers. • Attend meetings that DCPC has with cancer program award recipients as requested by DCPC. • Provide technical support for regional virtual meetings and meetings focused on special interest topics, such as rural cancer programs. • Plan and schedule an annual meeting between DCPC, the organization funded to implement this project, and DCPC awardees who have been selected by their fellow awardees to serve as spokespersons/representatives for specific DCPC-funded programs.
Process Measures:	• An email list will be established and used to communicate with DCPC awardees regarding meeting schedules within the first 45 days of the project. • A process is established for DCPC awardees to share and search for promising and best practices that have been successfully implemented to overcome common barriers.
Outputs:	• Information from DCPC awardee meetings and webinars, including recordings, will be accessible by all awardees. • Resources and tools to support cancer prevention and control efforts will be easily accessible by all DCPC programs. • Success stories for DCPC-funded programs will be available in a web-based location that can be accessed by DCPC staff and awardees. • Minutes from the annual meeting between DCPC, the organization funded to implement this project, and DCPC awardee representatives will be shared with all in attendance.

Budget Period Outcomes:	• Improved coordination among DCPC programs, improving efficiency and reducing duplication of efforts. • Sharing of best practices, promising practices, and lessons learned in implementing cancer prevention and control interventions. • Sharing cancer data and information to guide program implementation at the state and local levels, help identify cancer burden and disparities, and target interventions
Outcome Measures:	At least 70% of awardees under the National Breast and Cervical Cancer Early Detection Program, Colorectal Cancer Control Program, National Comprehensive Cancer Control Program, and National Program of Cancer Registries are engaged and using resources provided through this project.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	• Provide a list of resources that DCPC awardees can use to track and analyze federal and state legislation. This should include low-cost/no-cost resources. • Provide technical assistance to DCPC awardees who want to develop a strategy and/or process for tracking and analyzing federal and/or state legislation. • Provide monthly PSE scan reports to DCPC awardees that outline the following: o Newly introduced legislation at the federal, state, and local levels that could impact cancer prevention and control efforts, including a brief description of the potential impact. o Recently passed legislation at the federal, state, and local levels that could impact cancer prevention and control efforts, including a brief description of the potential impact. o Recently proposed and finalized changes in Medicare and Medicaid coverage that could impact cancer prevention and control efforts, including a brief description of the potential impact. o Trends in business and organization policies that support or hinder cancer prevention and control efforts. For example, trends in organizational policies that provide paid sick leave to employees for preventive health care services such cancer screenings. • Offer webinars and/or meetings that provide an opportunity for DCPC awardees to discuss PSE strategies, successes, and challenges. • Develop policy briefs on DCPC awardee areas of interest.
Process Measures:	Six or more potential resources to support policy tracking and analysis are explored for inclusion in the list of resources provided to DCPC awardees. A process is established for DCPC awardees to request and receive technical assistance for policy tracking and analysis. A user-friendly format is developed for the monthly PSE scan report.
Outputs:	• Policy tracking and analysis resources and tips sheet • Policy briefs • PSE scan reports
Budget Period Outcomes:	• DCPC awardees are informed of legislative and other PSE changes that could impact their programs. • DCPC awardees are working collaboratively to develop and implement strategies to overcome barriers and leverage facilitators for program success.
Outcome Measures:	At least 65% of DCPC awardees report using PSE resources to help inform strategic planning and program strategies.

Project Title:	**State Environmental Health Directors Peer Network – Supporting Capacity Building and Collaboration**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	Purpose/Goals/Expected Outcomes: • To increase the capacity of the State Environmental Health Directors (SEHD) to address existing and emerging environmental health. To maintain a bi-directional feedback loop between and among State, Territorial and Tribal Environmental Health Directors and CDC/ATSDR in order for to share information, technical assistance, feedback and suggested improvements and adaptations to current efforts to strengthen state, territorial and tribal environmental health programs. • To promote collaboration among state, territorial and tribal health agencies and enable a comprehensive and integrated approach to environmental health. • To increase cross sector coordination with other associations and organizations serving environmental professionals, such as the Environmental Council of States (ECOS), the Association of State Drinking Water Association (ASDWA), National Rural Water Association (NRWA) and others.
CIO:	NCEH
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	Base Funding
Funding Statutory Authority:	TBD
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Applicant organizations must demonstrate sufficient capability and capacity to carry out activities proposed. The applicant organization must have the capacity to effectively and efficiently collaborate with state and territorial environmental health directors and other state level public health staff. This project requires a significant level of staff time and diligence to ensure constant communication with the State Environmental Health (EH) Director group. The applicant organization should possess the capacity to facilitate discussions in a collaborative environment or workgroup, motive and engagement State EH Director participating in a peer group and carry out the annual work plan. The organization must implement work activities and meet specified objectives with defined deliverables in a time-oriented manner as identified in the work plan. Additionally, applicants should provide evidence of past success in organizing, managing, and implementing meetings of state and territorial environmental health professionals, particularly meetings of similar size and scope.

Recipient Program Experience:	The applicant must have experience organizing collaborative work with state/territorial environmental health directors and other state level public health staff. The applicant should have staff that are knowledgeable of environmental health principles. Experience coordinating workgroups and projects is essential. Additionally, applicants must demonstrate expertise in helping state and territorial public health agencies build capacity to respond to environmental public health challenges, and must serve environmental health directors in state and/or territorial public health agencies. Applicant organizations must also have effective working relationships with relevant NGO and federal partners. Additionally, applicant must demonstrate past experience support state EH directors and have established mechanism to communicate and coordinate with state EH directors.
Expectations for Collaboration:	Applicants are expected to collaborate with CDC, other cross-sector associations which support EH professionals at the state level such as ECOS, NRWA and ASDWA, Native American Water Association, state tribal liaisons, and other organizations to carry out proposed activities. CDC may also seek collaboration among funded partners to foster information sharing and strategic planning.
Expected Subcontractual Work and Criteria:	Subcontracting may be used. If directed by CDC, the applicant will be expected to work with subcontractors as necessary to achieve the goals/outcomes of the project. Selecting the subcontractors will occur in consultation with CDC.
General Instructions for Use of Funds:	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. Applicants must provide an itemized budget with the following headers: • Salaries and wages • Fringe benefits • Consultant costs • Equipment • Supplies • Travel – Specify the number and organizational affiliations of all meeting participants the applicant organization intends to travel to the meeting • Other categories • Direct costs • Contractual costs
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

Activities:	In coordination with CDC/ATSDR recipient will: 1. Send bi-weekly environmental health bulletin to SEHD. 2. Provide an SEHD mentorship program to have SEHDs learn about programmatic best practices in different environmental health areas. 3. Host SEHD monthly calls, SEHD Steering Committee monthly calls, and various SEHD work group calls throughout the year on relevant and emergent topics identified by the SEHD peer group and/or in consultation with CDC/ATSDR. 4. Host coordination calls for state tribal liaisons and insular area EH leaders as applicable 5. Respond to current and emerging environmental health issues by providing technical assistance to state, tribal and territorial/insular area EH leaders 6. Participation in affiliate, network and other stakeholder groups' discussions on environmental health policy 7. Develop and disseminate issue briefs, fact sheets to S/T health agencies on current and emerging environmental health and policy trends by email and web. Along with an annual impact overview document. 8. Coordination and facilitation of NCEH/ATSDR and other organization supporting EH professionals across sectors to be better connected in order to better serve SEHDS. 9. Host annual SEHD meeting including: • Manage all activities related to the meeting program content (e.g., objectives, topics, attendees, session design, workshops, special exhibits, speaker's fees, agenda composition, and printing). • Manage all promotional activities (e.g., title, logo, announcements, mailers, press, etc.) Note: Use of CDC/ATSDR and HHS logos require additional review and approval. • Manage all registration processes with participants, invitees, and registrants (e.g., travel, reservations, correspondence, meeting materials and handouts, badges, registration procedures, etc.) • Plan, negotiate, and manage meeting site arrangements, in collaboration within CDC including all audio-visual needs. • Develop an assessment plan that will determine benefits of meeting attendance by participants. • Describe how the meeting will be evaluated, including test instruments or other tools that will be used to determine whether or how participants benefited from attending the meeting, as well as what will be evaluated.
Process Measures:	Applicant proposals should identify anticipated process measures that are applicable to the suggested activities for this strategy or other identified process measures for activities that align with the project purpose.

Outputs:	In coordination with CDC/ATSDR outputs include: • At least 10 SEHD-wide conference calls per year • Quarterly conference calls for each HHS region • At least 24 newsletters per year or similar summary communication • Support of at least one SEHD-Driven sub-committee • Develop at least 4 resources/tools such as issue briefs, fact sheets, webinars, just-in time trainings or other resources, developed in response to an identified need/gap of the SEHDs • Established relationships between NCEH/ATSDR and other associations serving EH professionals • Provide monthly summary and/or conference call to provide NCEH/ATSDR Staff updates on SEHD activities and hot topics • Host an annual in-person meeting of the SEHDs, and an in-person steering committee meeting. In-person meetings must be held in accessible spaces conducive to group interaction and relationship building, as mutually decided between applicant and CDC/ATSDR. Provide technical assistance to STTs which could include site visits, support during emergent issues along with activities to foster relationships between SEHDs and SHOs • Included EH –related information and connect in SHO orientation materials • Host at least 2 calls to cover the state tribal liaisons activities • Host at least one conference call per quarter for insular area/territorial EH professionals • Develop one evaluation report to cover SEHD satisfaction and the general impact of the SEHD network • Engage at least 40 SEHDs to participate in and maintain an SEHD peer group Undertake collaborations with sub-contractors as necessary to address emergency EH issues. Undertake RFP processes, or workforce contracting as necessary to address requests from State Environmental Health Departments or CDC/ATSDR. Activity may include updating the State EH Services Dashboard.
Budget Period Outcomes:	Applicant proposals should identify anticipated budget period outcomes that are applicable to the suggested activities for this strategy or other identified budget period outcomes for activities that align with the project purpose.
Outcome Measures:	Applicant proposals should identify anticipated outcome measures that are applicable to the suggested activities for this strategy or other identified outcomes measures for activities that align with the project purpose.

Project Title:	**Provide Capacity Building and Technical Assistance for Unfunded CLPPP**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	CDC supports state and local health departments, or their bona fide agents, through cooperative agreements to support childhood lead poisoning prevention activities including strengthening: blood lead testing and reporting, surveillance, linking children to recommended follow-up services, and targeted population-based interventions. Cooperative agreement recipients are expected to work closely with other agencies, partners, and stakeholders serving children to identify and ensure that a comprehensive system of referral, follow-up and evaluation is in place for children who are exposed to lead. At this time, all jurisdictions are not funded under CLPPP. This is an opportunity to provide support to jurisdictions in need of technical assistance and capacity building. Funding will help support state health agencies in addressing issues related to childhood lead poisoning prevention and environmental health emergency preparedness and response through direct financial support, staffing support, and targeted technical assistance/training.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-X-0947
Funding Statutory Authority:	Public Health Act
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Ability to provide technical assistance and staffing to unfunded jurisdictions for the Childhood Lead Poisoning Prevention Program (CLPPP) for lead poisoning prevention. The organization should have strong skills in partnership building, convening state environmental health experts, and understanding lead poisoning prevention.
Recipient Program Experience:	Ability to provide technical assistance to state health agencies to support childhood lead poisoning prevention capacity development. Recipient should have experience in working with Arkansas and North Dakota (current unfunded CLPPP) with providing TA support and resources.
Expectations for Collaboration:	Applicants are expected to collaborate with CDC, other cross-sector associations which support EH professionals at the state level to carry out proposed activities. CDC may also seek collaboration among funded partners to foster information sharing and strategic planning.
Expected Subcontractual Work and Criteria:	NA

General Instructions for Use of Funds:	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. In addition, the applicant and CDC will work together to ensure the majority of the funds are used for supporting implementation of programmatic support. Applicants must provide an itemized budget with the following headers: Salaries and wages Fringe benefits Consultant costs Equipment Supplies Travel – Specify the number and organizational affiliations of all meeting participants the applicant organization intends to travel to the meeting Other categories Direct costs Contractual costs
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Provide resources for Childhood Lead Poisoning Prevention Activities. Provide direct staffing and technical assistance to Arkansas and North Dakota and other health agencies as needed to support childhood lead poisoning prevention capacity development.
Process Measures:	Number of meetings with AR, ND, and other jurisdictions Number of identified needs for implementation of lead poisoning prevention activities Number of identified opportunities for implementation of lead poisoning prevention activities Number of plans in place to address needs Number of subawards to support childhood lead poisoning prevention activities Number of staff placed in state health agencies Number of technical assistance calls to state health agencies Number of monitoring calls with CDC
Outputs:	Regular check in calls with state health jurisdictions Regular check in calls with CDC Final report on project activities and outcomes from state health agencies Travel assistance to key meetings that provide capacity building assistance such as the CDC annual Childhood Lead Poisoning Prevention meeting
Budget Period Outcomes:	Increased understanding of strategies for childhood lead poisoning prevention Increased capacity to identify needs for implementing lead poisoning prevention activities

Outcome Measures:	Increase or maintain the number of staff with increased knowledge of cross sector collaborations that can assist in addressing childhood lead poisoning prevention activities. Increase or maintain the number of staff reporting increased capacity to address childhood lead poisoning prevention issues compared to previous evaluation data.

Project Title:	**Provide TA to State and Territorial Health Agencies for Lead Poisoning Prevention Activities**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	CDC supports state and local health departments, or their bona fide agents, through cooperative agreements to support childhood lead poisoning prevention activities including strengthening: blood lead testing and reporting, surveillance, linking children to recommended follow-up services, and targeted population-based interventions. Cooperative agreement recipients are expected to work closely with other agencies, partners, and stakeholders serving children to identify and ensure that a comprehensive system of referral, follow-up and evaluation is in place for children who are exposed to lead. At this time, all jurisdictions are not funded under CLPPP. This is an opportunity to provide support to jurisdictions in need of technical assistance and capacity building. Funding will help support state health agencies in addressing issues related to childhood lead poisoning prevention and environmental health emergency preparedness and response through direct financial support, staffing support, and targeted technical assistance/training.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-X-0947
Funding Statutory Authority:	Public Health Act
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Ability to provide TA to state and territorial health agencies for building capacity in childhood lead poisoning prevention activities. The organization should have strong skills in partnership building, convening EH experts, and understanding lead poisoning prevention.
Recipient Program Experience:	Experience in providing TA and CBA to jurisdictions that do not currently receive CDC funding for childhood lead poisoning prevention. Experience should highlight TA assistance provided to Maryland Dept of Health to conduct childhood lead poisoning prevention activities.
Expectations for Collaboration:	Applicants are expected to collaborate with CDC, other cross-sector associations which support EH professionals at the state level to carry out proposed activities. CDC may also seek collaboration among funded partners to foster information sharing and strategic planning.
Expected Subcontractual Work and Criteria:	NA

General Instructions for Use of Funds:	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. In addition, the applicant and CDC will work together to ensure the majority of funds are used for supporting implementation of programmatic support. Applicants must provide an itemized budget with the following headers: Salaries and wages Fringe benefits Consultant costs Equipment Supplies Travel – Specify the number and organizational affiliations of all meeting participants the applicant organization intends to travel to the meeting Other categories Direct costs Contractual costs
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Provide technical support to assist jurisdictions in building capacity in lead poisoning prevention. Provide resources and or funding to assist jurisdictions implementing lead poisoning prevention activities
Process Measures:	Number of meetings with jurisdictions. Number of monthly calls with CDC and other key partners. Number of resources and TA provided.
Outputs:	Regular reports and checkin calls on activities. Kickoff meeting with CDC and other key stakeholders. Workplan and final report. Evaluation results.
Budget Period Outcomes:	Increased knowledge of evidence-based informed public health programs, policies, and services to address public health needs. Increased knowledge of how cross sectoral collaborations can be used to address childhood lead poisoning prevention. Increased understanding of innovative strategies for childhood lead poisoning prevention.
Outcome Measures:	Increased number of jurisdictions increased knowledge of lead poisoning prevention strategies.

Project Title:	**Expanding environmental health strategies in housing and community settings**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of this project is to support housing professionals and environmental health staff within housing related CBOs to advance the practice of environmental health by increasing capacity to address existing and emerging environmental health issues such as Lead, cancer-causing environmental exposures, PFAS and other emerging contaminants. housing professionals and environmental health staff within housing related CBOs play a critical role in addressing emerging issues in environmental health and supporting communities within their jurisdictions to address these issues.
CIO:	NCEH
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	base appropriations
Funding Statutory Authority:	TBD
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The applicant organization must have the capacity to effectively and efficiently collaborate with environmental health staff in all levels of government, across sectors and within communities. This project requires a significant level of staff time and diligence to ensure timely progress. The applicant organization should have the capacity, expertise, and mechanisms to develop and disseminate tools and products for housing professionals and environmental health staff within housing related CBOs. Organization must implement work activities in a timely fashion. Applicant must demonstrate experience and capacity to development and support community grants to address EH emerging issues.

Recipient Program Experience:	Applicant must have decades long work in the housing sector. Applicant must have an establish robust system to providing communities technical assistance. Organization must have extensive knowledge. • The applicant organization should have experience developing and disseminating tools and products for state environmental health staff on identified and emerging environmental health issues. The applicant should have extensive knowledge and be deeply familiar with the trends, experiences, and needs of states environmental health practitioners, as identified through organizational surveys or other sources. In addition, the organization should have demonstrated experience/expertise in the following topics, along with other EH hot topics: •Children's Environmental Health • Home environments • Per- and Polyfluoroalkyl Substances (PFAS) or other emergency contaminants • Strategies to support safe drinking water and prevent lead exposure • Unusual patterns of cancer or other emergent environmental exposures • Emergency readiness, response, and recovery • Risk Communication
Expectations for Collaboration:	There are high expectations for collaboration with CDC, local boards of health, and other organizations. CDC may also seek collaboration among funded partners to foster information sharing and strategic planning.
Expected Subcontractual Work and Criteria:	The ability to subcontract to CBOs, communities or other organizations will likely be an activity of this project.
General Instructions for Use of Funds:	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. A significant portion of this budget will be to support state pilot projects to address emerging issues. Applicants must provide an itemized budget with the following headers: • Salaries and wages • Fringe benefits • Consultant costs • Equipment • Supplies • Travel – Specify the number and organizational affiliations of all meeting participants the applicant organization intends to travel to the meeting • Other categories • Direct costs • Contractual costs
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Applicant proposals should reflect specific strategies their organization is uniquely poised to conduct in addressing emerging EH issues specifically, but not limited to: •Development and implementation an RFP process for state projects to address emerging EH issues or expand scope of existing state, local, Tribal or Territorial projects. •Support of community demonstration projects to pilot/test strategies and development of related tools to address emerging EH issues. Undertaking analysis and developing translation materials to share best practices and emergent strategies. •Convening key stakeholders and promoting collaboration, such as through organizational committees addressing environmental health priorities and emergent issues. • Arranging webinars, trainings, and other educational material development for environmental health staff at state health departments related to emerging EH issues. Proposals should include an evaluation plan with as much emphasis on health impact as possible.
Process Measures:	Applicant proposals should identify anticipated process measures that are applicable to the suggested activities for this strategy or other identified process measures for activities that align with the project purpose. Process measure for the project should include measures such as the following: Number of applicants apply to created RFP Number of grants awarded Number of pre-grant assessments completed by grantees Number of stakeholder convenings held, and number of collaborators who joined the conveying Numbers of webinars, training, or educational materials developed Number of connections made to better understand and develop a strategic plan to advance inclusion of heat interventions in the federal LIHEAP program.
Outputs:	Outputs should include RFP and support of program to pair 5-10 communities facing unusual patterns of cancer with academic experts Strategy and concrete steps to expand LIHEAP to include heat related interventions. Plan and development applicable webinars, trainings or materials to addressed identified needs. Plan for cross-sector convening(s) bring cross0sector partners together around healthy housing, unusual partners of cancer, children's environmental health or other relevant EH topics.
Budget Period Outcomes:	Applicant proposals should identify anticipated budget period outcomes that are applicable to the suggested activities for this strategy or other identified budget period outcomes for activities that align with the project purpose. Budget period outcomes could include: Increased support provided to communities facing unusual partners of cancer specifically through academic and community partners. Increased collaboration among cross-sector collaborators on EH topics. Increased awareness and strategy for inclusion of heat interventions in the federal LIHEAP program.

Outcome Measures:	Applicant proposals should identify anticipated outcome measures that are applicable to the suggested activities for this strategy or other identified outcomes measures for activities that align with the project purpose. Such outcome measures could include: At least 65% of stakeholder attendees report that they made a new connection as part of attending a conveying At least 70% of RFP grantees report a positive experience with their TA provider At least 70% of grantees report they feel supported in exploring potential unusual partners of cancer in their communities At least 70% of respondents report that trainings or materials development are useful to their work when evaluated.

Project Title:	**Building Capacity for Healthy Homes in US territories and freely associated states**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	State, local, tribal, and territorial health departments play a critical role in promoting and protecting public health within communities. Health departments and their partners can monitor the occurrence of diseases within their jurisdiction, educate the public about health risks, and ensure the safety of the environment to prevent diseases and protect public health. The air we breathe, the food we eat, the water we drink, and the places where we live, work and play all have an impact on health. Housing-related hazards, such as lead-based paint, indoor air quality (e.g., radon, mold), and climate and weather-related risks can all affect health. Reducing or eliminating residential health hazards can help protect children, families, and individuals from exposure to lead and other hazards in their homes. This project is intended to build and strengthen the capacity of health departments and their partners within US territories and freely associated states (FAS). The funded recipient will provide technical and capacity building assistance to territorial and FAS health departments by strengthening the delivery of essential public health services related to healthy homes. By the end of the period of performance, the funded recipient will strengthen capacity in territorial and FAS health departments by: • Providing technical assistance to strengthen the public health workforce, systems, and infrastructure necessary for implementing evidence-based environmental public health and healthy homes interventions. • Assisting health departments to identify, evaluate and prioritize housing-related environmental hazards within their jurisdiction. • Providing equipment or supplies as necessary to successfully identify or evaluate housing-related environmental public health hazards • Assisting health departments with the implementation of evidence-based interventions to address housing-related environmental public health hazards • Assisting territorial and FAS health departments and partners to implement a long-term and sustainable strategy for environmental public health and healthy housing programming within their jurisdiction. For example, the funded recipient could help health departments or other partners identify available funding sources and develop the requisite organizational capacity necessary for applying for grant-based funding opportunities, including funding opportunities available from the US Centers for Disease Control and Prevention, US Department of Housing and Urban Development, US Environmental Protection Agency, and others. • Establishing linkages between US territorial and FAS health departments and other government sector partners who have a mutual interest in protecting public health.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$1,000,000.00

Funding Appropriation:	TBD
Funding Statutory Authority:	TBD
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The applicant organization should have demonsrated capacity working with state and territorial-level health officials to strengthen core areas of health department capacity, including workforce development, data modernization, and performance management. The applicant organization should have the ability to convene and coordinate a network of territorial and FAS health department officials.
Recipient Program Experience:	The applicant organization should have demonstrated experience enhacing the foundational capabilities and strategic skills of state and territorial health department officials, enabling these officials to lead public health transformation and systems improvement. The applicant organization should also have demonstrated experience related to environmental public health programming, such as childhood lead poisoning prevention, health homes programming, etc.
Expectations for Collaboration:	Applicant organizations are expected to lead and coordinate collaboration between territorial and FAS health department staff, CDC, other federal partners, and non-governmental partners with relevant expertise throughout the period of performance.
Expected Subcontractual Work and Criteria:	Applicant organizations are expected to have the ability to subcontract work as appropriate. The applicant will be expected to work with subcontractors as necessary to achieve the goals/outcomes of the project. Selecting the subcontractors will occur in consultation with CDC.
General Instructions for Use of Funds:	The recipient may propose equipment purchases for this project to support territorial or FAS health department environmental public health program development. Before equipment is purchased, the recipient should provide a written justification, including a proposed source selection strategy, to the assigned CDC Technical Monitor and Project Officer.
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Assist territorial and FAS health departments develop the capacity to identify, evaluate and prioritize housing-related environmental hazards within their jurisdiction.
Process Measures:	Documentation of technical assistance requests or their elevation to CDC.
Outputs:	Inventory of environmental public health data or information technology needs within territorial and FAS health departments.
Budget Period Outcomes:	Territorial and FAS health department staff have a proposed approach for prioritizing or modernizing information technology needs for environmental public health programming.
Outcome Measures:	Submission of application by territorial or health department staff to federal funding opportunities related to environmental public health.
Strategic Area:	**Organizational Capacity and Performance Improvement**

Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	• Provide technical assistance to strengthen the public health workforce, systems, and infrastructure necessary for implementing evidence-based environmental public health and healthy homes interventions. • Assist health departments with the identification, evaluation and prioritization of housing-related environmental hazards within their jurisdiction.
Process Measures:	Number of meetings with territorial and FAS health department officials Documentation of technical assistance requests and their successful resolution or elevation to CDC staff.
Outputs:	Documentation of environmental public health priorities for territorial and FAS health department officials
Budget Period Outcomes:	Establishment or strengthening of environmental public health programming within territorial and FAS health departments
Outcome Measures:	Submission of funding applications by FAS or territorial health departments to federal funding opportunities related to environmental public health.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Provide technical assistance to strengthen the public health workforce, systems, and infrastructure necessary for implementing evidence-based environmental public health and healthy homes interventions.
Process Measures:	Documentation of technical assistance requests and their successful resolution or elevation to CDC.
Outputs:	Documentation of training, assistance, or other support for territorial and FAS health department staff.
Budget Period Outcomes:	Environmental public health professionals in territorial and FAS health departments have the knowledge, skills, and abilities to implement priority environmental public health programming.
Outcome Measures:	Submission of application by territorial or health department staff to federal funding opportunities related to environmental public health.

Project Title:	**Data standards for environmental public health practice**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	This project will develop and implement a plan to create data collection and transmission standards for environmental public health practice. This work will build on prior efforts to bring together federal staff, STLT partners, and national organizations to identify priority topics to focus on and methods to use.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$165,000.00
Funding Appropriation:	75-24-0947
Funding Statutory Authority:	PHSA
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The ideal recipient will be a national organization with experience bringing together public, private, and academic partners as well as other domestic and international organizations (e.g., Integrating the Healthcare Enterprise International (IHE), HL7 International, and others).
Recipient Program Experience:	The recipient should demonstrate strong experience in bringing together partners to focus on specific activities to make significant advances in this work. This will be difficult as it requires both strong leadership and management skills while also being as inclusive and accommodating to partners as possible to retain participation. Recipient should have strong connections with the state environmental health directors and be able to leverage their input to inform the project.
Expectations for Collaboration:	The recipient will need to work collaboratively across public, private, and possibly academic organizations to achieve the goals of this activity.
Expected Subcontractual Work and Criteria:	Work may be subcontracted out depending on the experience and resources of the recipient organization in regard to this work.
General Instructions for Use of Funds:	Funds may be used for equipment and travel. It is possible to propose using funds to host virtual, hybrid, or in-person meetings as well as travel participants as long as expenditures follow CDC, HHS, and recipient organization funding policies.
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Recipients will undertake the following activities: - Develop a workplan for this activity that clearly outlines specific deliverables and dates that include the following components: o Monthly meetings o Monthly meeting notes and progress reports o Hosting or subcontracting the use of a shared space accessible to all participants to host the documents related to this shared work o Convene at least 3 meetings annually of public, private, and academic partners involved in the collection, analysis, transmission, or other use of data related to day-to-day environmental public health practice. Meetings may be virtual or hybrid. o Inclusion of one or more organizations familiar with development of data standards (e.g., USCDI+, HL7 International, IHE) o Attendance of key participants at national or international meetings focused on development of data standards by the second year of the project or sooner (e.g., HL7 Connectathons)
Process Measures:	- Development and finalization of a workplan that is agreed upon within 2 months of CoAg award and strategy within 6 months of award - Recruitment and maintenance of at least 5 STLT jurisdictions to participate in the workgroup. The workgroup should consist of states tribes, or territories that represent the geographic diversity across the U.S. This workgroup should have at least one federally recognized tribe and at least one local environmental public health jurisdiction. - Development of a strategy to create data standards within the first 6 months of award. A majority of workgroup participants must agree with this strategy. The strategy must include a timeline that includes progress within 12 months of award as well as a long-term timeline for development of subsequent standards - Implementation of the strategy to pilot the development of at least one data standard before the end of the funding cycle.
Outputs:	Development of at least one data standard for pilot testing by a national organization (e.g., USCDI+, HL7 International, IHE) within 10 months of CoAg award
Budget Period Outcomes:	One or more STLT partner considers adopting the common data standard(s) developed by this effort.
Outcome Measures:	One data standard for pilot testing by a nationally-accredited standards organization in the first year with a plan to test more data standards in subsequent years.

Project Title:	**Strengthening Local Health Department's ability to collaborate across sectors to address emerging environmental health concerns**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	Local health departments (LHDs), especially in home rule state and rural communities, are well-positioned to lead efforts to embed health considerations into policymaking across sectors, and increased coordination and collaboration between cities and counties can lead to improved government efficiency, shared goals across sectors, and better infrastructure to support county, city and regional agencies. Environmental health challenges, including extreme weather events and disaster preparedness, response, and recovery, can be better addressed, and public health can be better protected, with a cross-sector collaborative approach. The purpose of this project is to support LHDs to better understand how, and be empowered, to connect and collaborate between departments or agencies to address emergent environmental health issues (as an example, successful integration of climate action plan development into preparedness efforts). Cross-sector strategies, best practices, and resources will be used to strengthen the capacity of LHDs to effectively prevent, prepare for, respond to, and recover from environmental health emergencies. Project activities will seek to document and communicate where such connection and collaboration has been done successfully, link these efforts to local policy, and share learnings with the wider LHD audience. Project activities will also seek to establish greater awareness of LHD goals, priorities, opportunities, threats, needs, and strategies. The applicant will facilitate information exchange and collaboration between LHDs and other key stakeholders at the federal, national, state, and local levels. Proposals should include an evaluation plan with as much emphasis on health impact as possible.
CIO:	NCEH
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$200,000.00
Funding Appropriation:	base appropriations
Funding Statutory Authority:	TBC
Expected Project Length:	1 Year

Recipient Organizational Capacity:	Applicant organizations must demonstrate: • Sufficient capability and capacity to carry out activities proposed. • Capacity and infrastructure to effectively and efficiently collaborate with local health departments, local environmental health professionals and other environmental health organizations. • Staff capacity and experience to develop an associated RFP and provide LHDs technical assistance. • Experience providing a LHD technical assistance program on cross-sector collaboration. • Capacity to develop local health department identified tools/resources, facilitate discussions in a collaborative environment or workgroup, and carry out the annual work plan. • Evidence of past success in carrying out activities of similar size and scope. The organization must implement work activities and meet specified objectives with defined deliverables in a time-oriented manner as identified in the work plan.
Recipient Program Experience:	Applicants should have demonstrated program expertise in the following capacities: • Extensive environmental health and cross-sector collaboration subject matter expertise, with specific experience supporting local health departments • Experience scoping, developing and implementing a request for technical assistance process which results in demonstrated environmental public health impact • Experience implementing a technical assistance program to LHDs, including staff experience in serving in a project officer role for local health department projects and providing technical assistance • Experience in developing training and tools/resources for local health leadership and local EH professionals. • Existing mechanism and infrastructure to communicate and reach local health departments. • Experience in supporting groups of local health staff and EH professional in particular, creating a culture of collaboration and supporting successful change management, leadership buy-in and norm shifting activities among local health agencies leadership and staff
Expectations for Collaboration:	Applicants are expected to collaborate with CDC/ATSDR, other cross-sector associations and organizations which support EH professionals at the state, local and/or territorial level CDC may also seek collaboration among funded partners to foster information sharing, strategic planning and coordination, cross-promotion and potential joint convening.
Expected Subcontractual Work and Criteria:	It may be necessary to undertake subcontracts to best serve the technical needs of local health departments. Selecting the subcontractors will occur in consultation with CDC/ATSDR.

General Instructions for Use of Funds:	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC/ATSDR and the applicant will work together to revise and further prioritize activities in the work plan. Applicants must provide an itemized budget with the following headers: • Salaries and wages • Fringe benefits • Consultant costs • Equipment • Supplies • Travel – Specify the number and organizational affiliations of all meeting participants the applicant organization intends to travel to the meeting • Other categories • Direct costs • Contractual costs
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Applicant proposals should reflect specific strategies and activities their organization is uniquely poised to conduct in capacity-building of LHDs to connect and collaborate between departments or agencies to address emergent environmental health issues including, but not limited to: • Documenting and disseminating best practices, through key informant interviews or similar efforts, from LHDs that have successfully worked across sectors to address emergent EH issues, including integration of climate and preparedness teams. • Developing summary reports, documents, resources, and tools to help LHDs model successful collaboration in their own cross-sector EH projects. • Providing technical assistance to LHDs. • Arranging webinars, trainings, and other educational material for environmental health staff at LHDs related to cross-sector work to address emergent EH issues. • Developing and implementing an RFP process for LHD projects to address emerging EH issues or expand scope of existing projects. • Supporting LHD demonstration projects to pilot/test strategies and development of related tools to address emerging EH issues. • Convening key stakeholders and promoting collaboration, such as through organizational committees addressing environmental health priorities
Process Measures:	Applicant proposals should identify anticipated process measures that are applicable to the suggested activities for this strategy or other identified process measures for activities that align with the project purpose.
Outputs:	• Summary report of best practices when collaborating across sectors to address emergent EH issues, such as integrating climate adaptation plans into preparedness efforts within LHDs. • At least one to two resources/tools to support LHDs in working across sectors to address emergent EH issues. • Strategy/vision document outlining remaining gaps in resources/tools and opportunities to better support LHDs in understanding and being empowered to work across sectors, as well as recommendations for potential RFP scope/activities.

Budget Period Outcomes:	Applicant proposals should identify anticipated budget period outcomes that are applicable to the suggested activities for this strategy or other identified budget period outcomes for activities that align with the project purpose.
Outcome Measures:	Applicant proposals should identify anticipated outcome measures that are applicable to the suggested activities for this strategy or other identified outcomes measures for activities that align with the project purpose.

Project Title:	**Supporting the Practice of Environmental Health at the County and City Level**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	Through this cooperative agreement, the recipient will focus on ways to protect public health from the risks associated with recreational water activities, in both man-made and natural settings. The recipient will provide environmental health resources for city and county health departments that support the practice of local environmental health and will continue to expand upon tools and services. The recipient will support and promote environmental health practices provided by LHDs to protect and improve the health of the communities they serve. Key project activities should include providing leadership and workforce development by convening local environmental health leaders and practitioners, serving as a resource for local environmental health programs by providing guidance to local EH programs on best practices for safe swimming, monitoring/inspections, education, and other strategies. The recipient will facilitate an online network space for LDHs, to promote CDC's Model Aquatic Health Code (MAHC). The recipient will engage with city and county health departments to identify challenges and barriers to MAHC implementation, in addition to sharing best practices and successes. The recipient will collaborate with CDC and its partners to identify speakers for rec water webinars and presentations. The recipient will also support an Environmental Public Health Workgroup to develop positions on issues related to environmental health.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$150,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	1 Year

Recipient Organizational Capacity:	The recipient will maintain direct and facilitated relationships with county and city health departments across the country, including environmental health staff. Mechanisms for maintaining these relationships should be diverse and well-established. The recipient should have established workgroups, that are key to maintaining timely awareness of local environmental health needs and challenges. The recipient will maintain communications and both virtual and in-person meetings with staff to ensure effectiveness. Consideration should be given to using webinar platforms to host virtual meetings, deliver educational webinars, solicit user feedback, and record events for unlimited viewing. The recipient should be uniquely qualified to develop, disseminate, and deliver public health education. The recipient should have the organizational capacity to promote and provide educational advancement opportunities, technical assistance, resource materials, and conduct training workshops for public health professionals. The recipient's staff will have expertise in environmental health aspects of recreational water safety, and specifically, will have worked towards protecting swimmers in public pools and spas. The recipient's staff will also have experience developing, facilitating, and conducting webinars and presentations, and coordinating meetings and workshops, as well as online and virtual training. The recipient should have close contacts and communication with environmental health practitioners and specialists employed in city and county governments and with key federal agencies involved in recreational water safety issues, such as CDC. The recipient will have robust access to trends and developments in environmental health and have systems in place to allow for website capabilities to solicit comments, suggestions and views of environmental health scientists and specialists employed in city and county governments. The recipient will already be able to distribute training and educational material to recreational water and environmental health professionals throughout the nation through their existing member base, partner organizations, learning management system, video conferencing platform, webinar platform, and e-newsletters. All these avenues allow for direct, effective, and efficient communication with the nationwide population of focus to accomplish capacity building assistance project activities and outcomes.
Recipient Program Experience:	The recipient will have specifically worked on MAHC initiatives in the promotion of projects, resource development, and engagement with city and county environmental health officials, and specialists. The recipient will have extensive experience coordinating meetings and collaborations that have shown to increase engagement and communication with stakeholders. This includes but is not limited to work with other organizations that are committed to advancing public health practice and improving population health through technical assistance, education, evaluation, and stakeholder convenings or national associations.

Expectations for Collaboration:	Collaboration with partner organizations and other stakeholders as appropriate to accomplish the proposed objectives and activities. The recipient will collaborate with CDC through regular and frequent communication with the project's CDC technical advisor. The recipient will also collaborate with the Council for the Model Aquatic Health Code (CMAHC) through planned webinars/trainings and technical assistance support on the MAHC. Communication and regular work with partner organizations, such as: the American Public Health Association (APHA), the Association of State and Territorial Health Officials (ASTHO), the Council for Model Aquatic Health Code (CMAHC), the National Environmental Health Association (NEHA), and State Associations of County and City Health Officials (SACCHOs). The recipient will also work closely with internal advisory groups (e.g., Climate Health, Vector Control and Surveillance, Infectious Disease Prevention and Control, Food Safety, Recreational Water, etc.), and representation of LHDs from across the nation. The recipient will engage with partner organizations, City and County health departments, and others to complete the activities of this proposal as appropriate. The recipient will include partner organizations, internal advisory groups, and others as appropriate in its efforts to identify and disseminate environmental health strategies, tools, and resources to support local environmental public health practice.
Expected Subcontractual Work and Criteria:	The recipient may award local health departments through contractual agreements (amount to be determined) for this project period. Subcontracted LHDs will be better positioned to disseminate lessons learned, best practices, and resources related to safe recreational water and environmental health.
General Instructions for Use of Funds:	The use of funds will cover necessary staff which includes project coordination, leadership, and communications. Included in the budget are funds for office supplies, learning management system maintenance, webinars, a program management platform, video conferencing network platform and computer. There will be expenses allowed for travel for conferences and meetings and other travel costs for personnel such as per diem, lodging and ground transportation. Other miscellaneous includes, audio equipment rental, meeting space rental, conference registration, internet services, networks, and listservs. Contractors will also be allowed with this budget. Direct costs will cover salaries and wages, fringe benefits, supplies, travel, other and contractual. There will also be an indirect cost agreement for this contract.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Facilitate an online network space for LDHs, to promote CDC's MAHC and other safe recreational water practices that can used my local HDs to minimize risks associated with swimming and bathing. • Support LHDs in strengthening aquatic health and safety by developing easy-to-read, short information sheets on selected topics of the 5th edition of the MAHC. • Convene an environmental health workgroup to engage with LDH SMEs to address emerging public health issues, particularly safe swimming at public pools and natural bodies of water.

Process Measures:	• Maintain an environmental public health workgroup and provide support to the workgroup to develop positions on environmental health and recreational water issues. • Publications (e.g., factsheet, issue brief, Stories from the Field, and blog posts) or webinars produced that share technical information, resources and best practices on emerging environmental health and recreational water issues. • Number of webinar and presentation attendees.
Outputs:	• Recorded webinars providing technical guidance on safe recreational activities and the MAHC, sharing best practices, updates on CDC initiatives surrounding healthy swimming, and other resources for local environmental health practitioners. • Scheduled workgroup meetings including accompanying agendas, minutes, and action items. • Technical resource or material (e.g., webinar, factsheet, issue brief) developed with subject-matter expertise from the workgroup on emerging LHD needs (e.g., freshwater HABs, drowning prevention, safe swimming at natural bodies of water, etc.). • Publication(s) (e.g., blog post, Story from the Field, journal article) produced that share lessons learned and best practices related to environmental health and healthy swimming.
Budget Period Outcomes:	• Increase of available resources to LDHs for implementation of CDC's MAHC. • Dissemination of lessons learned about utilization the MAHC • Stronger partnerships between LDHs on how to share rec water best practices that reduce adverse health events.
Outcome Measures:	• Augmented workforce knowledge through developed webinars and presentations that reaches a board audience of LHD env health practitioners. • Increased ability to better understand established processes through published articles that clearly communicate and highlight case studies for LDH rec water programs. • Reinforced capability through use of published technical guidance documents that clearly communicate best practices for LDH rec water programs. • Easier access to easy-to-use resources via published rec water Information Sheets that can be used as a reference by local, state, tribal, and territorial health departments, pool operators, and beach managers as a tool for understanding the CDC's key recommendations for aquatic health and safety (e.g. MAHC).
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Use the online network to disseminate best practices or implementing CDC MAHC. • Develop and/or share tools for executing an efficient pool program at the City or County level. • Develop and/or share tools for executing an efficient program at the City or County level that helps ensure the safety of bathers at public bathing areas at natural bodies of water. • Identify best practices for safe operation and maintenance at freshwater bathing beaches. • Assess MAHC activities or aquatic health and safety projects at LDs to gather best practices, resources, and lessons learned on MAHC implementation or other aquatic and safety projects (e.g., emerging topics such as harmful algal blooms).
Process Measures:	• Number of tools developed for monitoring freshwater beaches. • Number best practices shared to LHDs for using CDC's 5th Edition MAHC. • Number of attendees at planned webinars and presentations. • Presentation at a national conference or meeting (e.g., NEHA AEC). • Provided funding to a LDH(s) to support MAHC evaluation.
Outputs:	• Informative webinars and presentations addressing environmental health best practices, for both pools and natural bodies of water. • Meaningful publications or articles about monitoring freshwater beaches to minimize public health risks. • Tools to help LDH practitioners monitor freshwater beaches to help ensure bath safety and health.
Budget Period Outcomes:	• Increased capacity of LHDs to address emerging needs and health risks associated with all public aquatic venues. • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health. • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs at rec water venues.
Outcome Measures:	• Strengthened capability of the public health workforce to deliver essential public health services are aquatic venues. • Increased ability to identify current and emerging environmental health challenges in their communities. • Increased knowledge among environmental health practitioners of how to address existing and emerging issues in recreational water and other priority areas of concern.

Project Title:	**Diverse Strategies to Address Asthma in Schools**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	The purpose of the Diverse Strategies to Addressing Asthma Management in Schools project is to strengthen the capacity and capability of target audiences to establish and maintain partnerships with state health departments and school systems and to apply and use evidenced-based programs, policies and services to improve childhood asthma, using EXHALE Strategies (Education, X-tinguishing, Home, Achievement, Linkages, Environmental).
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$275,000.00
Funding Appropriation:	75 24 0947
Funding Statutory Authority:	42 U.S.C. Sections 247b(,317K2;Patient Pro&ACA 4002,P-LAW111-148
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The Recipient should have a diverse nationwide network of health educators and professionals and staff work with local and state health departments in dozens of coalitions across the country to advance mutual goals related to tobacco, asthma, tuberculosis, clean air and other topics. This experience and these partnerships have been critical to the success of previous efforts to improve access to asthma medication and management is schools.
Recipient Program Experience:	The recipient should have years of experience improving lung health and preventing lung disease. The organization in the United States working to reduce the effects of lung diseases, including asthma, on individuals and their families. The organization should have expertise, including in health education and policy change efforts, to address lung health issues. They should have nationwide network of diverse health educators, advocacy professionals, healthcare professional societies. Recipient should have experience in collaborating with partners to improve asthma management in schools and established and maintained national community-based partnerships with diverse partners working to improve childhood asthma, diverse and inclusive developed evidenced-based programs and services and providing technical assistance and support to build the capacity of local diverse communities.

Expectations for Collaboration:	The recipient should have a long history of close collaboration with state health departments, community-based organizations, non-profit, and coalitions across lung health topic areas, programs, and offices. Working together through stakeholder meetings, site visits, consultations and other regular interactions has allowed a rich exchange of ideas and experience that yields significant value for both organizations. We expect that collaboration to continue throughout the life of this project. The recipient should be active, well-respected partner organization for a wide range of other agencies and nongovernmental organizations working in areas that impact the prevention and management of lung disease while fostering diversity, equity, and inclusion in its practices and programs. Collaboration with diverse partner organizations will include both inputs and outputs: sharing existing resources and expertise for product development and learning opportunities, as well as disseminating project-related information and tools through their networks. Recipient should also develop an updated list of diverse partners working on improving childhood asthma.
Expected Subcontractual Work and Criteria:	Applicant should describe how they will partner with organizations that have experience in this area.
General Instructions for Use of Funds:	Budget must be aligned with the CIO activities, staff working on the project, and the allowable cost principles. Funds may not be used for research or clinical care.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Build the capacity of staff to support schools and communities to deliver American Lung Association asthma programs and services. Build the capacity of schools and communities to improve asthma management in schools. Update at least one asthma online course or resource targeted to schools. Assess Facilitator Feedback
Process Measures:	Number of technical assistance opportunities. Number of attendees at technical assistance events (e.g. office hours, trainings, support calls) Number of updated online courses that target school personnel on strategies to improve asthma in schools Number of program facilitator evaluation reports analyzed
Outputs:	Monthly Asthma Program Implementation Office Hours for staff Technical assistance and support calls for school-aged asthma program facilitators or schools contacts working to establish asthma-friendly schools. Document tracking technical assistance and support for creating asthma- friendly schools, or implementing asthma management programs Online course or resource updated and available Facilitator Feedback Forms for asthma management programs analyzed
Budget Period Outcomes:	Improved capacity to identify, prioritize, and customize relevant programs and services to address asthma friendly school programs within the budget period.

Outcome Measures:	Percentage of staff that participate in staff technical assistance meetings report confidence in providing support to school-based asthma program facilitators. Percentage of participants that receive technical assistance report high satisfaction to the experience. Percentage of asthma program facilitators have the confidence, and skills to deliver asthma education to children with asthma Increase the number of participants that complete an online course Increase the number of facilitator feedback forms
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Establish updated list of school contacts. Convene pediatric asthma stakeholder group to increase the number of Stock Asthma Medication Programs available in schools nationwide. Provide partnership engagement activities to improve pediatric asthma management in schools.
Process Measures:	Number of new contacts added to the contact list. Number of stakeholder group calls Increase the number of partnership engagement activities for school contacts.
Outputs:	Increase the number of contacts by 10% At least one call with partners on establishing a Stock Asthma Medication Program Back to School with Asthma webcast Two targeted emails to school-aged asthma program facilitators to improve asthma.
Budget Period Outcomes:	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of promoting the availability of stock asthma medication in schools; and promoting diversity, equity, and inclusion, within the budget period.
Outcome Measures:	Expanded diverse partnerships with schools and partners across sectors
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Develop and distribute diverse resources to build capacity of local communities to implement strategies to address asthma management in schools.
Process Measures:	Increase the number of technical assistances activities that promotes diversity, equity, and inclusion. Increase the percentage of target audiences that report positively to technical assistance and support opportunities
Outputs:	Opportunity map to identify target diverse markets. Standardized asthma program delivery plan that promotes diversity, equity, and inclusion. Marketing communication plan and materials.
Budget Period Outcomes:	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs that promotes diversity, equity, and inclusion within the budget period
Outcome Measures:	Increase the number of target audiences that are aware of resources to address asthma management in schools promotes diversity, equity, and inclusion. Increase the number of target audiences that have the knowledge and skills customize resources to meet the needs of the local community and promotes diversity, equity, and inclusion.

Project Title:	**Building Capacity for climate and health in local health departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local Health Departments**
Project Plan Details	
Project Purpose:	Climate change directly impacts human health. Many local health departments lack knowledge and capacity to identify and address these health impacts. This project aims to build capacity among local health department staff, while increasing knowledge on the topic, fostering collaboration, and encouraging adaptation activities. Local health departments will be more prepared and negative health impacts from climate change will be reduced.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$200,000.00
Funding Appropriation:	75-24-0947
Funding Statutory Authority:	Economy Act
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient organization should have existing communication infrastructure with the capacity to share information via platforms such as webinars or email distribution lists. Staff should have capacity to organize workgroup, execute contracts, and deliver technical assistance.
Recipient Program Experience:	The recipient organization should have extensive experience working with local health department staff. They will need experience with delivering technical assistance, providing capacity building programs, and convening workgroups. They should have staff with expertise in the human health effects of climate change at the local level.
Expectations for Collaboration:	The recipient organization is expected to collaborate heavily with a variety of local health departments. This could include information sharing, development of joint products or ”success stories,” potential subcontracted collaborative mini-grant projects, or other collaborative efforts. The recipient should collaborate with relevant parts of CDC and other Federal agencies. Finally, the recipient should collaborate with other non-profit groups working on climate and health, for example on joint guidance documents or communication efforts.
Expected Subcontractual Work and Criteria:	Subcontractual work may be utilized but is not required. Local health departments may apply for and receive ”mini grants” through this project, which could involve subcontracts to city or county health departments. Subcontractual work for technical assistance may also be utilized.
General Instructions for Use of Funds:	No additional funding limitations.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	

Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Maintain a climate and health webpage with relevant information; update regularly. Convene and host a working group, or similar group, of local health departments working on climate and health. This may consist of virtual meetings and/or an in-person meeting. Build capacity of local health departments to identify and address the human health impacts of climate change. This may be accomplished through ”mini-grants,” technical assistance, creation and dissemination of guidance documents or trainings, or a combination of these.
Process Measures:	Maintain the local climate and health working group, with at least 5 virtual meetings including accompanying agendas, minutes, and action items. Support climate change capacity building and activities in at least two local health departments, through funding and/or technical assistance. Activities may include adaptation planning at the local level, education activities for local communities, implementation of interventions, and/or incorporating health into existing adaptation plans in cities or counties.
Outputs:	An updated and maintained website. At least two resources, for example conference presentations, webinars, or reports describing the successes and challenges related to the projects undertaken at local health departments with technical and programmatic support from the recipient organization.
Budget Period Outcomes:	Increased knowledge of health impacts of climate change among local health departments. Increased information sharing and collaborative projects through the established climate and health working group.
Outcome Measures:	The convened working group has created, or the recipient organization has synthesized information from the working group to create, at least two documents or other products to inform other jurisdictions. At least two local health departments have implemented climate and health adaptation, built capacity to respond to climate hazards, created a climate action plan, or integrated health concerns into an already existing climate adaptation plan.

Project Title:	**Climate Ready Tribes Initiative**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Tribal health departments**
Project Plan Details	
Project Purpose:	This project will provide funding and technical assistance to support climate and health adaptation activities among tribes in their efforts to address the human health effects of climate change. The applicant will coordinate the selection process and oversight of tribal governments receiving funding.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$200,000.00
Funding Appropriation:	75-24-0947
Funding Statutory Authority:	Economy Act
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The applicant must have the capacity to work collaboratively with tribal governments and organizations to receive and distribute competitive funding, develop and lead climate and health programs and activities, facilitate communication, perform monitoring, and support environmental health programs through methods that may include online or in-person meetings.
Recipient Program Experience:	The applicant must have strong working relationships with Tribal governments and organizations, and individuals working in the field. Staff should have experience facilitating communication, organizing meetings or projects, providing technical assistance, and hosting and/or conducting trainings for staff. The applicant should be actively engaged in relevant networks and groups focused on Tribal health and the environment.
Expectations for Collaboration:	Coordination of work between the applicant and CDC will be necessary. The applicant must encourage and facilitate stakeholder engagement with relevant partners, potentially including community groups, other federal or local agencies, and any relevant academic or government partners working in climate and health.
Expected Subcontractual Work and Criteria:	Sub-contractual work is permissible but not required. The applicant should specify amount of funding, period of performance, work plan, and selection criteria for any sub-contracted work.
General Instructions for Use of Funds:	All use of funds must relate to stated project objectives and goals.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

Activities:	• Build capacity of tribes to identify and address health impacts of climate change. • Convene and host webinars and trainings to enhance partnership and collaboration in climate and health.
Process Measures:	• Number of trainings or webinars hosted • Number and quality of partners engaged external to the organization and included in events • Periodic reporting to CDC on the progress of tribal activities
Outputs:	• Development of educational materials focused on climate impacts to tribal health • Summary report of work accomplished by funded tribes
Budget Period Outcomes:	Increased knowledge of climate impacts on health within tribal population
Outcome Measures:	Completion of relevant educational materials and distribution among tribal populations affected by a changing climate.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Plan and hold webinars or in person meetings with funded tribal organizations
Process Measures:	At least 75% participation rate at webinars or meetings with funded tribal organizations
Outputs:	Meeting reports summarizing content and successes and or challenges
Budget Period Outcomes:	Increased partnerships and information sharing among tribal entities
Outcome Measures:	At least 75% of funded tribes demonstrate new partnerships or collaborations resulting from applicant’s work.

Project Title:	**Climate and health capacity in state health departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	Many state health departments lack knowledge and capacity to prepare for and respond to the health effects of climate change. This project will serve to build capacity in state health departments to address the human health effects of climate change, helping them to serve communities and promote health.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$100,000.00
Funding Appropriation:	75-24-0947
Funding Statutory Authority:	Economy Act
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient organization should have existing communication infrastructure with the capacity to share information via platforms such as webinars or email distribution lists. Staff should have capacity to organize workgroup, execute contracts, and deliver technical assistance.
Recipient Program Experience:	The recipient organization should have extensive experience working with state health department staff. They will need experience with delivering technical assistance, providing capacity building programs, and convening workgroups. They should have staff with expertise in the human health effects of climate change at the state level.
Expectations for Collaboration:	The recipient organization is expected to collaborate heavily with a variety of state health departments. This could include information sharing, development of joint products or ”success stories,” potential subcontracted collaborative mini-grant projects, or other collaborative efforts. The recipient should collaborate with relevant parts of CDC and other Federal agencies. Finally, the recipient should collaborate with other non-profit groups working on climate and health, for example on joint guidance documents or communication efforts.
Expected Subcontractual Work and Criteria:	Subcontractual work may be utilized but is not required. State health departments may apply for and receive ”mini grants” through this project, or participate in mentorship activities, which could involve subcontracts to state health departments. Subcontractual work for technical assistance may also be utilized.
General Instructions for Use of Funds:	No additional funding limitations.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas

Activities:	The recipient will organize and run a virtual cohort of state health department staff interested in the human health effects of climate change. The cohort will be convened (virtually) at least quarterly.
Process Measures:	At least 20 health department staff are engaged in a climate and health workgroup. The workgroup meets (virtually) at least 2 times in the project period.
Outputs:	Documentation summarizing the workgroup activities and membership.
Budget Period Outcomes:	Summary of workgroup accomplishments, documents and guidance produced by workgroup and recipient staff to aid in state-level climate adaptation.
Outcome Measures:	The majority of workgroup members will report increased knowledge or capacity on climate and health.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Provide support to states to advance climate and health activities. This may be done though grants, a peer-to-peer fellowship and mentorship program, provision of direct technical assistance, or a similar method.
Process Measures:	Increase by at least one the number of states receiving support.
Outputs:	Final report and summary from each state that was assisted, including lessons learned and best practices that can be applied to other jurisdictions.
Budget Period Outcomes:	Increased capacity in state health departments to address the human health impacts of climate change.
Outcome Measures:	At least one state health department will implement new activities or procedures relevant to climate and health by the end of the project period.

Project Title:	**Climate adaptation in territorial health departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Territorial Health Departments**
Project Plan Details	
Project Purpose:	Many territorial health departments lack knowledge and capacity to prepare for and respond to the health effects of climate change. This project will serve to build capacity in territorial health departments to address the human health effects of climate change, helping them to serve communities and promote health.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$90,000.00
Funding Appropriation:	75-24-0947
Funding Statutory Authority:	Economy Act
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient organization must have strong working relationships with Territorial Governments in a public health context. Staff should have experience coordinating funding, facilitating communication, and providing technical guidance.
Recipient Program Experience:	Experience with environmental health efforts is needed. The recipient organization should be actively engaged in relevant networks and groups, such as Environmental Health or Territorial Public Health workgroups.
Expectations for Collaboration:	The recipient organization is expected to collaborate heavily with a variety of Territorial health departments. This could include information sharing, development of joint products or ”success stories,” potential subcontracted collaborative mini-grant projects, or other collaborative efforts. The recipient should collaborate with relevant parts of CDC and other Federal agencies. Finally, the recipient should collaborate with other non-profit groups working on climate and health, for example on joint guidance documents or communication efforts.
Expected Subcontractual Work and Criteria:	Subcontractual work may be utilized but is not required. Territorial health departments may apply for and receive ”mini grants” through this project, or participate in mentorship activities, or recieve direct training, which could involve subcontracts to territorial health departments. Subcontractual work for technical assistance may also be utilized.
General Instructions for Use of Funds:	No additional limitations.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

Activities:	Provide support to territories (insular areas) to advance climate and health activities. This may be done through grants, a peer-to-peer fellowship and mentorship program, provision of direct technical assistance, site visit, training (in-person or virtual) or a similar method.
Process Measures:	The number of insular area health departments receiving technical assistance will increase by at least one.
Outputs:	A ”best practices” or other similar document to capture information relevant to other jurisdictions.
Budget Period Outcomes:	Increased climate and health capacity in at least one insular area health department.
Outcome Measures:	At least one territorial health department will implement new activities or procedures relevant to climate and health, or have a plan to do so, by the end of the project period.

Project Title:	**Support for the National Alliance for Radiation Readiness (NARR) Project**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	State agencies are responsible for public health and safety during radiological incidents. Radiological incidents and exercises have revealed significant communication and awareness gaps among city, county and state public health agencies regarding their responsibilities in these situations and the support which can be provided to them by their state radiation programs and by federal agencies. Ways must be found to help state and local public health agencies increase their awareness of responsibilities, scientific and technical knowledge, organizational capacities, and available resources in order for them to effectively respond during radiological incidents. The CDC believes this can be done, in part, by supporting activities which strengthen communication and encourage and expand partnerships among state/local public health agencies, state/local radiation control programs, and other emergency response organizations. The National Alliance for Radiation Readiness (NARR) which was formally launched in March 2011 and became intimately involved with state, local and federal response activities during the Fukushima nuclear power plant incident in Japan. Currently, the NARR is composed of 19 national organizations and 10 federal agencies. CDC wishes to continue working through its partners, specifically state health departments and state radiation control programs, to support the NARR project. The mission of the NARR project is to enhance public health and healthcare systems through a coalition of organizations committed to strengthening the nation's ability to prepare for, respond to, and recover from radiological emergencies at the local, state, and national levels.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$170,000.00
Funding Appropriation:	75-24-0956
Funding Statutory Authority:	Umbrella
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The organization needs to have a close working relationship with state and local health departments and needs to have the project staff, experience, and organizational infrastructure to organize and manage multi-agency groups from various state, local and federal agencies. The organization also needs to have the visibility with and a well-established communication mechanism for disseminating radiation emergency information to the state and local health departments.

Recipient Program Experience:	The organization experience should include a track record of managing projects with participation from multi-agency groups, specifically with partners from state and local health departments, preferably related to radiological issues. The organization needs a track record for disseminating timely information to state and local health departments in matters related to public health emergency preparedness, preferably related to radiological issues.
Expectations for Collaboration:	Recipient is expected to collaborate with organizations that represent state, local, tribal and territorial health officials, radiation control programs, emergency management programs, epidemiologists, and other public health and governmental entities.
Expected Subcontractual Work and Criteria:	Recipient may wish to subcontract for specific activities such as hosting of workshops, exercises, trainings or for the development of materials related to radiation emergency preparedness. Funding periods should fall within the projects period. Work on the NARR website may require assistance from a subcontractor having experience with website development and maintenance.
General Instructions for Use of Funds:	Use funds to provide leadership and administrative support to the NARR, manage working groups, conduct webinars, telephone conferences and in-person meetings, disseminate information, edit and prepare documents, post documents.
Strategic Area:	
Strategic Area Details	
Outcomes:	
Activities:	
Process Measures:	
Outputs:	
Budget Period Outcomes:	
Outcome Measures:	
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	- Support administrative operations of the coalition - Review and evaluate current radiation workforce (public health, emergency management, radiation control, hospital, etc) capacity and capabilities through literature reviews, needs assessments, etc.
Process Measures:	- Increased participation of member organizations in NARR meetings, webinar, outreach - Increased awareness of current capacity and capability of members and radiation related response organizations to respond to a radiation emergency
Outputs:	- Document summarizing findings from the needs assessment, evaluation, etc. - Document proposing activities and tools to address gaps found in needs assessment, evaluation. - Document summarizing coalition meetings

Budget Period Outcomes:	Improved capacity of leaders and radiation response workforce to identify and prioritize public health needs related to radiation emergency preparedness, response, and recovery
Outcome Measures:	Increase in number of radiation response organizations using radiation response resources, trainings and tools for preparedness and response activities.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	-Develop projects that encourage national dialogues on public health radiological issues and facilitate the NARR's role as subject matter experts, and provide input for national policies, guidelines and strategies. - Convene meetings of NARR members and related organizations (through webinars, in person meetings, etc) -Develop NARR member directory which will provide an overview of the organization's role in the emergency management cycle, with associated divisions, and types of resources or support activities that can be requested and/or provided
Process Measures:	Increase in number of resources shared through NARR clearing house for specific radiation preparedness and response needs.
Outputs:	- Member directory - At least one meeting of NARR membership - Documents summarizing projects, activities and access to tools
Budget Period Outcomes:	Increased participation in NARR activities and workgroup membership.
Outcome Measures:	Increased awareness of NARR role in radiation emergency and response activities.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	- Promote use of coverage data and the Radiation Studies Program strategies - Provide technical assistance to support diverse state radiation coalitions, community-based organizations, and other public health professionals and societies in advancing evidence-based policies related to radiation emergency response. - Develop/write guidance for public health related response activities (such as decontamination, patient movement, use of Cytokines) - Plan and lead NARR annual meetings (providing travel support)
Process Measures:	Increase in the number of ideas generated for future technical assistance opportunities and create diverse and inclusive products and tools that will help stakeholders understand data and use it to address gaps in disparities in radiation preparedness and response guidance, tools, and trainings.

Outputs:	- Document summarizing activities - Guidance documents
Budget Period Outcomes:	- Increased capacity to evaluate laws related to radiation response. - Increased availability of radiation response guidance.
Outcome Measures:	Increase in number of radiation response professionals and awareness of radiation response tools and resources (including CDC's Radiation Studies Program resources)

Project Title:	**Increasing public health readiness for response to nuclear and radiological emergencies**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	A major challenge in the aftermath of a radiation emergency is to operate community reception centers (CRCs) and provide care to a large population many of whom are potentially contaminated with radioactive materials and have been exposed to radiation. This population needs radiation screening, and other support services typically provided at local CRCs. In addition, public shelter operations need to be conducted for large, displaced populations under these emergency conditions with scarce radiation monitoring and screening resources. CDC is interested in working with its partners, specifically local health departments, to increase capabilities for conducting CRC and public shelter operations in radiation emergencies, by developing and disseminating needed technical guidance or tools, and by assisting in local/regional drills and exercises. CDC has developed a guidance document and exercise materials but there is need to collect and collate feedback from experts at local response agencies to refine these tools, and once they have been tested and cleared, there is need to disseminate, and educate local public health partners through outreach efforts. The outcomes of this project are a practical set of tools to help address radiological challenges at CRCs and public shelters in the aftermath of a radiation emergency as well as a public health preparedness workforce that is more prepared for radiation emergencies. New tools and trainings will increase local capacity to effectively support the community's response to a radiation incident involving contamination.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$170,000.00
Funding Appropriation:	75-24-0956
Funding Statutory Authority:	Umbrella
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The organization needs to have a close working relationship with local health departments and needs to have the project staff, experience, and organizational infrastructure as they relate to radiation emergencies to organize and manage multi-agency working groups from various local agencies. Recipient has program analysts, staff who have designed HSEEP aligned exercises and training, foster relationships between local health departments and other entities. Recipient has the infrastructure in place for sub-awarding funds to local health departments. Recipient should have capacity to host conferences, meetings, workshops, webinars, and websites. Recipient must have adequate staff and organizational capacity to work in public health settings, as well as in communities and with partners. Recipient must have capacity to implement needs assessments and data analysis and evaluation.

Recipient Program Experience:	Recipient should have knowledge and experience in radiation emergency preparedness, working with local health departments, and medical reserve corps volunteers. Recipient should have experience in designing, facilitation and evaluating public health trainings, exercises and other activities related to radiation emergency preparedness within local jurisdictions across the US. Recipient should have experience in public health communication.
Expectations for Collaboration:	Recipient is expected to collaborate with organizations that represent state, tribal and territorial health officials, radiation control programs, emergency management programs, epidemiologists, and other public health entities
Expected Subcontractual Work and Criteria:	Recipient may wish to subcontract for specific activities such as hosting of workshops, exercises, trainings or for the development of materials related to radiation emergency preparedness. Funding periods should fall within the projects period.
General Instructions for Use of Funds:	Funding may be used for purchase or printing of materials needed to facilitate/implement use of tools and resources for radiation emergency preparedness during exercises, trainings, etc. Direct and indirect costs, such as those for travel, meetings, equipment, and IT Systems are also acceptable. Use funds to manage working groups, support local public health agencies in the conduct of drills and exercises, conduct webinars and telephone conferences, disseminate information, edit and prepare documents, post documents.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	- Convene and host a working group, or similar group, of state and local health departments working on radiation emergency preparedness. This may consist of virtual recuring meetings and/or an in-person meeting. - Build capacity of local health departments to identify and address the human health impacts of a radiation emergency as well as develop and update plans. This may be accomplished through ”mini-grants,” technical assistance, creation and dissemination of guidance documents or trainings, or a combination of these. - Leverage existing communication channels and program resources to distribute radiation preparedness information on both project initiatives and other relevant preparedness resources to the public health community.
Process Measures:	- Maintain the radiation working group, with at least 5 virtual meetings including accompanying agendas, minutes, and action items. - Support radiation capacity building and activities in at least two local health departments, through funding and/or technical assistance. Activities may include adaptation planning at the local level, education activities for local communities, implementation of interventions, and/or incorporating health into existing adaptation plans in cities or counties. - Develop a summary of meeting and workshop feedback data from hosted conference and trainings.

Outputs:	- Improved capacity to evaluate and improve radiation preparedness programs. - Improve the network of public health radiation professionals to share best practices. - Improved access, training and implementation of data collection tools to improve radiation surveillance capabilities.
Budget Period Outcomes:	- Increased implementation of evidence-based public health programs, policies, and services. - Strengthened capability to respond to public health priorities collaboratively and strategically.
Outcome Measures:	- Completion of a radiation webinar or conference workshop. - Completion of at least one newsletter on CDC radiation tools and resources. - Completion of at least two activities with local health departments with summary report.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Conduct targeted outreach to provide technical assistance and resources on public health related operations to stakeholders that have done relatively little radiation preparedness work. • Provide technical assistance and support to health departments conducting radiation preparedness exercises and trainings. • Develop toolkits and fact sheets • Planning and hosting webinars and workshops including those designed to promote CDC's radiation resources
Process Measures:	• Increased participation of local public health departments in the conduct of population monitoring drills and exercises using the tools developed by CDC
Outputs:	• Document summarizing support activity(ies) including number of people involved. • Feedback on tools or resources used • New and updated resources related to radiation preparedness and public health
Budget Period Outcomes:	Improved capacity of leaders and public health workforce to identify and prioritize public health needs related to radiation emergency preparedness, response, and recovery
Outcome Measures:	Successful completion of at least 1 radiation related training or activity

Project Title:	**Supporting CBOs and Rural Communities**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The best way to protect children is to remove lead from the environment before they get exposed to it. But it's also important to test their blood for lead and provide treatment if needed. Organizations located in communities are trusted partners because they have built strong relationships and understand the needs of their communities. By working with others, the organizations can create a tailored approach to reducing lead exposure based on communities' unique circumstances, including factors like race, ethnicity, socioeconomic status, and geography. The purpose of this funding is to provide technical support and capacity building assistance to CBOs and rural communities on lead poisoning prevention.
CIO:	NCEH
Division/Branch/Office /Unit:	Division of Environmental Health Science and Practice (DEHSP)
Proposed FY24 Project Funding Total:	$220,000.00
Funding Appropriation:	75-X-0947
Funding Statutory Authority:	Public Health Act
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Ability to provide technical assistance and resources to CBOs and rural communities for building capacity in the developing a lead poisoning prevention program. The organization should have strong skills in partnership building, conducting needs assessments, and understanding lead poisoning prevention in communities.
Recipient Program Experience:	Recipient should have experience in providing direct TA and CBA to CBOs and rural communities on lead poisoning prevention activities. They should have experience in providing community awards focused on increasing capacity in lead poisoning prevention for rural communities. Recipient should have experience in working with the CDC Childhood Lead Poisoning Prevention Program in providing opportunities for networking and collaboration.
Expectations for Collaboration:	Applicants are expected to collaborate with CDC, other cross-sector associations which support EH professionals at the state level to carry out proposed activities. CDC may also seek collaboration among funded partners to foster information sharing and strategic planning. Recipient should be aware of federal partners, community partners and resources that will assist CBOs and rural communities in building capacity in lead poisoning prevention.
Expected Subcontractual Work and Criteria:	N/A

General Instructions for Use of Funds:	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. In addition, the applicant and CDC will work together to ensure the majority of funds are used for supporting implementation of programmatic support. Applicants must provide an itemized budget with the following headers: Salaries and wages Fringe benefits Consultant costs Equipment Supplies Travel – Specify the number and organizational affiliations of all meeting participants the applicant organization intends to travel to the meeting Other categories Direct costs Contractual costs
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Conceptualization of a community network for ongoing engagement and technical assistance (via Lead Free Communities Initiative) Provide TA and resources to CBOs and rural communities for lead poisoning prevention Develop resource of organizations interested in lead poisoning prevention activities Assist with the promotion of the CDC Lead Free Communities Initiative
Process Measures:	Number of meetings with communities/CBOs Number of identified gaps/challenges for implementation of a lead poisoning prevention program Number of identified opportunities for implementation of a lead poisoning prevention program Number of plans in place to address gaps/challenges Number of communities working with Lead Free Communities Initiative
Outputs:	Meeting summaries LFC strategy planning document SWOT analysis report on creation of LFC network (or other reports that the recipient deems appropriate) CBO engagement strategies
Budget Period Outcomes:	Increased capacity to identify needs of CBOs and rural communities for implementing a lead poisoning prevention program Increased ability for CBOs and rural communities to perform strategy planning for lead poisoning prevention
Outcome Measures:	Using the reports, selected CBOs and rural communities should have increased ability to strategically plan for future lead poisoning prevention activities.

Project Title:	**Expanding Wastewater Surveillance Capacity at the Local Level**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Population focus will include local health department staff supporting wastewater to protect and improve the public's health.**
Project Plan Details	
Project Purpose:	Build the capacity of local public health departments to utilize wastewater surveillance for public health action.
CIO:	NCEZID
Division/Branch/Office /Unit:	Division of Infectious Disease Readiness and Innovation (DIDRI)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	American Rescue Plan Act of 2021 PL 117, CARES Act PL 116-136 and Further Consolidated Appropriations Act, 2024
Funding Statutory Authority:	American Rescue Plan Act of 2021 PL 117, CARES Act PL 116-136 and Further Consolidated Appropriations Act, 2024
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Organization has the skills and experience to work with local health departments to disseminate tools, resources and best practices and facilitating mentorship programs in implementing wastewater surveillance activities.
Recipient Program Experience:	Recipient demonstrates experience providing developing resources for local public health departments and other audiences, providing technical assistance to local health departments, and facilitating mentor programs.
Expectations for Collaboration:	Recipient must be able to collaborate with CDC, public health organizations, state health departments, local health departments (beyond membership), utilities, other community organizations utilizing wastewater surveillance to protect and improve the public's health.
Expected Subcontractual Work and Criteria:	Subcontract work is not required. As needed, the recipient may contract with people and/or organizations to support resource development and mentoring activities.
General Instructions for Use of Funds:	Cover appropriate personnel, travel, equipment, technology tools, contracts, subawards, and supplies as needed to achieve outcomes.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Organization has the skills and experience to develop and disseminate tools and best practices to support local health departments, and the ability to complete the following wastewater surveillance activities: - Gather input from local public health staff to identify the framework, resources, and training needed for wastewater surveillance. Work with small/rural jurisdictions to identify needs and solutions for the unique challenges they face in developing a wastewater surveillance program. - Develop training materials and resources for local public health staff to address unique challenges, particularly for rural/small health departments. □ Develop guidance/framework on how to develop wastewater surveillance programs. - Create tools, resources, and best practices to translate wastewater surveillance into action by local public health departments. - Seek and create opportunities to share local experiences and knowledge among local health departments. Adjust and update materials, resources, and tools based on information learned from shared experiences and lessons learned. - Provide and disseminate materials. - Rapidly provide technical assistance to local health departments who request support with public health concerns, such as avian influenza or other emerging issues, where wastewater surveillance is one tool that is being used to monitor the situation.
Process Measures:	Increase number of translation tools and resources disseminated by at least 2 during initial budget period. Increase number of opportunities for jurisdictions to share local experience by at least 1. Increase number of best practice translation tools and resources by at least 1.
Outputs:	Best practice translation tools and resources; Opportunities for jurisdictions to share local experiences; Guidance/framework on how to develop wastewater surveillance programs
Budget Period Outcomes:	Work is informed by local public health staff for the tools, resources and guidance that are developed. Experiences are shared. Technical assistance.is provided.
Outcome Measures:	Input from local public health staff informed the development of tools and trainings. At least 5 small and rural health departments share their unique challenges. Requests for technical assistance are responded to within 48 hours.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Organization has the skills and experience to: - Share local mentoring experiences, best practice tools and knowledge about wastewater surveillance among local health departments. - Expand capacity through mentoring on wastewater surveillance implementation. - Develop or add to an existing community of practice to build the capacity and sustainability of a local wastewater surveillance program. - Implement trainings via communities of practice or at workshops / learning sessions / or other venues. - Coordinate peer to peer learning across local health departments to increase workforce development and mentoring efforts. - Coordinate mentor/fellowship training opportunities with other mentees, public health organizations, NWSS Centers of Excellence, etc., to share learnings and public health experiences.
Process Measures:	Increase number of mentors/mentees participating from health departments from baseline by at least 2 Increase number of local mentoring best practice tools by at least 1
Outputs:	Summary of mentors and mentees participating in program; descriptions of peer-to-peer learning opportunities; resource outlining mentoring best practices
Budget Period Outcomes:	Work is informed by local public health staff. Plans for material development and mentoring are completed. Initial materials and resources are developed and disseminated.
Outcome Measures:	Increased number of mentors/mentees by 75% Implement and evaluate at least 3 materials for use with mentors and mentees. 75% of the mentors and mentees will provide evaluation of training opportunities.

Project Title:	**Translating Wastewater Surveillance Data for Public Health Improvement**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	Build the capacity of public health systems to be able to translate wastewater data into information that can be used for public health action. Be a ready and responsive resource center to provide communication materials, training, and technical assistance for emerging health threats detected by wastewater surveillance.
CIO:	NCEZID
Division/Branch/Office /Unit:	Division of Infectious Disease Readiness and Innovation (DIDRI)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	American Rescue Plan Act of 2021 PL 117, CARES Act PL 116-136 and Further Consolidated Appropriations Act, 2024
Funding Statutory Authority:	American Rescue Plan Act of 2021 PL 117, CARES Act PL 116-136 and Further Consolidated Appropriations Act, 2024
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Organization has the skills and experience to develop clear communication for multiple different audiences, respond to request for technical assistance, translate complex data into information for public health action.
Recipient Program Experience:	Recipient demonstrates experience providing training to multiple audiences, technical assistance, translation and communication to multiple audiences.
Expectations for Collaboration:	Recipient must be able to collaborate with CDC, public health organizations, state health departments, local health departments, utilities, other community organizations utilizing wastewater surveillance to protect and improve the public's health. Formalized collaboration is not required.
Expected Subcontractual Work and Criteria:	Subcontracting is not required. If needed, the recipient may contract with people and/or organizations to support communication/writing, and training technology.
General Instructions for Use of Funds:	Cover appropriate personnel, travel, equipment, technology tools, and supplies as needed to achieve outcomes.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Gather input from public health staff to prioritize work activities, communication materials, and training needs. Develop training materials for use by state and local public health epidemiologists, and laboratorians, wastewater utility professionals, school staff, and others to communicate the data from wastewater surveillance. Create clear communication guides and examples to translate wastewater surveillance data for action by other agencies and entities within the community, such as community leaders, schools, industry partners, clinicians, hospitals, and others. Seek and incorporate input from the public health community and other key collaborators to inform the communication needs. Adjust and update communication materials based on user input. Implement trainings via existing communities of practice or at workshops / learning sessions / or other venues. Provide and disseminate resource guides. Rapidly respond to state health departments, local health departments, utilities, schools, and other community organizations utilizing wastewater surveillance staff who request technical assistance with emerging issues of public health concern where wastewater surveillance is one tool that is being used to monitor the situation.
Process Measures:	Utilization of materials by public health staff. Delivery of two training sessions. Enhance the skills and capacity of public health collaborators. Increased communication and reach with public health collaborators attending COPs, using resources.
Outputs:	Communication guides and resources used by population of focus and the general public to inform how data is translated for wastewater surveillance within their community. OBJ Technical assistance requests fulfilled. Trainings held.
Budget Period Outcomes:	Work is informed by public health staff communication and training needs. Plans for communication and training materials are completed. Initial materials and resources are developed and disseminated. At least two trainings are held.
Outcome Measures:	Increased data use by 50% for those attending training. Implement and evaluate at least 3 strategies to improve data translation. At least 40% of CoPs participants will provide evaluation of training session.

Project Title:	**Preventing Vector-borne disease in Cities and Counties**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**The nearly 3,000 Local Health Departments (LHDs) across the United States, including LHD leaders and LHD employees.**
Project Plan Details	
Project Purpose:	Support capacity building activities at the city and county level to prevent vector-borne disease, support vector-control activities and educate health department stakeholders about both topics.
CIO:	NCEZID
Division/Branch/Office /Unit:	Division of Vector-Borne Diseases (DVBD)
Proposed FY24 Project Funding Total:	$250,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Organization should have the capacity to facilitate meetings, host webinars, conduct surveys, promote new vector control and vector borne disease guidance and research, and coordinate projects that improve the capacity of local health departments and their organizational units in the areas of vector borne disease control and prevention
Recipient Program Experience:	The recipient should have worked with CDC previously on capacity building and public health educational activities focused on city and county health departments and governments
Expectations for Collaboration:	We hope the organization will collaborate with the appropriate entities that engage in vector and source control as well as disease prevention at the local and county level
Expected Subcontractual Work and Criteria:	Subcontracts may be necessary to carry out training and capacity building activities including direct funding to city and county governments
General Instructions for Use of Funds:	
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Convene a work group of professionals from local vector control programs; represent perspectives, priorities, and work of local vector control programs at one or more conference, meeting, or workshop
Process Measures:	Number of workgroup meetings; number of resources produced to support local vector control programs; number of conference abstracts
Outputs:	Workgroup meetings and resources; conference attendance

Budget Period Outcomes:	Disseminated materials and information to support local vector control officials
Outcome Measures:	Number of partner organizations receiving resources; number of conferences attended
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	In order to share best practices and increase vector control program capabilities, coordinate a mentor/mentee partnership for local vector control programs; conduct an assessment of local vector control program capabilities
Process Measures:	Number of mentor/mentee pairs; submit one draft plan for local vector control program capability assessment
Outputs:	Mentor/mentee partnership pairs working together to increase vector control workforce capacity; instruments for vector control capacity assessment
Budget Period Outcomes:	Increased number of mentor/mentee pairs; increase in vector control capabilities and peer-to-peer collaboration between local vector control programs; local vector control program capability assessment conducted
Outcome Measures:	Evaluation of mentor/mentee program; number of assessment tools created

Project Title:	**Food Safety Activities for City and County Health Departments and Officials**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	This project will improve local health department (LHD) food safety. For the purpose of this project, food safety is defined as enteric disease surveillance and response. Enteric disease is a substantial public health problem. LHD capacity to conduct effective, rapid enteric disease surveillance and response activities is a critical part of the overall public health approach to address food safety issues. The project will strengthen LHD enteric disease collaborations, improve enteric disease surveillance and response programs, and provide assistance to LHDs directly and as part of the multidisciplinary teams that conduct enteric disease surveillance and response activities. Purpose: • Improve the performance of LHDs to ultimately reduce incidents of enteric disease • Increase the capacity and capability of LHDs to detect, investigate, control, and prevent enteric diseases • Support efforts to identify and share methods to improve processes at local, state, and federal level to detect, investigate, control, and prevent enteric disease outbreaks.
CIO:	NCEZID
Division/Branch/Office /Unit:	Division of Foodborne, Waterborne, and Environmental Diseases (DFWED)
Proposed FY24 Project Funding Total:	$120,000.00
Funding Appropriation:	75-24-0949 Food Safety
Funding Statutory Authority:	Emerging and Zoonotic Infectious Diseases: Food Safety
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Applicant should have close contact and communication with local health departments, local public health officials, and key associations representing epidemiologists, environmental health professionals, state health officials, laboratorians, and food program leaders. The applicant should also have existing contacts with the key federal agencies involved in enteric disease issues (e.g. FDA, USDA, CDC). Applicant should have administrative, professional, and IT capacity to simultaneously coordinate a variety of activities related to enteric disease surveillance and response at the local level. Applicant should have members and/or staff who are capable of understanding and providing expertise with local issues related to enteric disease surveillance and response activities.

Recipient Program Experience:	Applicant should have extensive experience working with and representing local health departments and officials. Applicant should have members/staff who are knowledgeable about enteric disease surveillance and response issues at the local level. The applicant should have experience managing cooperative agreements and contracts and extensive budget experience. Additionally, the applicant should have experience planning and conducting in-person meetings, conference calls, and managing travel procedures. They should be experienced with enteric disease surveillance and response policy issues related to local health departments and officials. The applicant should have extensive experience working with a variety of agencies at the local, state, territorial, and federal levels. The applicant should have extensive experience working closely with associations representing epidemiologists, environmental health professionals, state health officials, laboratorians, and food program leaders.
Expectations for Collaboration:	The Division of Foodborne, Waterborne, and Environmental Diseases expects to collaborate closely with the successful applicant. The applicant should collaborate closely with CIFOR Council organizations.
Expected Subcontractual Work and Criteria:	Subcontractual work may be used to complete some activities under this project. Identification/selection of subcontractors will be conducted using an open, competitive process.
General Instructions for Use of Funds:	The Division of Foodborne, Waterborne, and Environmental Diseases has no special budget instructions; we suggest adhering to CDC OFR's budget and line item justification instructions. Food Safety Funds: $100,000 - $120,000
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Support the Council to Improve Foodborne Outbreak Response (CIFOR) to identify and share methods to improve processes at local, state, and federal levels to detect, investigate, control, and prevent enteric disease outbreaks. Facilitate attendance and participation of local health officials and their staff at national stakeholder meetings or events related to enteric diseases. Increase the awareness of LHD staff about enteric disease issues through informational and educational materials and LHD staff attendance at/participation in food safety meetings and training opportunities. Gather input from epidemiology, laboratory, and environmental health disciplines, and other LHD leaders to develop policy and program priorities for LHDs and develop or update policy statements for LHDs related to enteric diseases.

Process Measures:	To maintain participation level of the previous year, at least one organization representative will attend calls, webinars/seminars, working groups/committees, meetings, or training events related to enteric diseases Number of educational opportunities conducted, number of participants, and evaluation information from educational opportunities. Number of travel scholarships awarded to participate in educational opportunities or training events.
Outputs:	Resources, tools, and training opportunities developed and/or shared with LHDs. Travel support for LHD staff to attend and participate in national meetings/conferences and trainings on enteric disease and surveillance and response. Dissemination of information, materials, and resources for enteric disease leaders via communication emails, newsletters, and other methods as applicable.
Budget Period Outcomes:	Increased capacity and competency of to detect, investigate, control, and prevent and enteric disease illnesses with other LHDs and with state and federal agencies. Increased collaboration, partnership, and integration efforts between LHDs and partners at the state and federal levels through a forum and network to share experiences and develop guidance and model practices on policy, methods, interpretation of reports, professional development, and other resources.
Outcome Measures:	At least 65% of participants/attendees report an increase in knowledge and/or capacity for enteric disease surveillance and response.

Project Title:	**Leveraging ELC to Meet Local Infectious Disease Needs**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	This project aims to expand and accelerate efforts to identify examples of 1) states that provide model/exceptional support to its locals for infectious disease detection, response, and control, and 2) document best practices that are transferrable and illustrate how this support is provided. The project should cover both monetary and non-monetary aspects of support, including technical, contractual, business practices and partnership. This project will leverage work in the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Cooperative Agreement to support local infectious disease needs.
CIO:	NCEZID
Division/Branch/Office /Unit:	Division of Infectious Disease Readiness and Innovation (DIDRI)
Proposed FY24 Project Funding Total:	$250,000.00
Funding Appropriation:	75-X-0140 ARPA Funding; 75-24-0943 EI Funding
Funding Statutory Authority:	42 USC 247b-24: Addressing factors related to improving health outcomes
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Target organization should have long-standing relationships with local health departments, ideally, representing them as members or primary stakeholders. Recipient organization should have the ability to mobilize and deploy assessment tools for receiving feedback from a statistically representative group of local health departments. Additionally, recipient should have the staff versed in infectious disease topics relevant to local health departments and the ability to communicate their needs clearly.
Recipient Program Experience:	Recipient should have demonstrated experience communicating complex issues and recommendations to various audiences in a manner that is culturally competent and with awareness of political sensitivities. Recipient should have demonstrated experience working with local health departments on infectious disease areas and developing white papers and recommendations for broad, public-facing, dissemination.
Expectations for Collaboration:	Recipient is expected to collaborate with CDC, and representation from state, tribal, local and territorial health departments (or organizations that represent the interests of these groups).
Expected Subcontractual Work and Criteria:	Subcontracting work is not required; however, should it be deemed necessary by the recipient, all pertinent grants management rules and regulations should be followed. Click or tap here to enter text.
General Instructions for Use of Funds:	No specific cost categories are prohibited from being requested; however line items reflected in the budget will be evaluated against the proposed workplan. Costs not directly applicable to the successful completion of the stated activities will not be programmatically recommended for approval.
Strategic Area:	**Workforce**

Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	1. Broaden existing work on state-local best practices of engagement to conduct 2-3 deep dives into response-ready infectious disease topics, and inclusion of additional partners TBD (i.e. data systems, tribal, preparedness, environmental, other cross-sectoral partners) 2. Develop tools or communication materials to aid the implementation of improved state-local partnership engagements.
Process Measures:	- At least 70% of health departments provided with materials developed as a result of this project, will indicate improved understanding of how ELC may support Local Health Departments (May discuss with TM post-award). - Partner successfully conducts 2-3 focus groups to inform best practices and development of materials.
Outputs:	Communication materials that details the findings of the activities and the best practices identified, and possibly tools to help with implementation.
Budget Period Outcomes:	Health department staff using new materials indicate improved awareness of best practices in working with State-local and broad partnership to achieve respond-ready infectious disease goals.
Outcome Measures:	At least 10 state health departments integrate or reference new materials on ELC Best Practices for State health departments supporting locals and other partners in training their new and existing staff.

Project Title:	**Strengthening state and territorial public health preparedness for emerging infectious disease threats through a collaborative innovation hub**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	Strengthen state and territorial health agency public health preparedness through a collaborative platform that facilitates the exchange of insights, strategies, and tools. This platform should generate and share innovative approaches, partnering with state and territorial health agency professionals to develop content across key areas of public health preparedness. Organization should leverage platform and other existing resources to support state and territorial health agencies as they respond to public health emergencies, emerging and remerging public health threats (such as highly pathogenic avian influenza). The recipient will collaborate with subject matter experts and partner networks to promote and expand the platform to encourage engagement and facilitate more effective communication among users. Organization should promote innovative practices through multiple channels including an innovation hub website and digital media, which may include social media and podcasts. Content should focus on highlighting best practices in areas such as training and resources, equity, data systems and management, and workforce development.
CIO:	NCEZID
Division/Branch/Office /Unit:	Division of Infectious Disease Readiness and Innovation (DIDRI)
Proposed FY24 Project Funding Total:	$600,000.00
Funding Appropriation:	American Rescue Plan Act of 2021 PL 117, CARES Act PL 116-136 and Further Consolidated Appropriations Act, 2024, 75-2024-0943 EI funding
Funding Statutory Authority:	American Rescue Plan Act of 2021 PL 117, CARES Act PL 116-136 and Further Consolidated Appropriations Act, 2024, 42 USC 247b-24: Addressing factors related to improving health outcomes
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Recipient organization should have the ability to develop information modules and develop tools for receiving feedback from a statistically representative group of its members. Additionally, recipient should have staff versed in infectious disease response approaches and partnerships, use of surveillance data collection and analysis, and business practices to support emergent needs.
Recipient Program Experience:	Recipient should have demonstrated experience developing education, training, and guidance materials related to outbreak response, epidemiology, laboratory, data systems, and relevant operational support. They should have regular and ongoing exchange with health department leadership, cross-sector collaborations, and should have the ability to develop materials, and conduct communication campaigns to socialize and promote new materials.
Expectations for Collaboration:	Recipient is expected to collaborate with CDC and health departments or organizations that represent them. Recipient may also choose to collaborate with partners or subcontractors to complete deliverables that require technical expertise, such as the development of digital media products, podcasts, and short-form videos to enhance audience engagement.

Expected Subcontractual Work and Criteria:	Subcontracting work is not required; however, should it be deemed necessary by the recipient, all pertinent grants management rules and regulations should be followed.
General Instructions for Use of Funds:	No specific cost categories are prohibited from being requested; however line items reflected in the budget will be evaluated against the proposed workplan. Costs not directly applicable to the successful completion of the stated activities will not be programmatically recommended for approval.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	1. During the COVID pandemic and shortly thereafter, resources were gathered and organized to support state health departments with success stories, tools, and methods to combat the public health crisis. The recipient will continue developing those inspirational stories to make them relevant to public health's ongoing need to be response-ready by harnessing the collective wisdom of health agency staff. 2. Expand the set of materials to enable state public health leaders to find information and apply it to their current situation, whether they are responding to a public health emergency or leading routine activities. 3. Develop tools that connect state health department peers with the challenges and solutions they overcame and learn how to apply them to emerging issues. 4. Facilitate knowledge sharing through multiple venues – including a collaborative platform, virtual and in-person learning sessions, podcasts and/or other social media, and traditional settings – that promote actionable ideas. 5. Create and use digital media to showcase the collaborative platform and increase engagement. Leverage digital media tactics used by public health partners, including the CDC. 6. Innovate the dissemination of information to include methods such as short videos, quick listening bites, and other media. 7. Develop and implement audience engagement strategies that foster transparency and trust.
Process Measures:	Development of resources on the collaborative platform. At least 2 knowledge sharing approaches implemented. At least 2 social media collaborations implemented.
Outputs:	Materials on the collaborative platform. Social media posts. Promotions of material via multiple channels.

Budget Period Outcomes:	Health department staff using collaborative platform to improve their competence and awareness of collective wisdom. Awareness of the resources increased and different communication channels used.
Outcome Measures:	At least 20% of state health departments integrate or reference materials / knowledge from the collaborative platform.

Project Title:	**Platform for Addressing Public Health Preparedness Challenges (INSPIRE: Readiness)**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State Health Department Leadership**
Project Plan Details	
Project Purpose:	INSPIRE: Readiness, is a platform that allows public health professionals to connect with peers to share their success stories, discuss challenges, and discover innovative solutions. Users can explore advanced methodologies, leading-edge tools, and a wide array of modern resources, equipping them to take decisive action. The platform facilitates knowledge sharing, thereby fostering an environment of continual learning and improvement. This project will build on and expand the prior efforts with INSPIRE: Readiness to develop tools, stories, and outreach materials to emphasize the importance of proactive and ongoing collaboration and leveraging between preparedness and communicable disease. The materials should be based on input from jurisdictions to provide models, examples, and tools to improve scalability of communicable disease control efforts and strengthen response-readiness in health department staff and leadership.
CIO:	NCEZID
Division/Branch/Office /Unit:	Division of Infectious Disease Readiness and Innovation (DIDRI)
Proposed FY24 Project Funding Total:	$300,000.00
Funding Appropriation:	75-X-0140 ARPA Funding; 75-24-0943 EI Funding
Funding Statutory Authority:	42 USC 247b-24: Addressing factors related to improving health outcomes
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Recipient organization should have the ability to develop information modules and develop tools for receiving feedback from a statistically representative group of its members. Additionally, recipient should have staff versed in infectious disease response approaches and partnerships, use of surveillance data collection and analysis, and business practices to support emergent needs.
Recipient Program Experience:	Recipient should have demonstrated experience developing education, training, and guidance materials related to outbreak response, epidemiology, laboratory, data systems, and relevant operational support. They should have regular and ongoing exchange with health department leadership, cross-sector collaborations, and should have the ability to develop materials, and conduct communication campaigns to socialize and promote new materials.
Expectations for Collaboration:	Recipient is expected to collaborate with CDC and health departments or organizations that represent them.
Expected Subcontractual Work and Criteria:	Subcontracting work is not required; however, should it be deemed necessary by the recipient, all pertinent grants management rules and regulations should be followed.
General Instructions for Use of Funds:	No specific cost categories are prohibited from being requested; however line items reflected in the budget will be evaluated against the proposed workplan. Costs not directly applicable to the successful completion of the stated activities will not be programmatically recommended for approval.

Strategic Area:	Workforce
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	1. Review existing materials and best practices to bridge health department collaborations with preparedness to strengthen “response-ready” communicable disease, use of surveillance data collection and analysis, business practices to support emergent needs. 2. Develop new module for INSPIRE: Readiness to strengthen bridging between preparedness and communicable disease epidemiology, laboratory, and data systems. The materials should be based on input from jurisdictions to provide models, examples, and tools to improve scalability of communicable disease control efforts and strengthen response-readiness in health department staff and leadership. 3. Conduct outreach and promote new materials and module through communications roll-out plan that is developed collaboratively with CDC.
Process Measures:	Usefulness and applicability of material, based on iterative development and feedback from external health department staff, partner organization and CDC. At least 90% of current users of the platform will be retained over the coming year and an additional 10% will be added. (May be negotiated with recipient post-award)
Outputs:	Development of module for INSPIRE: Readiness to strengthen bridging between preparedness and communicable disease epidemiology, laboratory, and data systems. The materials should be based on input from jurisdictions to provide models, examples, and tools to improve scalability of communicable disease control efforts and strengthen response-readiness in health department staff and leadership. Any associated trainings (if necessary) should be developed in alignment with the CDC Quality Training Standards.
Budget Period Outcomes:	Health department staff using module indicates improved competence and awareness of best practices in scalability of infectious disease responses, and tools to improve business, management & operations practices when health department is responding to emergent needs.
Outcome Measures:	At least 20% of state health departments integrate or reference INSIRE: Readiness in their onboarding/orientation training for new staff.

Project Title:	**Making Dialysis Safer: Strengthening Infection Prevention in Dialysis Healthcare Settings**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Healthcare personnel working in dialysis clinics.**
Project Plan Details	
Project Purpose:	The purpose of this capacity building activity is to gather relevant healthcare personnel and healthcare organizations involved in dialysis delivery (i.e., patients and patient safety stakeholders; public health professionals; and representatives of other organizations who can impact healthcare-associated infection surveillance and infection prevention) with CDC leaders/subject matter experts and a cooperative agreement partner. The activity will improve infection prevention and healthcare-associated infection surveillance practices in dialysis healthcare settings and increase the capability of dialysis centers and public health departments to achieve public health goals for infection prevention by increasing awareness of preventable dialysis healthcare-associated infections and recommended prevention measures, improving communication across care setting, and by improving coordination with public health partners. Attendees will include state/local health department staff, Infection Preventionists, healthcare epidemiologists, Registered Nurses, dialysis technicians, healthcare certification organizations, professional organizations, quality improvement organizations, federal agencies, dialysis patients, health educators, and others from the kidney care community.
CIO:	NCEZID
Division/Branch/Office /Unit:	Division of Healthcare Quality Promotion (DHQP)
Proposed FY24 Project Funding Total:	$140,000.00
Funding Appropriation:	93906BY AR Funding
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	· Experience in organization of similar grouping of experts or relevant parties · Logistical skills and abilities to complete engagement and assembly of strategic partners
Recipient Program Experience:	Knowledge of CDC's infection prevention tools · Knowledge of CDC's Making Dialysis Safer for Patients Coalition · Experience working with healthcare provider organizations, public health, patient safety stakeholders
Expectations for Collaboration:	Recipient should work with CDC to discuss strategies for assembling the most influential or relevant participants to achieve identified outcomes. No external collaborators are required by CDC.
Expected Subcontractual Work and Criteria:	N/A

General Instructions for Use of Funds:	N/A
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Engage with the CDC and dialysis target community to find the most relevant participants and bring them together in person at the CDC headquarters and virtually to increase awareness and discuss implementation and adoption of dialysis core interventions, best practices, infection prevention experiences and findings through networking and collaboration. Provide community engagement sharing of infection prevention research, experiences, and findings through networking and collaboration. A1: Coalition Member Meeting – coordinate planning for engagement meeting including agenda development, speaker identification, meeting support, post-meeting summary/notes, evaluation, and dissemination of findings to entire Coalition. A2: Develop 2 capacity building products that highlight roles of public health and partners in addressing HAIs in dialysis settings or best practices in HAI prevention in dialysis settings. A3: Promote collaborative IPC efforts between public health and healthcare partners. A4: Coalition member needs assessment – Conduct a needs assessment of Coalition Partner and Member organizations to identify future needs that can be met through Coalition communication materials and activities.
Process Measures:	PM1: Number of participants in various virtual, in-person, or web engagements PM2: Number of capacity building products on Dialysis related IPC topics PM3: Number of Coalition Partner and Member organizations contacted to complete the needs assessment and responses received.
Outputs:	This national dialysis coordination will provide training on improved dialysis interventions, infection prevention best practices, and evidence-based discoveries.
Budget Period Outcomes:	The expected outcomes are improvement in infection prevention practices in dialysis healthcare settings, enhanced communication between dialysis care providers and public health, and improved capacity to address and respond to public health threats.
Outcome Measures:	OM1: Show increase in awareness of Dialysis community by engagement numbers and metrics increase over the budget time period. OM2: Positive response from community post-engagement events (in-person, virtual, web learning, technical support point of contact.

Project Title:	**Preventing Vector-borne disease in States**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	Support state and territorial health officials and department staff to understand and prevent vector borne diseases in the United States and its territories.
CIO:	NCEZID
Division/Branch/Office /Unit:	Division of Vector-Borne Diseases (DVBD)
Proposed FY24 Project Funding Total:	$150,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The organization should be regularly in touch with and supportive of state health departments, and familiarity with vector borne disease prevention and control. They should have the capacity to reach health department leadership and organize individuals who are in charge of state surveillance of both vectors and vector-borne diseases.
Recipient Program Experience:	The recipient should have experience managing webinars and educational efforts that reach state health department leaders. They should be able to manage a national vector control official organization that engages state-level leaders who make decisions on resource allocation, vector control efforts, surveillance etc.
Expectations for Collaboration:	We hope the recipient will collaborate with other governmental entities that reach high risk groups like hikers and others enjoying outdoor activities, people who work outdoors, or others.
Expected Subcontractual Work and Criteria:	
General Instructions for Use of Funds:	The recipient should fund programmatic staffing support internally.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Host regular webinars, meetings, opportunities for learning that target state health officials, public health entomologists or veterinarians and others who work in vector-borne disease prevention and control. Amplify new publications or guidance documents released by CDC on VBDs Identify opportunities to reach new populations who experience high risk of vector borne disease Support evaluation of state health department needs to improve understanding and practice of vector control and vector borne disease prevention
Process Measures:	Facilitate regular National Association of Vector Control Officials meetings Engagement between state health departments and vector borne disease students
Outputs:	Quarterly NAVCO calls, regional calls 1-2 blogs about vector-borne disease science and/or prevention
Budget Period Outcomes:	National Association of Vector Control Officials are better educated and engaged with CDC's best practices, novel interventions and science More public health professionals are educated about vector borne disease The Division of Vector Borne Disease and CDC is better connected to Health Department staff
Outcome Measures:	Recipient evaluates efficacy of state health department understanding and engagement with vector control and vector borne disease prevention
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Engage a new partner organization that reaches people spending time in the outdoors (hikers, backpackers, others using parks and recreation facilities) Develop plan to support recruitment of young public health entomologists Work with partners to develop documents, assessments and/or other materials that assess health equity challenges relevant to vector-borne disease
Process Measures:	Organize, advertise and implement a recruitment activity for young public health entomologists Identify opportunities to educate key partner audiences CDC isn't reaching
Outputs:	New partnerships targeting key risk audiences Training materials and opportunities Sharing best practices for vector control and disease prevention Measurement of impact of best practice distribution
Budget Period Outcomes:	New partnerships developed Engagement opportunities for CDC, state health departments to reach high risk populations
Outcome Measures:	# of training materials developed, revised or adapted to educate new or changing audiences # of communication and engagement opportunities reaching state health departments and their partners

Project Title:	Food Safety Activities for State Health Departments and Officials
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State Health Departments/State Health Officials**
Project Plan Details	
Project Purpose:	This project will improve state food safety. For the purpose of this project, food safety is defined as enteric disease surveillance and response, and does not include regulatory or defense aspects of food safety. Enteric disease is a substantial public health problem. State capacity to conduce effective, rapid enteric disease surveillance and response activities is a critical part of the overall public health approach to address food safety issues. The state health official (SHO) is in a unique position to direct policy and practice for state public health activities. This project will strengthen state food safety collaborations, improve state enteric disease surveillance and response programs, and provide assistance and CBA to state policy makers. Purpose: • Improve performance of state health agencies in food safety to ultimately reduce enteric disease illness and outbreaks, incorporating a one health approach. • Strengthen collaboration and coordination between state health agencies and key federal agencies, local agencies, and other stakeholders in food safety. • Influence national food safety discussions to ensure inclusion of public health principles in national recommendations and policies.
CIO:	NCEZID
Division/Branch/Office /Unit:	Division of Foodborne, Waterborne, and Environmental Diseases (DFWED)
Proposed FY24 Project Funding Total:	$135,000.00
Funding Appropriation:	75-24-0949 Food Safety
Funding Statutory Authority:	Emerging and Zoonotic Infectious Diseases: Food Safety
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Applicant should communicate directly with state health officials and coordinate a variety of food safety activities, specifically surveillance and response to enteric illnesses and outbreaks, related to the needs and interests of this group. Applicant should have close contact and communication with representatives of epidemiology, laboratory, and environmental health units as the local, state, and territorial levels, and have contact with key federal agencies involved in food safety issues (e.g. CDC, FDA, and USDA). Applicant should have administrative, professional, and IT capacity to simultaneously coordinate a variety of activities related to surveillance and response to enteric illnesses and outbreaks.

Recipient Program Experience:	Applicant should have experience working directly with and representing state health officials and their staff on a wide variety of food safety issues, both programmatic and policy-related. Applicant should be highly knowledgeable about state and federal legislative, administrative, and legal issues that impact state functions and surveillance and response to enteric illnesses and outbreaks. Applicant should have extensive experience working with associations representing epidemiologists, environmental health professionals, local health officials, laboratory scientists, and food and agriculture program officials. Applicant should have extensive experience working with cooperative agreements and contracts.
Expectations for Collaboration:	The Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) expects to collaborate closely with the successful applicant. The applicant should collaborate closely with CIFOR Council organizations.
Expected Subcontractual Work and Criteria:	Subcontractual work may be used to complete some activities under this project. Identification and selection of subcontractors will be conducted using an open, competitive process.
General Instructions for Use of Funds:	Organizational Capacity/Performance Improvement, Policy & Program Activities: $75,000-$100,000 Partnership Development and Engagement Activities: $25,000 - $35,000 The applicant should adhere to CDC OFR's budget and line item justification instructions
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Support national efforts to integrate the food safety system, develop sustainable, better coordinated prevention-oriented infrastructure, and increase collaboration across state, local, and federal levels for food safety issues and practices. • Facilitate attendance and participation of state health officials and their staff at national stakeholder meetings or events related to food safety. • Support the Council to Improve Foodborne Outbreak Response (CIFOR) to identify and share methods to improve processes at local, state, and federal level to detect, investigate, control, and prevent enteric disease outbreaks.
Process Measures:	To maintain participation level of the previous year, at least one organization representative will attend calls, webinars/seminars, working groups/committees, meetings, or training events related to enteric diseases.
Outputs:	Resources, tools, and training opportunities that were developed and/or shared with SHOs
Budget Period Outcomes:	Increased capacity of state health officials and their staff to participate in food safety activities (laboratory, epidemiologic, and environmental health) with other state, local, and federal agencies. Increased collaboration, partnership, and integration efforts between states, locals, and federal levels through a network for local public health professionals to provide critical input into development of guidance on policy, methods, reports, professional development, and other resources.
Outcome Measures:	At least 65% of participants/attendees report an increase in knowledge and/or capacity for enteric disease surveillance and response.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	

Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Collaborate with the National Institute for Animal Agriculture (NIAA) to develop and implement educational opportunities and forums for timely information exchange (e.g. webinars, trainings, annual NIAA Antibiotic Symposium) for SHOs and relevant stakeholders
Process Measures:	Number of educational opportunities conducted, number of participants, and evaluation information from educational opportunities.
Outputs:	Documentation for NIAA and ASTHO collaboration (e.g. finalized contract, webinar/training attendance statistics, etc.) for participation in educational opportunities with NIAA
Budget Period Outcomes:	Increase state and territorial health agency knowledge around NIAA projects, programs, and resources
Outcome Measures:	At least 65% of participants/attendees who report an increase in knowledge and/or capacity to engage with interested parties around NIAA projects, programs, and resources.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Plan and convene a Policy Academy on the topic of food safety, building on the introduction of the policy development process for state agency staff.
Process Measures:	Maintain previous participation levels in food safety-specific Policy Academy convenings (number of participants).
Outputs:	At least one summary report for the Policy Academy convening that documents NIAA and ASTHO collaboration (e.g. communication plan for the Policy Academy, description of training materials provide to participants) for participation in educational opportunities with NIAA
Budget Period Outcomes:	Policy Academy participants have an increased understanding of the policy development process for food safety, as well as increased access to related resources/reference materials.
Outcome Measures:	At least 65% of Policy Academy participants who report an increase in knowledge and/or capacity to engage interested parties around food safety policy and policy development.

Project Title:	Improving STI Prevention Programs and Services through Local-level and Community Partnerships
Population of Focus:	Category A: Governmental Public Health Departments
Population of Focus Description:	Local level health departments
Project Plan Details	

Project Purpose:	The purpose of this project is to partner with an organization that represents county and city health departments to generate, evaluate, and disseminate knowledge and best practices aimed at reducing the spread of sexually transmitted infections (STIs). By partnering with an organization that can reach local level public health departments, the Centers for Disease Control and Prevention (CDC) will be able to strengthen bi-directional communication, improve access to data for decision making and learning, and disseminate effective practices. This project will support activities to strengthen the capacity of local health departments (LHDs) to address STIs by providing technical and capacity building assistance, developing and disseminating tools and resources, and facilitating information exchange, peer engagement, and learning opportunities. Through its membership, the recipient may also assist with assessing the STI infrastructure at the local level as well as assessing the sociodemographic and needs of STI clinic users. We also expect this project to assist the Division of STD Prevention (DSTDP) in addressing emerging issues impacting local health departments, changes in policy, and convene national STI partners, including non-traditional partners. Project activities will complement key division priorities such as syphilis, doxycycline as post-exposure prophylaxis (doxy PEP), point-of-care (POC) STI testing, community engagement, improving equity, and tailored interventions using a syndemic and health in all policies approach. County and city health officials can support STI programs in key areas, including building partnerships and innovative collaboration, as well as addressing challenges related to public health systems infrastructure. The project will center on three core areas: 1) Organizational Capacity and Program Experience, 2) Partnerships and Engagement, and 3) Policy and Programs. Within this framework, the current/anticipated recipient will provide technical assistance and capacity building support for STI priorities, emerging issues, and critical program infrastructure needs. The recipient will support its members as they provide cross-program leadership, and bring expertise in partnership building, health equity, organizational capacity building, and evaluation. The recipient will be expected implement a syndemic approach and build capacity at the local level. We anticipate this partnership will help improve engagement, efficiency, reduce cost, and improve the availability, quality, and timeliness of public health and services for STI in local communities. Expected Outcomes • Improve the capacity and performance of local level health department and community partners in STI prevention and control to ultimately reduce the incidence of infectious disease. • Enhance skill and ability to support decision making toward processes, policies, programs and practices at the local level • Establish and maintain diverse public health partnerships across health sectors in meaningful cooperation and achievement of evidence-based public health strategies and interventions • Increase implementation and information exchange of recommended processes, policies, programs and practices within strategic areas • Increase collaboration among local health departments, DSTDP, and other federal, national, state and local partners.
CIO:	NCHHSTP
Division/Branch/Office /Unit:	Division of STD Prevention (DSTDP)
Proposed FY24 Project Funding Total:	$260,000.00

Funding Appropriation:	CONSOLIDATED APPROPRIATION ACT, 2024
Funding Statutory Authority:	Section 318(a) - (c) of the Public Health Service Act [42 U.S.C. Section 247c (a) - (c)], as amended
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The applicant should represent most of the city and county health officials in the United States. The organization should have the capacity to reach local health departments in the United States and the ability to coordinate efforts at a national level.
Recipient Program Experience:	The applicant should have experience working on STI prevention issues, particularly related to building the capacity of local health departments and should have experience working collaboratively with CDC's Division of STD Prevention (DSTDP) and the other national professional organizations that support STI prevention and control.
Expectations for Collaboration:	The recipient is expected to collaborate closely with CDC/DSTDP in the management and execution of the projects. The recipient will collaborate with other funded CDC/DSTDP national partners, local health departments, STD clinics, subcontractors, health systems, the community, and others. The applicant is expected to work closely with CDC/DSTDP to ensure that national and division STI program goals and objectives are being addressed through collaborative work.
Expected Subcontractual Work and Criteria:	When subcontractors are deemed necessary to complete the project, the subcontractor should have an established track record of partnering with public health, health care entities, and/or their local communities to lead and promote positive changes to improve the health of Americans. When subcontractors are deemed necessary, the recipient should work with CDC to establish the scope of work, suggested funding amounts, and selection of subcontractors.
General Instructions for Use of Funds:	Funds should be used to accomplish the goals provided in the project purpose section above. The project activities and scope will be determined by the amount of funds available. Each project period, the project and activities will be aligned to best meet CDC/DSTDP's needs and priorities and scaled to match the actual funding amount available for this work. The recipient should collaborate with CDC to establish a reasonable work plan and deliverables based on priorities and the actual funding available.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Organizational Capacity and Performance Improvement may support the following activities: - Offering technical assistance to local health departments - Periodic assessment of the STI infrastructure - Communication efforts, including partner/member communications, fact sheets, toolkits, success stories, best practices, and other communications. - Development or maintenance of a syndemic advisory workgroup to identify and address priority capacity building needs - The ability to query a sentinel network for programmatic feedback on ways to improve and strengthen capacities needed for a stronger STI infrastructure

Process Measures:	- Convene at minimum one syndemic advisory workgroup meeting - Develop monthly STI eNewsletter - Query sentinel network for programmatic feedback
Outputs:	1 x convened syndemic advisory workgroup meeting with meeting report 10 x monthly STI eNewsletter 1 x network query to support programmatic activities
Budget Period Outcomes:	- Increased reach of STI information, tools, resources, and strategies among city and county health officials and departments and other national partners engaged in STI prevention and control
Outcome Measures:	- By July 31, 2025, convene one syndemic advisory workgroup meeting and provide a meeting report with key findings and next steps.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Partnership Development and Engagement activities may include: - Improve establishment and maintenance of results-driven partnerships that can lend their perspective to national-level priorities, policies, guidance, programs, and activities; - Make training and education opportunities and direct assistance available to improve engagement; - Partner with communities on meaningful engagement to improve STI outcomes; - Identify experts and organizations that can serve the needs of DSTDP in recaching its short- and long-term objectives; - Convene meetings on topics of interest and emerging priorities, as needed (e.g., congenital syphilis, doxycycline as post-exposure prophylaxis, mpox); and - Provide scholarships for local health department or sub-awardees to attend national conferences and trainings.
Process Measures:	- Identify at minimum, two new STI partners, either traditional or nontraditional - Support scholarships for local health department staff or sub-awardees to attend national conferences and/or trainings
Outputs:	- At least 4 exploratory calls held with potentials partners and 2 newly identified STI partners - 5 x scholarships awarded for conference attendance or training
Budget Period Outcomes:	Increased establishment and maintenance of results-driven partnerships that can lend their perspective to national-level priorities, policies, guidance, programs, and activities
Outcome Measures:	By July 31, 2025, achieve 100% scholarship acceptance, including 100% conference attendance or training completion.
Strategic Area:	**Policy and Programs**
Strategic Area Details	

Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	1. Policy activities to improve the ability to interpret and inform laws that affect public health. Some activities may include: - Identification of legal experts and organizations that can serve the needs of DSTDP in recaching its short- and long-term objectives - Exploration of the legal environment for pharmacist-assisted doxycycline as post-exposure prophylaxis (doxy PEP) and drafting of appropriate protocols or considerations - Development and dissemination of policy-related work and trainings (e.g., 340B training for local health departments) 2. Implementation Science, Evaluation, and Spreading Innovations among Programs activities may include: - Identifying and/or stimulating innovative practices; - Evaluating and conducting studies on effectiveness and costs; - Developing tools and resources that promote effective local health department practices; - Developing assessments of social and behavioral interventions; - Webinar series that showcase innovation and new developments in STI prevention and control; - Demonstration sites where CDC field epidemiologists/medical epidemiologists can work with local health departments and federally funded STI clinics within the health department's jurisdiction on special projects that contribute to the evidence-base for successful STI prevention practice; and - Demonstration projects or pilots to test and evaluate innovative STI prevention tools, clinical practices, partner services, and technology or informatics as part of programmatic improvements
Process Measures:	- Identification or maintenance of at least one legal expert or organizational partnership to support STI policies and programs - Convene meetings with key experts and organizations to explore the legal environment for pharmacist-assisted doxy PEP - Host at minimum two policy and/or innovation-related webinars or trainings - Based on findings from the network query, propose at least 3 demonstration projects and/or activities for spreading innovation that would benefit local health departments and the communities they serve
Outputs:	- 1 x legal expert or organizational partner identified to support STI policies and program - 1 x meeting summary on the legal environment for pharmacist assisted doxy PEP with recommendations - 2 x webinar series showcasing innovation and new developments in STI prevention and control - 3 x concept notes/presentation outlining ideas for demonstration projects and/or activities for spreading innovation and enhancing the local workforce
Budget Period Outcomes:	Improve the ability of local health departments to interpret and inform laws that affect public health
Outcome Measures:	Within three months of the award, give a presentation to DSTDP outlining the proposed ideas.

Project Title:	**Examining and Improving STD Clinical Services Provided by Health Departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Publicly funded STD clinics (under local health departments and others that operate with public funding) and other publicly funded clinics that may provide STD services**
Project Plan Details	
Project Purpose:	STD clinics form an essential part of the safety net for STD testing, treatment, and partner services. Many health departments that do not have specialized STD clinics provide STD services in other public health clinics, via contract or by referral to other clinics. CDC has conducted two previous surveys to assess STD prevention activities in state and local health departments (SHDs and LHDs), and CDC has also built an STD clinic registry that has information on clinical services that are offered. CDC is seeking to develop a National Committee for Quality Assurance (NCQA) Health Plan Employer Data and Information Set (HEDIS) measure for syphilis screening in pregnancy, which may improve syphilis screening. Activities such as these inform and can improve STD services offered by health departments.
CIO:	NCHHSTP
Division/Branch/Office /Unit:	Division of STD Prevention (DSTDP)
Proposed FY24 Project Funding Total:	$625,000.00
Funding Appropriation:	75-23-0950
Funding Statutory Authority:	Section 318(a) - (c) of the Public Health Service Act [42 U.S.C. Section 247c (a) - (c)], as amended
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient should have the capacity to take the lead on OMB PRA approval for surveys (jointly with CDC). The recipient should also be able to develop the Web version of any surveys, have experience in pilot-testing surveys, and able to collect and transmit responses to CDC. For any surveys conducted in-person, the recipient should be able to manage in-person data collection. The recipient should be able to select a sample from a population of clinics from all 50 states and Washington DC, and also be able to weight survey results to be representative of a national-level population of health departments and clinics. Samples do not have to be stratified by state; however, all 50 states and DC should be included in the population from which the samples are drawn. For the development of the HEDIS measure, the recipient should have an existing relationship with NCQA to facilitate measure development, piloting, and adoption. For the STD clinic registry, the recipient should be able to host the data on the Web in a format that can be queried.
Recipient Program Experience:	The recipient should have experience conducting Web-based surveys in public clinics or other similar entities and have demonstrated the ability to elicit participation in order to facilitate a suitable response rate. The recipient should also have experience in compiling and cleaning datasets and preparing codebooks. The recipient should have experience hosting and maintaining a publicly-accessible database on the Web that can be queried. The recipient should have an existing relationship with NCQA to facilitate HEDIS measure development, piloting, and adoption.

Expectations for Collaboration:	For surveys and the STD clinic registry, CDC will collaborate in defining the study population of clinics, developing the surveys, securing OMB PRA approval, and designing the sampling frame. CDC will take the lead on data analysis and will collaborate with the recipient in authoring manuscripts and reports. For the NCQA HEDIS measure, CDC will collaborate to define process and outcome measures, as well as to discuss the progress of the project and deliverables.
Expected Subcontractual Work and Criteria:	If the recipient subcontracts any of the work involved in this project, CDC will collaborate as needed to help ensure that the subcontracted work fulfills the objectives of the project.
General Instructions for Use of Funds:	Funds should be used to accomplish the goals provided in the Project Details section above. The project and activities will be scaled to match the actual funding amount available for this work. The recipient should collaborate with CDC to establish a reasonable work plan and deliverables based on the actual funding available.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	• Update and maintain STD clinic registry, which provides information about quality clinical services offered at each clinic • Complete measure development, piloting, and adoption for the NCQA HEDIS syphilis screening measure • Develop survey and initiate OMB PRA process
Process Measures:	• Review at least 75% of the entries in the STD clinic registry and increase the number of reviewed entries with complete contact information to at least 80% • Assess remaining steps needed to finalize the NCQA HEDIS syphilis screening measure and increase the number of completed steps to 100% by the end of the performance period • Increase the completion rate of OMB statements A & B for PRA approval for the survey to at least 90% by the end of the performance period
Outputs:	• Updated STD clinic registry • Finalized NCQA HEDIS syphilis measure • OMB statements A & B for survey
Budget Period Outcomes:	• Updated STD clinic registry • Finalized NCQA HEDIS syphilis measure completion
Outcome Measures:	• At least 75% of STD clinic registry listings reviewed for completeness • NCQA HEDIS measure completed by the end of the budget period

Project Title:	**Improving STI Prevention through Partnerships with State Health Officials**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments and state health department leadership**
Project Plan Details	
Project Purpose:	The purpose of this project is to facilitate relationships between state public health leadership and state health officials (SHOs) and STD programs and increase awareness about STIs and our program needs among SHOs. This work will increase the knowledge, skill, and ability to deliver essential public health services, improve organizational and systems capacity and capability to address prioritized, equity-based public health priorities, and strengthen the nation's public health infrastructure and performance.
CIO:	NCHHSTP
Division/Branch/Office /Unit:	Division of STD Prevention (DSTDP)
Proposed FY24 Project Funding Total:	$260,000.00
Funding Appropriation:	75-22-0950
Funding Statutory Authority:	318(a) - (c) of the Public Health Service Act [42 U.S.C. Section 247c (a) - (c)], as amended.
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient should represent most of the state health officials in the United States. The organization should have the capacity to reach state health department leadership in the United States and have the ability to coordinate efforts at a national level.
Recipient Program Experience:	The recipient should have experience working on STI prevention issues particularly related to building the capacity of state health departments and health department leadership, and should have experience working collaboratively with CDC's Division of STD Prevention (DSTDP) and the other national professional organizations funded by CDC/DSTDP.
Expectations for Collaboration:	The recipient is expected to collaborate closely with CDC/DSTDP in the management and execution of the projects. The recipient will collaborate with other funded CDC/DSTDP national partners, local health departments, STI clinics, subcontractors, and others. The applicant is expected to work especially closely with CDC/DSTDP to ensure that national STD program objectives are being addressed through collaborative work.
Expected Subcontractual Work and Criteria:	If subcontractors are deemed necessary to complete the project, the subcontractor should have an established track record of partnering with public health and health care entities to lead and promote positive changes to improve the health of Americans. The recipient should work with CDC to establish the scope of work and selection of subcontractors.
General Instructions for Use of Funds:	Funds should be used to accomplish the goals provided in the Project Details section above. The project activities and scope will be determined by the amount of funds available. Each project period, the project and activities will be aligned to best meet CDC/DSTDP's needs and priorities and scaled to match the actual funding amount available for this work. The recipient should collaborate with CDC to establish a reasonable work plan and deliverables based on priorities and the actual funding available.

Strategic Area:	Organizational Capacity and Performance Improvement
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	The following activities may be conducted by the recipient: • Developing and sharing leadership tools and resources to enhance SHOs' knowledge and awareness of strategies to reduce STIs in their jurisdictions. • Developing materials, fact sheets, success stories and other communications. Utilizing new and innovative communication methods to reach health leaders. • Facilitating situational awareness on STIs among SHOs leveraging communication mechanisms, like newsletters, partner groups, websites, etc. • Offering technical assistance via technical assistance requests • Coordinating and facilitating standing partner calls • Using committees and other organizational structures to identify and address priority capacity building needs. Drafting position statements on important topics and develop tools for health agency leaders. • Completing special projects and studies; collaboration with other experts; and demonstration projects. Packaging and disseminating best practices and lessons learned.
Process Measures:	By July 31, 2025, increase the number of health officials accessing an STI-focused educational resource from 0 to 10.
Outputs:	Outputs for the project will include new tools for state health officials (SHOs) on timely STI prevention issues. These tools should be disseminated using effective communication strategies for the target audience. Throughout the funding cycle, the recipient should promote at least one priority STI-related topic (syphilis/congenital syphilis, doxy PEP as STI prevention, syndemic infectious diseases, including STIs) in their communication outlets on at least a quarterly basis.
Budget Period Outcomes:	The project will increase state health agency capacity and effectiveness to enhance STI prevention through the development of new tools and sharing information/strategies, as need, through meetings, regular communication with members, etc.
Outcome Measures:	By July 31, 2025, increase the percentage of participating state health officials reporting their intent to apply knowledge from offered learning opportunities to reduce syphilis to 75%.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Maintain situational awareness on STI-related policies and initiatives, share information with members via various communication channels • Represent the state health agency perspective (e.g., formal comments on federal policies) and provide a link between CDC and state health department leadership. • Convene strategic meetings to define action steps that promote STI prevention.
Process Measures:	- To maintain situation awareness, recipient will have representation on 90% of partner calls for which they are invited.
Outputs:	- Meeting notes – highlighting necessary next steps - from bimonthly partner calls with 5 priority STI partners
Budget Period Outcomes:	
Outcome Measures:	

Project Title:	**Improving Access to and Delivery of Sexual Health Services**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**The population of focus for this work will be sexual health services decision makers which could include Medicaid programs at both the state and federal levels, health insurance plans, as well as professional health services and healthcare provider organizations that study and advocate for the provision of healthcare. In this work, the main focus will be on improving both access to and the delivery of sexual health services. Local level health departments.**
Project Plan Details	
Project Purpose:	The purpose of this project is to facilitate relationships and communication between governmental and non-governmental decision-makers in order to solve systemic healthcare delivery issues that create barriers to the access and delivery of efficient and effective sexual health services.
CIO:	NCHHSTP
Division/Branch/Office /Unit:	Division of STD Prevention (DSTDP)
Proposed FY24 Project Funding Total:	$550,000.00
Funding Appropriation:	75-22-0950
Funding Statutory Authority:	Section 318(a) - (c) of the Public Health Service Act [42 U.S.C. Section 247c (a) - (c)], as amended
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Recipient should have the ability to subcontract programmatic work that is technical in nature to experts in the health services research fields.
Recipient Program Experience:	Recipient should have demonstrated success in partnering with professional health services organizations, health services subject matter experts and universities that engage in the evaluation of health services delivery. Recipient should also have demonstrated success in conducting and or managing projects focused on sexual health services delivery including linkages of state-level Medicaid claims data with state public health data. Recipient should also have experience with convening meetings of stakeholders to discuss findings from projects.
Expectations for Collaboration:	Recipient is expected to work collaboratively with CDC, and sexual health services subject matter experts.
Expected Subcontractual Work and Criteria:	If subcontractors are deemed necessary, the recipient should work with CDC to establish the scope of work and selection of subcontractors.
General Instructions for Use of Funds:	The project is anticipated to facilitate relationships between governmental and non-governmental decision-makers who have the ability to solve high-level systemic issues that create barriers to efficient and effective sexual health service delivery.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	

Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Examples include, at the national level, conducting a landscape assessment of how sexual health services are delivered using different state Medicaid contracts with managed care organizations, including examination of how incentivizing the delivery of sexual health services would improve access to care, and how community health workers could supplement the STD workforce. This work should help determine what issues are impeding efficient and effective sexual health service delivery efforts in different managed care environments, and how those differences compare across the country. Another example could include partnering with state universities to access state Medicaid claims data for analyses examining how different state Medicaid programs deliver sexual health services. The recipient may select 2-4 states (a mix of Medicaid expansion and non-expansion in areas of high burden for STDs and conduct analyses to look at quality of care issues that impact sexual health service delivery. This work should result in an increased understanding of sexual health service delivery at different levels of the care continuum as well as stimulation and facilitation of public health actions that will improve STD prevention and control. Increased understanding of the interactions between public health systems and healthcare delivery systems will improve the capacity of governmental health programs in making and executing sexually transmitted disease prevention and control.
Process Measures:	1. Maintain at least monthly update calls with relevant stakeholders on each project throughout the period of performance. 2. Work with at least two separate state universities to better understand local influences on the state Medicaid program to improve STD service delivery within the program.
Outputs:	At a minimum, there should be three deliverables for each project. The first will be a manuscript describing activities and findings from the project, that is submittable to a peer-reviewed journal for publication. The second deliverable will be a presentation to be delivered to relevant stakeholders describing the project in a way that will increase knowledge and understanding of sexual health service delivery in a way that can improve STD service delivery. The third deliverable will be a high-level, executive report describing all activities and findings from the work that can be shared with partners and other stakeholders. Additional deliverables could include oral or poster presentations at national conferences and convening of meetings to present findings from projects to relevant stakeholders.
Budget Period Outcomes:	An increased awareness and understanding of opportunities for improving the access to and delivery of efficient and effective sexual health services.
Outcome Measures:	At least 85 % of all projects should generate a publishable peer-reviewed manuscript submitted to a national or international peer-reviewed public health, medical, or health services journal describing the findings from all work that will help improve the awareness and understanding of opportunities for improving access to and the delivery of efficient and effective health services.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas

Activities:	An example of this could entail partnering with managed care organizations to better understand how sexual health services are delivered across multiple service lines including Medicaid managed care, commercially insured populations, and the use of Accountable Care Organizations to improve access to and delivery of efficient and effective sexual health services.
Process Measures:	1. Select 2-4 states and/or Medicaid managed care organizations to complete analyses and create a summary report on issues impacting delivery of care. 2. Gain participation of relevant stakeholders and have at least 60% of all invited stakeholders attend community roundtable events.
Outputs:	At a minimum, there should be three deliverables for each project. The first will be a manuscript describing activities and findings from the project, that is submittable to a peer-reviewed journal for publication. The second deliverable will be a one-hour presentation to be delivered to relevant stakeholders in the healthcare delivery field, specifically Medicaid, describing the project in a way that will increase knowledge and understanding of sexual health service delivery. The third deliverable will be a high-level, executive report describing all activities and findings from the work that can be shared with partners and other stakeholders. Additional deliverables could include oral or poster presentations at national conferences and convening of meetings to present findings from projects to relevant stakeholders.
Budget Period Outcomes:	An increased awareness and understanding of opportunities for improving the access to and delivery of efficient and effective sexual health services.
Outcome Measures:	At least 85 % of all projects should generate a publishable peer-reviewed manuscript submitted to a national or international peer-reviewed public health, medical, or health services journal describing the findings from all work that will help improve the awareness and understanding of opportunities for improving access to and the delivery of efficient and effective health services.

Project Title:	**Improving HIV Prevention through Policy and Partnerships with Local Public Health Leadership**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local level health departments**
Project Plan Details	
Project Purpose:	The goal of this project is to support and promote the capacity of LHDs, other public health-affiliated organizations to prevent HIV and reduce new infections. The purpose of this request is to fund an organization with demonstrated capacity to support the identification, development, dissemination, implementation, and evaluation of policies, tools, and information that optimally support local public health organizations' abilities to drive improvements in HIV-related outcomes in their communities.
CIO:	NCHHSTP
Division/Branch/Office /Unit:	Division of HIV Prevention (DHP)
Proposed FY24 Project Funding Total:	$300,000.00
Funding Appropriation:	75-24-0950
Funding Statutory Authority:	Sections 301 and 318(a) of the Public Health Service Act; 42 USC Sections 241 and 247c(a), as amended
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The applicant should represent, or otherwise have the capacity to reach and engage, local health departments, CBOs and other types of partners across the United States, and it should demonstrate capacity in the following areas: • Identifying, engaging, and collecting qualitative and quantitative data from public health organizations across the nation that are involved in the provision of HIV/STI prevention and care services; • Formulating, identifying and collecting, disseminating, and/or evaluating the value/impact of model policies, practices, and tools; • Engaging public health organizations in active communities of learning around HIV prevention practices, policies, and recommendations • Reaching a broad array of stakeholders through multiple communication channels and tailoring communication products to audience needs; • Engaging, convening, and cultivating lasting partnerships with organizations (e.g., national organizations, community based organizations and state-level entities, such as HIV prevention planning groups, legislators); • Scanning and assessing the programmatic and policy environments in which public health organizations are operating and using those findings to develop recommendations that can inform policymakers and public health practitioners at the federal, state, local community levels.

Recipient Program Experience:	The applicant should have experience working on HIV prevention and other syndemic issues at the local, state, and national levels, as well as experience working collaboratively with other community centered partners, national professional organizations whose members or activities substantially influence HIV prevention-related outcomes. The applicant should also have experience in the following areas: • Collecting qualitative and quantitative data through various mechanisms (e.g., surveys, interviews, focus groups, policy documents); analyzing and synthesizing potentially conflicting data from diverse sources; and developing reports and recommendations that can inform national policy and practice • Convening, supporting and/or actively participating in complex, multi-stakeholder projects and initiatives • Developing communication products suitable to a wide range of audiences (in particular, legislators, policy stakeholders, diverse communities and local health department staff) • Fostering active learning communities and otherwise supporting/building awareness and capacity among LHDs and their communities with respect to HIV prevention services.
Expectations for Collaboration:	The applicant is expected to coordinate activities with CBOs, national organizations working actively in this area and various offices and operating divisions within CDC, including CDC/STD, CDC/DVH, CDC/NCIPC. Under all project areas, the applicant will be expected to work closely with CDC/DHP to ensure that program expectations are understood and objectives are met.
Expected Subcontractual Work and Criteria:	Subcontracted work may be leveraged as needed and in consultation with CDC.
General Instructions for Use of Funds:	No additional instructions outside of NOFO requirements.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Maintain regular engagement schedule with partners, such as the National Alliance of State and Territorial AIDS Directors (NASTAD), Southern AIDS Coalition the Big Cities Health Coalition (BCHC), or other national organizations to increase reach of project activities and enhance efforts to support HIV prevention and ending the HIV epidemic (EHE) in jurisdictions across the country. • Maintain regular attendance and relationship with community led and focused partners to help build relationship between LHD and community partners and offer LHD focused lens strategic discussions. • Plan various partner convenings including community engagement sessions, focused TA sessions.

Process Measures:	• CBOs and national organizations will be engaged in focused TA and engagement sessions. Increase participation of local health departments with local CBOs by 50%.
Outputs:	Number of LHD/ policy partner engagement sessions. • Number of products/TA resources developed to advance HIV prevention, treatment and care among partners. -CBO Meet and Greet summary report to be developed. -Summary of TA support provided to select jurisdictions. -Summary of Health Department meeting.
Budget Period Outcomes:	Strengthened capability for partners to respond to HIV related priorities collaboratively and strategically.
Outcome Measures:	Increased number of collaborative activities with federal, national, and local partners. At least 65% of health departments report establishing a new partnership with local CBOs.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Ensure LHD representation and participation during national policy and programmatic discussions. • Plan and host sessions with local health departments and community based organizations. • Contribute to efforts related to HIV prevention policy, programming, and funding allocation. • Conduct CBA and TA on specific HIV topics and needs as they are identified.
Process Measures:	• 5 LHD/ policy partner engagement sessions. • 3-4 of products/TA resources developed to advance HIV prevention, treatment and care goals in the policy and partner space.
Outputs:	Policy products developed. Summary report of policy related TA provide.
Budget Period Outcomes:	• Strengthened capability for local health department and CBOs to respond to HIV related priorities collaboratively and strategically. • Increased information exchange and collaboration among LHDs, DHP, and other federal, national, state, and local community partners. • Increased understanding of how policies impact HIV prevention and treatment efforts and outcomes. • Increased availability of information about evidence-based/informed HIV programs, policies, and services. Strengthened capability of partners to systematically apply and use laws and policies to improve health outcomes for people with HIV and to advance HIV prevention strategies.

Outcome Measures:	• Increased attendance to policy related engagements by 50%. • Increased representation at 70% of national/federal meetings and on national committees to support and advance local HIV prevention practice.

Project Title:	**Advancing Infectious Disease Policy Development Capacity of Local Health Officials**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**County and City Health Officials**
Project Plan Details	
Project Purpose:	This project aims to advance the policy development capacity of county and city health officials to address the syndemic of HIV, STDs, viral hepatitis, and TB. County and city health officials and their staff will engage in a collaborative learning process to integrate innovative policies, programs, and partnerships to improve infectious disease prevention and decrease health disparities.
CIO:	NCHHSTP
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$175,000.00
Funding Appropriation:	75-23-0950
Funding Statutory Authority:	PHSA § 301
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient should have a nationwide presence representing county and city health officials. Specifically, the recipient should demonstrate a dedicated commitment to improving the public health policy development capacity of local health department leadership. Additionally, the recipient should be able to offer a wide variety of learning opportunities to facilitate cross-jurisdictional partnerships and the sharing of best practices related to preventing the spread of infectious diseases, including peer-to-peer, class-based, and other modes grounded in principles of adult learning.
Recipient Program Experience:	An effective recipient should have a history of supporting and strengthening the capacity of county and city health officials. Furthermore, the recipient should have the technical experience to foster cross-jurisdictional partnerships and to produce high-quality products (e.g., issue briefs, toolkits, and learning labs).
Expectations for Collaboration:	The awardee is expected to routinely collaborate with CDC and other organizations with subject matter expertise.
Expected Subcontractual Work and Criteria:	Subcontracted work may be leveraged as needed and in consultation with CDC.
General Instructions for Use of Funds:	No additional instructions outside NOFO requirements.
Strategic Area:	**Policy and Programs**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Conduct a systematic analysis (e.g., landscape/needs assessment) of county and city health officials to determine jurisdictional needs, policy priorities and barriers to address the syndemic of HIV, STDs, viral hepatitis, and TB. Facilitate targeted learning opportunities (e.g., regional learning collaboratives, web-based learning, in-person convenings, peer networks) for county and city health officials and their staff on the syndemic of HIV, STDs, viral hepatitis, and TB. Develop capacity-building products (e.g., issue briefs, toolkits, webinars, peer-reviewed manuscripts) on innovative syndemic policies, programs, and partnerships for county and city health officials. Strengthen the provision of technical assistance and policy analysis services to support county and city health officials and their staff in developing and implementing evidenced-based syndemic policies.
Process Measures:	Number of facilitated learning opportunities for county and city health officials Number of capacity building products produced for county and city health officials
Outputs:	Systematic analysis of county and city health official needs, policy priorities, and barriers related to the syndemic of HIV, STDs, viral hepatitis, and TB At least one facilitated cross-jurisdictional learning opportunity At least one multimedia publication (e.g., podcast, issue brief, etc.) on a syndemic policy topic
Budget Period Outcomes:	Increased access to policymaking and capacity building assistance tools to address the syndemic of HIV, STDs, viral hepatitis, and TB
Outcome Measures:	At least 75% of the participants in a facilitated learning opportunity report their knowledge of evidenced-based policies to address the syndemic of HIV, STDs, viral hepatitis, and TB increased.

Project Title:	**Advancing Infectious Disease Policy Development Capacity of State Health Officials**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State Health Officials**
Project Plan Details	
Project Purpose:	This project aims to advance the policy development capacity of state health officials to address the syndemic of HIV, STDs, viral hepatitis, and TB. State health officials and their staff will engage in a collaborative learning process to integrate innovative policies, programs, and partnerships to improve infectious disease prevention and decrease health disparities.
CIO:	NCHHSTP
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$225,000.00
Funding Appropriation:	75-23-0950
Funding Statutory Authority:	PHSA § 301
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient should have a nationwide presence representing state health officials (SHOs). Specifically, the recipient should demonstrate a dedicated commitment to improving the public health policy development capacity of SHOs and their staff. Additionally, the recipient should be able to offer a wide variety of learning opportunities to facilitate cross-jurisdictional partnerships and the sharing of best practices related to preventing the spread of infectious diseases, including peer-to-peer, class-based, and other modes grounded in principles of adult learning.
Recipient Program Experience:	An effective recipient should have a history of supporting and strengthening the capacity of state health officials. Furthermore, the recipient should have the technical experience to foster cross-jurisdictional partnerships and to produce high-quality products (e.g., issue briefs, toolkits, and learning labs).
Expectations for Collaboration:	The awardee is expected to routinely collaborate with CDC and other organizations with subject matter expertise.
Expected Subcontractual Work and Criteria:	Subcontracted work may be leveraged as needed and in consultation with CDC.
General Instructions for Use of Funds:	No additional instructions outside NOFO requirements.
Strategic Area:	**Policy and Programs**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Conduct a systematic analysis (e.g., landscape/needs assessment) of state health officials (SHOs) and their staff to determine jurisdictional needs, policy priorities and barriers to address the syndemic of HIV, STDs, viral hepatitis, and TB. Facilitate targeted learning opportunities (e.g., regional learning collaboratives, web-based learning, in-person convenings, peer networks) for SHOs and their staff on the syndemic of HIV, STDs, viral hepatitis, and TB. Develop capacity-building products (e.g., issue briefs, toolkits, webinars, peer-reviewed manuscripts) on innovative syndemic policies, programs, and partnerships for SHOs Strengthen the provision of technical assistance and policy analysis services to support SHOs and their staff in developing and implementing evidenced-based syndemic policies. Support a national infectious disease policy committee.
Process Measures:	Number of facilitated learning opportunities for state health officials Number of capacity building products produced for state health officials
Outputs:	Systematic analysis of state health official needs, policy priorities, and barriers related to the syndemic of HIV, STDs, viral hepatitis, and TB At least one facilitated cross-jurisdictional learning opportunity (e.g., a day-long learning lab) At least one multimedia publication (e.g., podcast, issue brief, etc.) on a syndemic policy topic
Budget Period Outcomes:	Increased access to policymaking and capacity building assistance tools to address the syndemic of HIV, STDs, viral hepatitis, and TB
Outcome Measures:	At least 75% of the participants in a facilitated learning opportunity report their knowledge of evidenced-based policies to address the syndemic of HIV, STDs, viral hepatitis, and TB increased.

Project Title:	**Medical Examiner and Coroner Data Modernization Activities**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health offices to include state coroners**
Project Plan Details	
Project Purpose:	The purpose of this funding is to build the capacity of medical examiner and coroner (MEC) offices and support them in modernizing their case management systems by developing interoperability projects. Project staff will support MECs as they work with their data sharing partners to explore, test, and innovate HL7 FIHR data standards and interoperability. This project will establish and support data exchanges by utilizing standards-based tools. Support will be provided to MECs on all ends of the continuum of successful interoperability. Project staff will facilitate this project and project partners in conjunction with CDC.
CIO:	NCHS
Division/Branch/Office /Unit:	Division of Vital Statistics (DVS)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient organization should have the capacity and skills to work on data modernization efforts at the community level. The organization should understand standards-based interoperability, including hosting implementer's forums to develop and test Health Level 7 Fast Healthcare Interoperability Resources Implementation Guide Development. They should also be able to identify US medical examiner and coroner (MEC) offices quickly and efficiently and support them as they work at the jurisdictional and/or county level on data modernization. The organization should understand both the MEC landscape in the US and have an understanding of medicolegal death investigations (MDI) and the data modernization needs of this community. They must be able to manage projects that span both public health and public safety and be able to coordinate and collaborate with multiple federal and non-federal partners. The recipient needs to be able to align diverse interests and resources and leverage multiple partner strengths to create collaborations with partners to impact public health.
Recipient Program Experience:	The organization must have prior data modernization experience specifically with implementing Health Level 7 Fast Healthcare Interoperability Resources (HL7 FHIR) standards-based interoperability at the jurisdictional. The recipient organization should have prior experience working to build capacity with MECs and previous work creating innovative collaborations and interoperability within this group. The ideal recipient will also have skills in meeting facilitation and coordination and a demonstrated ability to foster collaboration between CDC and community partners to support data modernization projects that will create interoperability between MEC case management systems and data vendors and be reproducible.

Expectations for Collaboration:	The recipient organization is expected to collaborate with individual state or jurisdiction MEC offices as well as the professional organizations that support the MEC workforce. Additional collaborations may include working with other CDC staff and CIOs, staff at other federal and non-federal agencies, public health and public safety partners, data vendors, technical support staff, contractors and other partners involved in modernization efforts including work convening and coordinating meetings with other groups involved in the larger project.
Expected Subcontractual Work and Criteria:	The recipient shall subcontract as needed. Potential subcontracts include MEC offices, data vendors, subject matter experts, communications and web design staff and other consultants.
General Instructions for Use of Funds:	
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	
Outcomes:	Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Support MEC offices in development and testing of data flows between their case management systems (CMS), their data sharing partners, and their data vendors Host 1-3 Connectathons to test Medicolegal Death Investigation FHIR Implementation Guide Plan, host and facilitate meetings with all modernization partners Develop tools and processes that support replication of CMS interoperability with vendors and make these tools available to interested MEC offices Broadly disseminate all tools, processes, guides and challenges and successes to MECs
Process Measures:	Recipient will disseminate Health Level 7 Fast Healthcare Interoperability Resources and other project tools, challenges, and success at 1-3 meetings or conferences, and through listserves and websites. Recipient will support 1-5 new partners interested in interoperability between CMS and data vendors
Outputs:	Development of Health Level 7 Fast Healthcare Interoperability Resources, and additional tools or process documents that can support additional MEC offices in interoperability with CMS and data vendors. This should include but not be limited to one-pagers, website updates, how to guides, resources, communication stories for listserves and newsletters and any other dissemination as needed,
Budget Period Outcomes:	Workflows tested in the prior funding cycle will continue to maintain interoperability and be replicable One or more new MEC office will develop a tested workflow between a new CMS and a new data vendor
Outcome Measures:	At 3 prior workflows will support interoperability and be able to be replicated in other jurisdictions At least 1 new workflow and enhancement to a previous workflow will be developed and tested at 2 Connectathons

Project Title:	**Building Capacity of Coroners and Medical Examiners for Accurate and Timely Cause of Death Reporting**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health offices to include coroner and medical examiner offices**
Project Plan Details	
Project Purpose:	The purpose of this project is to work with leadership in Medical Examiner and Coroner (MEC) Associations around the U.S. to build capacity around understanding public health needs of timely and accurate cause and manner of death reporting, including death certificate completion. The focus will be on states with decentralized medicolegal death investigation systems where there are coroners and lay medical examiners certifying cause of death for sudden and unexpected deaths. This project will provide knowledge and skills to MEC leaders, including state association leaders, so that they can become champions across the MEC and death scene investigation workforce. MECs around the country certify approximately 20% of deaths, including sudden and unexpected deaths of public health importance such as drug overdose, suicide and sudden unexpected infant deaths. In some jurisdictions MEC certify many more than 20% and can be up to 65% of all death certificates. In addition to investigation and certification of sudden deaths, MECs review many certificates before cremation. This project will also work with MECs to help them understand requirements around informing health departments on reportable causes of deaths such as influenza and pneumonia deaths. In addition, project will also assist them around needs for fatality review committees such as SUID and maternal mortality. Finally, this project will review needs and potential barriers raised by MEC leadership. Accurate and timely cause of death reporting is critical to all public health activities including the identification of emerging health issues.
CIO:	NCHS
Division/Branch/Office /Unit:	Division of Vital Statistics (DVS)
Proposed FY24 Project Funding Total:	$250,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	
Recipient Organizational Capacity:	The recipient organization will have knowledge and understanding of the medicolegal death investigation landscape across the US, including an understanding of differences between coroners, medical examiners and lay medical examiners. The organization will also have the ability and skills to convene a large group of MEC leadership in virtual and an in-person meeting. The organization will have skills in meeting facilitation, bringing together diverse audiences for a common goal of public health impact, the ability to motivate, and the ability to synthesize large amounts of information in a way that can be useful. The organization will have the ability to work with other state offices and associations involved in death certification, such as associations of vital registrars and death scene investigation credentialling boards. Finally, the organization will understand or be able to connect to the right experts in death certification and timely and complete submission of death certificates as well as other reporting requirements.

Recipient Program Experience:	The recipient organization should have or be able to access expertise in medicolegal death investigations and the investigation into and certification of unexpected and unexplained deaths.
Expectations for Collaboration:	The recipient organization is expected to collaborate with MEC associations around the US and experts in death certification. In addition, the receipt organization should collaborate with other experts involved in cause and manner of death such as forensic pathologists.
Expected Subcontractual Work and Criteria:	The recipient organization can subcontract for travel and hosting of a large in person meeting and subject matter experts as needed.
General Instructions for Use of Funds:	Travel is an appropriate and expected use of funds.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	• Identify leadership in state Coroner and Medical Examiners Associations in states with decentralized death investigation systems • Using subject matter experts develop meeting content that increases knowledge of the importance of accurate and timely cause of death reporting which is critical to all public health activities including the identification of emerging health issues • Meet virtually and host at least once in person meeting • Identify needs and potential barriers to timely and accurate cause and manner reporting raised by MEC leadership • After the meeting provide recommendations on tools and guidance documents that could be produced to further the knowledge across all coroners, lay medical examiners, and other death scene investigation professionals
Process Measures:	All state and local Medical Examiner offices and Coroner Associations will be engaged and 70% will attend the in-person meeting and demonstrate intent to share knowledge with their association members
Outputs:	Development of meeting agenda, meeting slide decks and pre and post meeting knowledge checks Meeting proceedings and summary report with actionable recommendations on needed tools, guidance, and resources
Budget Period Outcomes:	Increased knowledge among Coroner and Medical Examiner Association leadership and knowledge sharing with all coroners and lay medical examiners within states
Outcome Measures:	At least 65% of participants will report both new knowledge gained and intent to share knowledge with others.

Project Title:	**Blueprint for Effective Overdose Prevention and Response Investment in Rural Communities**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Rural local health departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide resources for health departments serving rural communities implementing overdose prevention, response, and surveillance programs. A recipient will be funded to synthesize findings from reports and discussions with rural health departments to create a blueprint that will be disseminated widely by the CDC. The recipient for this new project will use the information from the report from JBS, along with interviews from up to 5 rural local health departments that are successfully implementing strategies described in the report, to create a “funding blueprint” for investment in rural areas based on real-world experience.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Overdose Prevention (DOP)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75 24 0952
Funding Statutory Authority:	Opioid
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Organization must have experience working with health departments that serve and are located in rural areas.
Recipient Program Experience:	Organization must have experience with overdose prevention and response strategies in rural areas and with creating implementation toolkits and guidance documents.
Expectations for Collaboration:	
Expected Subcontractual Work and Criteria:	
General Instructions for Use of Funds:	Awardee will abide by instructions in the cooperative agreement and if necessary and appropriate, the Division of Overdose Prevention will provide further guidance.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• • Awardee will identify up to five rural local health departments that are implementing strategies from the report provided by CDC • Awardee will conduct interviews with the selected rural local health departments to understand investment and organizational models that allowed for successful implementation of the strategies • Awardee will synthesize information from the report provided by CDC, from other CDC-provided documents about rural local health department overdose prevention and response strategies and capacities, and interviews with rural local health departments • Awardee will create and disseminate a report that can serve as a blueprint and implementation guidance with associated costs for funding organizations wishing to invest in overdose prevention in rural areas through local health departments.
Process Measures:	• • Up to five rural health departments identified by awardee for interviews • Interview guides developed in consultation with CDC • Draft “funding blueprint” created that synthesizes information from initial report shared by CDC, from other CDC-provided documents about rural local health department overdose prevention and response effective strategies and capacities, and interviews with health departments. This should contain implementation guidance and approximate costs for interventions, programs and policies.
Outputs:	• Tool developed that documents the types/number of staff, organizational structure, and funding mechanisms that support the successful implementation of overdose prevention strategies in rural areas • Plan for disseminating tool (e.g., webinars, conference presentations) that will reach potential funders • Implementation of dissemination plan
Budget Period Outcomes:	• Increased awareness by rural local health departments of effective overdose prevention and response activities tailored to rural areas • Increased awareness by potential funders of funding models for investment in rural local health departments for overdose prevention and response
Outcome Measures:	• Sustained use of the “blueprint for funders” tool as measured by website views, toolkit downloads, and webinar participants

Project Title:	**Resources to Prevent Overdose and Reduce Related Harms at the Intersection of Public Health and Public Safety**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local Public Health Departments implementing overdose prevention and response activities.**
Project Plan Details	
Project Purpose:	The goal of this project is to build capacity among public health departments to plan and implement strategies to reduce overdose and related harms for individuals interacting with first responders (ex: law enforcement and EMS) and the criminal justice system (courts, correctional facilities, probation and parole). Specifically, this project will create a resource that outlines the roles public health and public safety partners can play in planning and implementing overdose prevention strategies at the intersection of public health and public safety.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Overdose Prevention (DOP)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75 24 0952
Funding Statutory Authority:	Opioid
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Recipient should have national reach and experience supporting local health departments to implement public health interventions.
Recipient Program Experience:	Recipient should have experience working within the field of overdose prevention and response, supporting public health agencies or related organizations in their response to the overdose epidemic, and have an understanding of evidence based approach to overdose prevention and the interface between public health and public safety.
Expectations for Collaboration:	Meaningful collaborations with partners (public safety, people with lived experience) that should inform the development of any support resources.
Expected Subcontractual Work and Criteria:	N/A
General Instructions for Use of Funds:	Project equipment, travel and personnel needs should be reasonable and reflect what is needed to achieve program goals and objectives.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Produce resource for local health departments, public safety entities, and local organizations about the role each partner can have in overdose prevention and harm reduction activities that best suit the needs of the community and their skillsets and access to data. • Incorporate the perspectives of each work sector as well as people with lived and living experience of drug use.
Process Measures:	Organizations are identified to give input to resource from each invested entity, public health, public safety, harm reduction, and people with lived experience.
Outputs:	Development of public health and public safety roles resource for local health departments and public safety organizations.
Budget Period Outcomes:	Local public health departments working to implement overdose prevention activities in the public safety setting have a resource to use when establishing new initiatives or partnerships that centers providing services to prevent overdose and reduce harms.
Outcome Measures:	At least 65% of Overdose Response Strategy Pilot Projects report using the resource to implement partnerships between public health and public safety.

Project Title:	**Preventing Overdose Among Disproportionately Affected Populations**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	There is a critical need to support communities and populations that have been disproportionately impacted by non-fatal and fatal drug overdoses. This project will: (1) engage partner organizations to understand barriers and facilitators in the implementation of overdose prevention activities among populations that are disproportionately impacted based on data collected from in-depth interviews and focus groups, a summary report of key findings will be developed. (2) This project will also provide support to community-based organizations (CBOs) that serve populations that are disproportionately impacted by overdose by reducing barriers to care. An RFA will also provide support to CBOs that are conducting this work among the communities and populations most impacted by overdoses. Overall, this project will provide support to CBOs and help to better understand the support and resources that are needed to better implement and evaluate prevention activities that reduce overdoses among populations that are disproportionately impacted.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Overdose Prevention (DOP)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75 24 0952
Funding Statutory Authority:	Opioids
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient must have adequate staffing and organizational capacity to conduct in-depth interviews and focus groups, oversee and manage the collection of data, summarize the data from the interviews and focus groups, and produce a report of the key findings. The recipient must also have a breadth of work that demonstrates the ability to work with, collaborate, and partner with local health departments, community-based organizations (CBOs), and community members. The recipient must have the capacity to efficiently implement tasks and activities needed to disseminate the summary report and organize a webinar and/or training based on findings from report. The recipient must also have the organizational infrastructure to execute an RFA that will provide funding to CBOs.
Recipient Program Experience:	Organization should have experience conducting overdose prevention work among disproportionately impacted communities, specifically as it relates to supporting local health departments and community-based organizations to improve their skills in translating this work. Recipient must have experience with assembling, coordinating, and overseeing these types of projects. Organization must have experience subcontracting with smaller CBOs that serve populations most affected by drug overdoses.
Expectations for Collaboration:	The funded recipient will provide a summary report of key findings to key partners. The recipient will be expected to collaborate with community-based organizations during the in-depth interviews and focus groups, as well as during the execution of the RFA.

Expected Subcontractual Work and Criteria:	Some of this work will rely on subcontracts, particularly conducting the in-depth interviews and focus groups, disseminating a summary report of key findings, organizing a webinar and/or training, and executing the RFA.
General Instructions for Use of Funds:	Funds must be used to implement listed program activities. Budget should include personnel (salaries/fringe benefits), travel, consulting, and contracting, as appropriate.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Conduct in-depth interviews and/or focus groups with community members and partners to understand: (1) the barriers and facilitators to conducting prevention work aimed at reducing the disproportionate burden of non-fatal and fatal overdoses; and (2) the types of resources that are needed to support the implementation and evaluation of overdose prevention work among communities and populations that are disproportionately impacted. The focus groups and interviews should include members of partner organizations across a range of sectors (e.g., healthcare, public safety, harm reduction programs, and community-based). Complete and disseminate a summary report of key findings from the in-depth interviews and focus groups to support improved CBO capacity to address overdoses. Organize and host a webinar and/or training based on the lessons learned from the summary report. Develop and execute RFA for up to six community-based organizations conducting overdose prevention work among populations that are disproportionately affected. Eligibility criteria should include not having participated in information gathering interviews and/or focus groups as part of the project.
Process Measures:	Conduct in-depth interviews and/or focus groups with community members and partners. Collect data from interviews and focus groups and compile findings. Create dissemination plan for the summary report. Develop and organize webinar and/or training on lessons learned from summary report. Develop RFA for up to six community-based organizations.

Outputs:	Complete summary report of key findings from interviews and focus groups. Disseminate summary report to CBOs. Hold webinar and/or training on lessons learned from summary report. Submit and execute RFA for up to six community-based organizations.
Budget Period Outcomes:	Increased resources and capacity of community-based organizations that are working to reduce fatal and non-fatal overdoses among disproportionately impacted populations.
Outcome Measures:	At least 70% of individuals that attend the webinar report that they found the information relevant and actionable to overdose prevention work in disproportionately affected populations.

Project Title:	**Building State Capacity for Rapid Response Overdose Prevention**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of this project is to support capacity building among state health departments and their partners to respond quickly to events that disrupt patients' access to prescription opioids, medications for opioid use disorder (MOUD), or other controlled substances for which abrupt discontinuation is associated with increased risk of overdose and other harms. Capacity building activities include the development and exercise of rapid response plans, protocols and resources for relevant response partners in positions to assist displaced patients and technical assistance provided before, during, and after response implementation.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Overdose Prevention (DOP)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75 24 0952
Funding Statutory Authority:	Opioid
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient organization should have partnership networks and experience providing technical assistance with and to state and territorial health departments. Skill sets should include state and federal drug overdose health policy and program operations/management; multi-sector coordination; public health emergency management; in-person and virtual meeting and training content development, logistics, and implementation; resource/tool development; presentation and facilitation; professional outreach and partnership building skills; experience with clinical education models, such as Project ECHO; stigma reduction and compassion-fatigue resources and training; incident command structure; capacity assessments; and program evaluation and reporting. The recipient should have experience facilitating emergency preparedness-type exercises with jurisdictional partners to help build multi-sector capacity. Communications and graphic design capabilities will also be needed, as well as communications metric monitoring and reporting (i.e., page views and document downloads).
Recipient Program Experience:	The recipient organization should have content experience in multi-sectoral drug overdose prevention, jurisdictional emergency preparedness and rapid response, specifically in relation to disruptions in patients' access to a healthcare provider/prescriber of controlled substance medications. Familiarity with CDC's Opioid Rapid Response Program (ORRP) is important, as well as CDC's general drug overdose prevention programmatic activities. Experience and familiarity with clinical ECHO trainings and CDC's Clinical Practice Guidelines for Prescribing Opioids for Chronic Pain are also required to help jurisdictions build public health and healthcare workforce capacity to mitigate risks and care for people managing chronic pain with prescribed opioid therapy or who have a substance use disorder, during disruptions in their access to prescribed medications.

Expectations for Collaboration:	The recipient organization's staff will collaborate regularly with program staff and subject matter experts (SMEs) at the CDC to ensure coordination with Opioid Rapid Response Program technical assistance provided to jurisdictions that may occur outside the collaborative work. Task timelines should allow for sufficient review by CDC SMEs of drafts/iterations, including presentation slide decks, resource materials, reports, and journal articles that include descriptions of ORRP.
Expected Subcontractual Work and Criteria:	ECHO session facilitation should be sub-contracted to an experienced ECHO-model program with hub team members who have specialized clinical experience treating individuals with chronic pain with and without opiates as well as substance use disorders. Content should align with the 2022 CDC clinical practice guidelines for chronic pain. Each regional ECHO training series should last between 6 to 8 weeks (1 hour per week). Participant evaluations of the sessions or series should be a required deliverable. Other subcontracted work may include the content and graphic design development of specific stigma-reduction or other resources for pharmacists, emergency room clinicians, or call-center personnel; or the development, dissemination, and summary of a jurisdictional capacity self-assessment to gauge capacity-building progress and elicit additional technical assistance needs. Subcontractors may be needed for resource development for pharmacists and call center staff to ensure appropriate subject matter expertise informs the materials. A subcontractor may also be needed to develop, administer and analyze the capacity self-assessment.
General Instructions for Use of Funds:	
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	1. Plan, recruit for, tailor content, and facilitate opioid disruption preparedness exercises with at least 3 states/territories and their partners, ensuring an overview of CDC's Opioid Rapid Response Program (ORRP) is provided to all attendees. 2. Plan, recruit for, and facilitate 3 learning community calls with ORRP state/territorial trusted contacts and their response partners to engage in peer discussion and learning about overdose risk mitigation strategies during disruptions. 3. Develop and administer a self-assessment to all jurisdictions in which CDC has trusted contacts (N=52). Results of the assessments may be reported in aggregate only for program evaluation purposes. Jurisdictions will have access to their own results to compare with aggregate results. 4. Support the writing of one ORRP-rapid response case studies for publication in a peer reviewed journal. 5. Develop a resource for call center and front-line outreach personnel who may assist individuals who have lost access to a prescriber of opioids or other controlled substance medications. 6. Develop stigma-reduction and patient risk communication resources for pharmacists to share with patients who are having difficulty accessing controlled substance medications. 7. Provide 2-3 regional ECHO training sessions to support jurisdictions in which patient displacement has occurred. Specific content should address issues related to pain management and substance use disorder treatment. 8. Develop a 2025 guidebook to support state health departments and their partners responding to disruptions in patients' access to prescription opioid medications and other controlled substances.
Process Measures:	To maintain engagement with state/territorial partners, a minimum of 20 jurisdictions will participate in at least one preparedness exercises and/or learning community calls to increase capacity around rapid response to prescription opioid disruptions.
Outputs:	• Development of 3 learning community agendas and facilitation guides. • Development of 3 tailored scenario-based opioid preparedness exercises for 3 states/territories. • Development and dissemination of a new guidebook for health departments
Budget Period Outcomes:	• Increased knowledge and awareness of opioid rapid response promising strategies.
Outcome Measures:	At least 30% jurisdictions (i.e., states, territories, or local health departments) will report increased capacity to respond to disruptions in patients' access to prescribed controlled substances.

Project Title:	**Partnerships to promote comprehensive, community-driven community and youth violence prevention approaches**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Big Cities Health Departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to increase partnerships with community-based organizations (CBOs) that serve Black and Brown communities with inequitable risk for violence to increase their capacity to implement a public health approach to youth and community violence prevention and identify successful practices to engage communities in comprehensive approaches to reduce firearm related injuries and deaths. CBOs will work together to understand how they can incorporate a public health approach into their work.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Violence Prevention (DVP)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	2024 Consolidated Appropriations Act
Funding Statutory Authority:	Sections 301(a) and 392(a)(1) and (b)(1) and (2) of the Public Health Service Act (PHS Act), 42 U.S.C. 241(a) and 280-0(a)(1) and (b)(1) and (2)
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Adequate and appropriate organizational infrastructure and capacity to support the requirements of this project including the proposed staffing plan to successfully implement the activities and achieve project outcomes -Ability to reach community-based organizations that serve Black and Brown communities with inequitable risk for youth and community violence -Expertise and experience in developing and delivering interactive in-person and virtual workshops
Recipient Program Experience:	Expertise and experience in implementing a community- driven comprehensive public health approach to violence -Proven track record of partnering with community-based organizations that reach Black and Brown communities to build partnerships to reduce health disparities -Proven track record of partnering with community-based organizations to address social and structural determinants of health for violence prevention
Expectations for Collaboration:	Recipient should collaborate with community-based organizations that serve Black and Brown communities, community and youth violence prevention practitioners, researchers, and other experts to ensure that knowledge exchanged in the learning communities are grounded in science and experience in the field, is applicable, and reaches populations most impacted by youth and community violence.

Expected Subcontractual Work and Criteria:	A subcontractor may be allowed and if subcontractor is used, certain criteria will be used to choose subcontractors. Recipients may subcontract with 2-3 community-based organizations that serve Black and Brown communities to complete project activities. Subcontractors should have demonstrated experience and expertise in reducing health disparities and addressing inequitable risk for violence. Subcontractors should have demonstrated experience and expertise in building a network of leaders in communities of color to address violence.
General Instructions for Use of Funds:	Recipient should use a portion of the funds to pay for travel expenses and compensate staff time to participate in the learning communities. At least 75% of funds should be allocated to community-based organizations that serve Black and Brown communities.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The recipient will form learning communities with community-based organizations (CBOs) that serve Black and Brown communities to provide technical assistance and facilitate shared learning on the public health approach to community and youth violence prevention. Topics will include how to develop and implement a community driven prevention strategy using the Community Violence Prevention Resource for Action; the importance of multi-sectoral, comprehensive approaches to community and youth violence prevention; youth engagement strategies; the use of data and information on the latest science on evidence-based strategies that have practical relevance to prevention practice; strategies across the social ecological model proven to reduce risk for community and youth violence injuries and deaths by addressing social and structural determinants of health. Recipient will facilitate peer learning opportunities among the CBOs involved in community violence prevention work. Learning opportunities will include interactive virtual and in-person workshops. Learning communities should include CBOs that will focus on the initial planning needed to implement prevention strategies as well as CBOs that are ready to implement new prevention strategies. Recipient will conduct evaluation of the technical assistance they provide, ensuring that the community-based organizations achieve their expected outcomes.

Process Measures:	Percentage of community-based organizations participating in learning communities that serve Black and Brown communities. Percentage of workshops conducted for community-based organizations where learning objectives are met. Percentage of community-based organizations that increase the number community and societal-level strategies implemented from Community Violence Prevention Resource of Action into their work Increase in additional mechanisms implemented to disseminate Community Violence Prevention Resource of Action to Black and Brown communities (eg. Social media, newsletters, websites) Percentage of learning opportunities provided that include peer learning Percentage of partnerships identified that represent multiple sectors Percentage of CBOs expressing satisfaction with training and peer learning activities.
Outputs:	Development and delivery of community and youth violence prevention workshop curriculum Collection of stories of how communities are implementing youth and community violence prevention strategies focusing on testimonies of those with lived experience or experience working in affected communities, prioritizing video format if possible. Evaluation plan and reporting on findings from evaluation.
Budget Period Outcomes:	Increase partnerships with community-based organizations that serve Black and Brown communities to strengthen their capacity to respond to and prevent youth and community violence in their communities Increase dissemination of Community Violence Prevention Resource for Action to Black and Brown communities with inequitable risk for violence Increase community violence prevention strategies implemented by CBOs.
Outcome Measures:	Increase capacity of community-based organizations that serve Black and Brown communities to respond to and prevent youth and community violence in their communities.

Project Title:	**Working with State and Local Governments to Use Opioid Settlement Funds on Evidence-Based Programs that Reduce Overdose**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Big City Health Departments**
Project Plan Details	
Project Purpose:	This purpose of this project is to provide technical assistance and capacity building to state and local government officials to identify, select, and fund evidence-based strategies through opioid settlement dollars to prevent drug overdose and reduce the infectious consequences of substance use. A funded partner will work with those engaged in the opioid settlement decision-making process to ensure that communities have access to evidence-based, effective and cross-sector tools to best serve them, build trust, improve the public health network and improve their overall health through the development of resources as well as providing direct TA to some jurisdictions. Capacity building will include understanding needs among this target audience; a plan to address needs; developing or translating science specifically for local decisionmakers; and implementing a training program to improve adoption and use of evidence-based strategies by city and county governments. The prevention focus of this initiative will highlight harm reduction principles, linkages to care, working with public safety, and leveraging health systems interventions. This work will include a strong emphasis on health equity and ensuring that interventions reach populations most disproportionately impacted by opioid and stimulant use. The goals of this project are (1) to improve knowledge and understanding among state and local policy makers about how to use opioid settlement funds to support effective, evidence-based strategies known to help address the negative consequences of substance use, including infectious disease and overdose; (2) to improve access to products created by CDC and partners that provide the tools and resources to address the negative consequences of substance use, including infectious disease and overdose; (3) develop new products needed to support jurisdictions addressing the negative consequences of substance use, including infectious disease and overdose through opioid settlement funds; and (4) provide direct technical assistance and capacity building to 3 jurisdictions.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Overdose Prevention (DOP)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	CDC-RFA-PW24-0080
Funding Statutory Authority:	Opioids
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient should be knowledgeable about evidence-based practices which reduce harms to people who use drugs and improve engagement in prevention services, communicating across sectors including to public health and to policy makers, and have capacity to reach a national audience through resources, tools and webinars, and to work directly with places seeking technical assistance on using opioid settlement funds. They should have appropriate staffing, infrastructure and resources to adequately implement program activities.

Recipient Program Experience:	The recipient should have experience providing technical assistance to city, county and state health departments on issues relating to the use of opioid settlement funds such as harm reduction, primary prevention, linkage to care and evidence-based treatment for opioid and stimulant use disorders. Ideally, the recipient will have familiarity tracking opioid settlement funds and supporting jurisdictions on their use.
Expectations for Collaboration:	The funded recipient will work closely with CDC subject matter experts on program implementation, including materials to adapt and disseminate, create and elevate. They are expected to collaborate closely with other subject matter experts, public health organizations and policy makers involved in decision-making around use of opioid settlement funds.
Expected Subcontractual Work and Criteria:	The recipient may choose to subcontract to other organizations to further work on this project. Possible subcontracts include: 1. Communications - The recipient may choose to subcontract to a group which specializes in health communications to adapt or develop materials used to provide information to decision makers involved in spending opioid settlement funds. Up to $300,000 may be used for this. 10-12 month period of performance. 2. Other national organizations with expertise in evidence-based overdose prevention interventions, and/or opioid settlement funds. The recipient may choose to subcontract with organizations with specific expertise that furthers these efforts. Up to $300,000 may be used for this purpose. 10-12 month period of performance. 3. National organizations or coalitions representing target jurisdictions. The recipient may choose to subcontract to organizations or coalitions representing cities, counties, states or other geographic areas that are spending opioid settlement dollars. These subcontracts may improve direct engagement and support to jurisdictions making decisions about how to spend opioid settlement dollars. Up to $300,000 may be used for this purpose. 10-12 month period of performance.
General Instructions for Use of Funds:	Funds must be used to implement listed program activities, including for trainings, webinars and building tools that support decisions makers invovled in use of opioid settlement funds. Funds may be used to support travel such as ctop rovide direct, on the ground technical assistance, or hosting an in-person meeting, with written permission from the technical monitor.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Conduct a landscape analysis and work with national experts to understand opioid settlement dynamics in at least 3 cities or counties to understand how localities plan to spend these dollars. • Based on the landscape analysis, and other insights from the city/county plans for opioid settlement dollars collaborate with CDC and other experts to create a summary brief • With CDC and experts, harness evidence-based materials – scientific translations, policy briefs, implementation guides, training programs – to build a repository of high impact, existing materials; translate these further with focus on reaching city and county government officials. • With CDC, other experts, and (if appropriate) a communications firm, create new materials to reach the key audience if such materials do not exist already. • With CDC, develop a targeted training plan to reach city/county government officials, focusing on strategies and interventions with the greatest chance of making a health impact (e.g., reaching the highest risk populations). • Deliver at least 5 trainings for city/county government officials, either virtually or in person. • Provide direct technical assistance to at least 3 localities. • Conduct a post-intervention assessment to examine how opioid settlement funds are used.
Process Measures:	1. Number of materials adapted for policy makers 2. Number of resources in repository 3. Number of new resources created 4. Number of trainings delivered to city/county government officials 5. Number of localities receiving direct TA
Outputs:	1. Summary of 3 city or county plans for spending opioid settlement funds 2. A repository of existing documents (ie. Scientific translations, policy briefs and implementation guides addressing the infectious disease consequences of substance use and overdose), including new materials that help translate these documents for non-public health decisions makers 3. Development of newly created materials 4. Development of a training plan and protocol for engagement 5. Development of at least 5 training modules 6. At least 3 jurisdictions receiving direct TA
Budget Period Outcomes:	1. Increased capacity by state and local officials and policy makers to identify and select promising or evidence-based drug overdose and infectious disease transmission prevention strategies when using opioid settlement funds. 2. Increased capacity by state and local officials and policy makers to implement drug overdose and infectious disease prevention strategies collaboratively with partners in harm reduction, health care, public safety, and community/behavioral health services when using opioid settlement funds. 3. Opioid settlement funds are used to implement high-quality, evidence-based programs that reduce the infectious disease consequences of drug use and reduce overdose.
Outcome Measures:	1. Increased understanding of evidence-based overdose prevention interventions by policy makers 2. Number of evidence-based programs funded with opioid settlement funds

Project Title:	**Youth and Community Violence Prevention Action Teams**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to build capacity for local health departments to equip leaders/managers of cities, counties and towns to identify, prioritize, and implement community-driven, evidence-based approaches to reducing youth and community violence best suited to their demographics and risk factors.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Violence Prevention (DVP)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	2024 Consolidated Appropriations Act
Funding Statutory Authority:	Sections 301(a) and 392(a)(1) and (b)(1) and (2) of the Public Health Service Act (PHS Act), 42 U.S.C. 241(a) and 280-0(a)(1) and (b)(1) and (2)
Expected Project Length:	1 Year
Recipient Organizational Capacity:	- Adequate and appropriate organizational infrastructure and capacity to support the requirements of this project including the proposed staffing plan to successfully implement the activities and achieve project outcomes -Ability to reach local and county health departments in all regions in the US -Extensive experience in collaborating with local and county health departments -Expertise and experience in developing public health prevention tools and resources for local and county health departments - Expertise and experience in assisting community leaders in developing action plans to improve the health and safety of their community
Recipient Program Experience:	-Demonstrated track record of implementing a comprehensive approach to improving community health and well being -Expertise and experience in working with local communities to reduce health inequities -Relationships with city/county public health leaders nationwide
Expectations for Collaboration:	Recipient should collaborate with youth violence prevention practitioners, youth serving organizations, researchers, and other experts to ensure deliverables are grounded in science and experience in the field.

Expected Subcontractual Work and Criteria:	A subcontractor may be allowed and if subcontractor is used: certain criteria will be used. Recipients should subcontract with 1 or more national organizations that reach city/county/town leaders across the US. Subcontractors should have experience and expertise in building the capacity of city/county/town leaders to form multi-sector collaborations. Subcontractors should have demonstrated experience and expertise working with elected officials toward an all of government approach. Subcontractors should have demonstrated experience and expertise in reducing health inequities. Subcontractors should have experience in engaging communities with inequitable risk for violence.
General Instructions for Use of Funds:	Recipient should use a portion of the funds to pay for travel expenses to attend action planning meetings.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Form action teams with local health departments, elected city/county officials and their executive offices about (1) the public health approach to youth and community violence prevention, (2) resources to support their efforts to reduce violence and improve community safety, and (3) how a comprehensive, all of government approach can reduce firearm injuries and deaths. Action teams will be made up of local health departments, a mayor or representative of the Mayor/Chairman/CEO or City/County Manager's Office, and representatives from other city or county executive offices such as the law enforcement, economic development, juvenile court, the local school district, nearest level-1 trauma center, parks and recreation, office of Equity/Diversity, education, housing, arts, transportation, and office for community engagement. Action teams should also include a youth representative of the community experiencing violence and nongovernmental organization representation, when possible. Provide technical assistance to form action teams or support existing action teams to implement evidence-based approaches to reducing youth and community violence. Organize a webinar to disseminate Community Violence Prevention Resource for Action to local health departments in collaboration with the action teams to discuss their experience with implementing prevention strategies. Action teams should include teams that will focus on developing an action plan and teams that are ready to implement an existing action plan.

Process Measures:	Number of local health departments, elected officials or designee that are a part of the action team Each elected official or designee will invite at least 4 representatives from their executive office to participate in the action team. At least 50% of the community action teams will have a youth representative 100% of community action teams must represent communities with high numbers of firearm violence homicides.
Outputs:	Youth and community violence prevention action plans that include community and societal prevention strategies from Community Violence Prevention Resource for Action and address drivers of inequity and eliminate inequities in risk of violence Development of a system to track final youth and community violence prevention action plans
Budget Period Outcomes:	100% of action teams develop a youth and community violence prevention action plan or implement one or more strategy in existing action plan 100% of action plans include community and societal strategies to prevent community violence .
Outcome Measures:	100% of action teams report improving their skill and ability to identify and allocate resources to reduce youth violence and improve community safety

Project Title:	**Leveraging Legal Mapping for Suicide Prevention - Category A**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**This legal mapping project will benefit public health agencies, non-governmental organizations, and public health practitioners by building capacity to be able to evaluate the impact of laws and specific components of laws on health outcomes.**
Project Plan Details	
Project Purpose:	This project aims to use legal mapping or policy surveillance to assist government agencies and non-governmental organizations in prioritizing their suicide prevention efforts. By analyzing laws and policies related to suicide prevention, this project converts them into measurable evidence for rigorous evaluation on how they impact population health. The objective is to provide valuable insights that can guide both funded and non-funded state and territorial health agencies in implementing effective programs, practices, and policies that reduce the risk of suicide. The findings from this project can be used to inform the CDC Suicide Prevention Resource for Action (RFA) and contribute to evidence-based strategies for preventing suicide. Project funding is subject to availability of funds.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Injury Prevention (DIP)
Proposed FY24 Project Funding Total:	$500,000.00
Funding Appropriation:	75-24-0952
Funding Statutory Authority:	Consolidated Appropriations Act, 2024
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Recipient must have capacity to evaluate state-specific policies and develop visualizations summarizing the policies or laws that are interpretable by a diverse audience. The recipient must also have the capacity to publish legal data for use by other states and communities. The recipient should ensure the capacity to develop partnerships with state, local, and territorial public health organizations, policymakers, community members, community-based organizations, and/or public health service providers. The recipient should ensure the capacity to partner with stakeholders with health policy analysis expertise, and/or have the capacity and expertise to conduct legal mapping/policy surveillance using standard legal epidemiology methods. At least one member of the recipient's team involved in this project should have a JD. The recipient should have access to a coding platform for legal coding or be capable of using an alternative method, such as Microsoft Excel. The recipient should have an existing website for their organization/agency and should be able to publish new web content.

Recipient Program Experience:	Recipients must have: a) Experience using legal epidemiology methods to evaluate data on policies that impact health-related outcomes. b) Experience creating policy maps based on legal data extracted from state policies. c) Knowledge of “upstream” factors related to suicide prevention outcomes. d) Experience disseminating program outcomes to states and communities. Recipients must be fully capable of managing the required deliverables in accordance with 45 C.F.R., including executing subcontracts, if applicable.
Expectations for Collaboration:	Recipients will partner and collaborate with CDC project officers, technical monitors, and subject matter experts in the area of legal mapping, policy surveillance, and suicide prevention. Ongoing collaboration between recipients and CDC project officers, technical monitors, and subject matter experts is expected, including regular participation in technical assistance calls. Technical assistance may include assisting recipients with programmatic/administrative requirements of the funding opportunity and providing guidance on legal mapping, policy surveillance, and suicide prevention as pertained to the project goals.
Expected Subcontractual Work and Criteria:	Recipients may contract or hire consultants as needed to assist if additional capacity or outside expertise is needed to complete proposed objectives. Recipient should have the administrative capacity to develop and award contracts in a timely manner. Selected contractors or consultants should have the desired expertise needed and have the capacity to complete work in the timeframe proposed by the recipient.
General Instructions for Use of Funds:	Funding will support staffing to carry out program activities (e.g., legal analyst(s), project manager, upstream suicide prevention expertise, communications specialist etc.). At least 3 staff members are required to complete program activities. A minimum of one staff member is expected to have a Juris Doctor (JD) degree and/or expertise in legal epidemiology methods. It will be important to leverage existing state resources. Recipients may be asked to adjust their budget.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Conduct background policy review and produce a scoping memo to identify the laws of interest and legal variables to capture. • Evaluate the selected law/policy (determined in #1) intended for upstream suicide prevention across U.S. jurisdictions with accessible policy databases. • Visualize results in a series of policy maps. • Develop and host a public interactive web dashboard comprising of policy maps and project materials. • Provide a report on the identified laws of interest and how they may prioritize the selection and implementation of upstream suicide prevention strategies across different U.S. jurisdictions. • Develop promotional material and host 1-3 virtual workshops to train government agencies and non-governmental organizations on using the tool for informing programmatic decision-making and effective implementation of suicide prevention strategies.
Process Measures:	• Number of policy documents reviewed. • Number of laws identified as relevant to upstream suicide prevention. • Number of U.S jurisdictions evaluated.
Outputs:	• Public interactive web dashboard that can be used by government agencies and non-governmental organizations to review and filter laws by various factors. • Report summarizing the identified laws of interest and how the laws differ across U.S. jurisdictions. • 1-3 webinars to disseminate the tool to funded and non-funded CSP recipients.
Budget Period Outcomes:	• Enabled the use of an interactive web dashboard to assess differences in upstream suicide prevention policies across U.S. jurisdictions. • Enabled the use legal data to evaluate the impact of the law and specific legal components on suicide outcomes or outcomes related to other suicide risk factors. • Provided a resource for government agencies and non-governmental organizations to leverage the legal data and subsequent evaluations to inform technical assistance and future evidence-based policies to prevent suicide.
Outcome Measures:	• % of CSP jurisdictions assessed in policy findings and interactive web dashboard. • % of CSP funded jurisdictions and % of non-CSP funded jurisdictions attending webinars to disseminate tool. • At least one state program utilizes the findings or interactive web dashboard to inform or evaluate upstream suicide prevention programming.

Project Title:	**Pilot opportunities for health departments to implement and evaluate ways to connect clinical and community fall prevention efforts**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State Health Departments that collaborate with clinical and community partners to implement fall prevention**
Project Plan Details	
Project Purpose:	Older adult falls are the leading cause of fatal and non-fatal unintentional injuries. To address this issue, Stopping Elderly Accidents Deaths and Injuries (STEADI) initiative was developed to encourage members of the health care team to screen and assess for fall risk and intervene via referrals to physical therapy, occupational therapy, Tai-Chi, medication management, etc. to reduce their older patient's fall risk. Healthcare providers often cite limitations in time and competing priorities as barriers to conducting fall prevention. State health departments can facilitate clinical-community partnerships to facilitate fall prevention. This project is funded as part of the legislative language for Healthy Aging - "The Committee encourages an expansion of healthy aging work, fund applied research and translation for public health practice, and award cooperative agreements to build capacity in state, tribal, and territorial public health departments to promote the health of older adults within an age friendly public health system". This project aligns with CDC's older adult falls moonshot of "Fund 10% of states to prioritize fall prevention by 2027". The purpose is to provide technical assistance to states to implement and evaluate STEADI-based older adult fall prevention through clinical-community linkages. Project funding is subject to availability of funds.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Injury Prevention (DIP)
Proposed FY24 Project Funding Total:	$700,000.00
Funding Appropriation:	75-24-0952
Funding Statutory Authority:	Consolidated Appropriations Act, 2024
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Applicant must have adequate staffing and organizational capacity to work with state health departments to facilitate the collaboration of clinical and community partners to implement fall prevention. They must have the ability to facilitate implementation of community-clinical linked older adult fall prevention strategies in two states. They must have the ability to work with states to create an evaluation plan for the implementation.
Recipient Program Experience:	Recipient should demonstrate knowledge of state health departments that have plans to implement fall prevention using clinical-community linkages. Past experience of partnering with state health departments in producing older adult fall prevention resources and developing plans to implement fall prevention through clinical-community linkages.
Expectations for Collaboration:	Recipient is expected to work with state partners to implement fall prevention through clinical-community linkages and develop plans to evaluate the implementation.

Expected Subcontractual Work and Criteria:	Expected to subcontract with two state health departments if needed and any partners as needed to accomplish work.
General Instructions for Use of Funds:	Funds should be utilized to complete project activities.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Provide technical assistance to state health departments to implement STEADI-based older adult fall prevention strategies through clinical-community linkages • Provide technical assistance to state health departments to evaluate the implementation of STEADI-based older adult fall prevention strategies through clinical-community linkages • Identify lessons learned from program implementation and evaluation with regard to replicability of the implementation and scaling implementation to other areas in the state and to other states
Process Measures:	• Facilitate agreements between state health departments and clinical or community partners to implement fall prevention strategies • Coordinate meetings with state health department to update on the implementation process on a regular basis • Identify barriers and facilitators throughout the implementation process
Outputs:	• Report describing the implementation process. Report should include activities performed by state health departments, clinical and community partners. It should report barriers and facilitators during the implementation process. • Report of the evaluation of the implementation of fall strategies in each state. It should report the number of older adults who were screened for fall risk, assessed for fall risk factors, and received recommendations for fall prevention strategies. It should include strength and limitations of each state's implementation process. It should include the impact of the implementation on older adult fall outcomes (e.g. falls, fall injuries) • Report of lessons learned and suggestions to scale this project to other areas in the state and to other states.
Budget Period Outcomes:	• Report describing the implementation process in each state • Drafts of evaluation plan for each state
Outcome Measures:	• Number of states that implemented evidence-based older adult fall prevention strategies through clinical-community linkages • Number of older adults who were screened for fall risk, assessed for fall risk factors, and received recommendations for fall prevention strategies • List of facilitators and barriers in implementing older adult fall prevention strategies through clinical-community linkages • Change in rate/number of older adult falls, fall injuries, medically treated falls as a result of the implementation

Project Title:	**Scaling up Local-level Community-Clinical Linkages for Older Adult Fall Prevention**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Organizations that have the capacity to support local health departments, community paramedicine programs and other community-based programs that desire to implement and evaluate the impact of community-clinical older adult fall prevention programs.**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide technical assistance to local health departments (LHDs), community paramedicine programs, and other community-based programs to reduce older adult falls. This project supports the Safety Promotion Team research priority: Improve the likelihood that older adults receive clinical fall prevention care (e.g., screening, assessment, and intervention) at least once a year. This new project will also focus on disseminating the critical elements in establishing community-clinical linkages for older adult fall prevention by • Creating a Learning Community with LHDs, community paramedicine programs and other community-based programs interested in establishing sustainable older adult fall prevention programs, • Creating and presenting one or more webinars targeted to LHDs, community paramedicine programs, and other community-based programs interested in establishing sustainable older adult fall prevention programs. • Identify local programs (at least one local health department, one community paramedicine program, and one community based public health program) which have implemented fall prevention programs and develop a draft manuscript suitable for publication in a scientific journal that summarizes evaluation findings and lessons learned from those programs. Project funding is subject to availability of funds.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Injury Prevention (DIP)
Proposed FY24 Project Funding Total:	$350,000.00
Funding Appropriation:	75-24-0952
Funding Statutory Authority:	Consolidated Appropriations Act, 2024
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Applicant must have adequate staffing and organizational capacity to work in public health settings, work in communities and with partners, implement needs assessments and interpret both qualitative and quantitative data.
Recipient Program Experience:	The applicant should have scientific and program expertise in evaluating and outlining effective public health action through community-clinical partnerships. The applicant should have experience working with CDC, local health departments, community paramedicine, and other community-based programs, including training in implementation and evaluation, and providing technical assistance in evaluation to these types of audiences. Expertise in injury prevention and older adult fall prevention is desirable.

Expectations for Collaboration:	Recipient is expected to work with CDC and local health departments and other community-based public health partners to establish best practices for results driven partnerships aimed at clinically preventing older adult falls.
Expected Subcontractual Work and Criteria:	As required, the applicant may wish to draw upon subcontractors who can support the range technical assistance activities that may not reside within the applicant's own organizational structure.
General Instructions for Use of Funds:	Funds should be utilized to support project activities.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Identify programs which have implemented falls prevention work in 2023 and assist with analysis of data they may have regarding implementation for program evaluation purposes. • Provide technical assistance to LHDs, community paramedicine programs, and other local community-based programs to identify strengths, opportunities, aspirations, and results of local efforts that address older adult fall prevention. • Identify and recruit 3-5 local health departments, community paramedicine programs, and/or community-based programs to join a Learning Community for those interested in planning/implementing a clinical older adult fall prevention program model within their community that includes both clinically- and community-based partners. • Establish a Learning Community with regular group calls throughout the project period, each of which will focus on a section of the published guide Developing the Capacity to Support Clinical Older Adult Fall Prevention. These calls will leverage the content of the guide and its recommendations to support an intensive, comprehensive planning process for each participating jurisdiction. • Support Learning Community participants in completing sections of the guide's supplemental workbook as homework assignments after each learning community call to strengthen and focus their planning efforts. • Hold and record 1-2 public-facing webinars for local health departments, community paramedicine programs and other community-based programs, not in the Learning Community, who are interested in the clinical older adult fall prevention program model. • Produce a draft document suitable for publication in a peer reviewed journal summarizing the impact and lessons learned by the participating LHDs, paramedicine programs, and/or community-based programs.
Process Measures:	• Number of TA sessions held with participating partners. • Outreach/advertising to inform potential partners of Learning Community calls and webinar presentations on the topic of establishing and/or evaluating community-clinical older adult fall prevention programs. • Content for multiple Learning Community calls developed. • Content developed for webinar presentations. • Number of TA sessions held with Learning Community call participants and webinar participants that are interested in establishing and/or evaluating community-clinical older adult fall prevention programs. • Outline of draft manuscript created and shared with funding program.

Outputs:	• Established Learning Community focused on older adult fall prevention at the local level and based on the NACCHO guide Developing the Capacity to Support Clinical Older Adult Fall Prevention. • One to two public facing webinars conducted for local health departments, community paramedicine programs, and/or community-based programs not currently involved the Learning Community, who are interested in the clinical-community model of older adult fall prevention. • Draft manuscript intended for publication in a scientific journal that summarizes the impact and lessons learned by the participating local health department, paramedicine programs and/or community programs engaged establishing clinical-community based older adult fall prevention programs.
Budget Period Outcomes:	• Increased capacity of participating LHDs, paramedicine programs, and community-based programs to implement ongoing and sustainable evaluation of their clinical older adult fall prevention programs. • Increased capacity of programs to implement local clinical-community older adult fall prevention programs according to recommended best practices. • Increased capability among selected programs to identify measures and collect data to inform decision-making for fall prevention program improvement.
Outcome Measures:	• Percentage of partner programs receiving technical assistance who report increased capacity to conduct formative and outcome evaluation activities. • Percentage of partner programs receiving technical assistance who report increased capacity to use data to strengthen their community-clinical older adult fall prevention program. • Number of programs participating in the webinars that reach out for advice and technical assistance in establishing community-based older adult fall prevention programs within their jurisdiction. • Number of programs participating in the learning community calls begins work to establish a community-based older adult fall prevention program within their jurisdiction.

Project Title:	**Transportation Safety Resource for Action Tool Development**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**The tool is meant to help state departments of public health and state departments of transportation select equity-centered transportation safety programs, policies, and interventions.**
Project Plan Details	
Project Purpose:	Transportation injuries remain a leading cause of fatal and nonfatal injury, with persistent and growing disparities for certain road user types and segments of the population. While there is currently unprecedented recognition for the need to understand and intervene on transportation injury as a public health problem, there is an extreme gap and dearth of tools and resources available to states and local communities to help select and prioritize public health-focused interventions, programs, and policies that are most likely to result in safety gains. This project directly responds to this gap by creating a comprehensive, cohesive, and user-friendly tool for public health and transportation decision-makers to use in understanding and selecting equity-centered, evidence-based interventions for their state and communities. Project funding is subject to availability of funds.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Injury Prevention (DIP)
Proposed FY24 Project Funding Total:	$425,000.00
Funding Appropriation:	75-24-0952.
Funding Statutory Authority:	Consolidated Appropriations Act, 2024
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The organization should have staff with knowledge and experience in public health principles and equity-centered approaches.
Recipient Program Experience:	The organization should have experience in injury prevention topics, including transportation safety, as well as in reviewing and synthesizing the evidence base to determine and prioritize effective public health interventions, programs, and policies.
Expectations for Collaboration:	The recipient will shape the tool with technical assistance from CDC, collaborating with CDC Subject Matter Experts. CDC will encourage frequent communication and technical assistance calls with the recipient to ensure successful development of the tool.
Expected Subcontractual Work and Criteria:	The ideal applicant organization will have deep expertise in transportation safety and experience in synthesis of evidence-based transportation and public health interventions, programs, and policies. As required, applicant may wish to draw upon subcontractors who can help support technical assistance that may not reside in applicant's organizational structure.
General Instructions for Use of Funds:	Funds should be utilized for project related activities and expenditures.
Strategic Area:	**Policy and Programs**

Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products
Activities:	The purpose of this project is to develop the core content for a transportation safety decision-making tool for public health and transportation decision-makers to use in understanding and selecting equity-centered, evidence-based interventions for their state and communities. Activities will include identifying and prioritizing specific interventions to be included in the new tool/resource, defining the types of information to present (e.g., injury prevention estimates, key implementation components, costs), and mocking-up a specific plan and flow for the tool, articulating specific inputs and outputs of the tool. Specifically, this work will involve: 1) Conducting an evaluation of CDC's MV PICCS tool and mocked up iterations of a future tool. Formative evaluation information collected could include: • Whether key decision-makers at state levels have used MV PICCS to help inform decision making about which transportation safety interventions to implement and/or the types of information they would use/need to best inform decision-making; • What they liked / would change about MV PICCS and/or a mocked-up version of a new tool; and • Usability and user experience testing of MV PICCS and/or a mocked-up version of a future tool. 2) Conducting an environmental scan of transportation safety interventions/policies. Key factors that will be considered in this task include: • The topics/types of strategies to include should be informed by the results of CDC's prior needs assessment that asked partners what might be most useful. • The scan should include a systematic literature review, as well as a review of reputable "gray" literature such as government reports and white papers, informed by CDC's prior needs assessment in his space. • The search should include sources from both the U.S. and other high-income countries to incorporate lessons learned from those with potentially greater success in reducing transportation-related deaths. • The emphasis on the scan should be to find and describe each intervention's effectiveness for reducing transportation injuries and deaths, including and importantly any effects that could address disparities and improve health equity. • In addition to spanning across multiple transportation safety topic areas, this scan should be more comprehensive than previous resources by including interventions across the Safe System elements (i.e., safe road users, safe vehicles, safe speeds, safe roads, and post-crash care). • The goal of this step is to bring together information about proven interventions as well as intervention effects, including how effects may vary across subgroups of populations and/or state, regional, or local differences, where possible. 3) Synthesize estimated effects of the selected interventions on injuries and fatalities; these data should be combined with any evidence on how the effect varies across subgroups of the population (or any potential unintended consequences across populations). Use environmental scan results to create a list of comprehensive proven interventions and principles that could be included in the tool/resource (informed by CDC's prior needs assessment that highlighted important tool elements). Additionally, use environmental scan to create a list of promising interventions that align with the Safe System approach, for which there is a growing body of evidence, but more work is needed to show effectiveness. 4) Determine which interventions to include in a new/improved tool based on CDC's prior needs assessment, results from Activities 1-3 above, feasibility, potential for maximum impact, and available resources. Ideally the interventions selected to be included in the tool will encompass several priority transportation topics and Safe System elements.

	5) Develop a brief that describes the need for the tool, gap it fills, formative evaluation efforts, presents prioritized interventions list in tabular form, and lays out next steps and mocked up sketches/figures to describe where tangible tool development is headed and what it might look like (e.g., process/flow of interactive tool). 6) Summarize information gathered and lessons learned into a final report that includes a mocked-up process/version of the tool, described in figures and words. 7) The applicant should host a virtual meeting/webinar in late 2024 related to transportation safety to help further disseminate key findings and best practices. Given available funds, funding in a subsequent year would then provide resources to build the mocked up version of the tool and test usability of the tool to iteratively improve functionality.
Process Measures:	• An in-depth understanding of user experiences with the MV PICCS tool and/or mocked up versions of a future tool, including what did and didn't work well when using/examining the tool and what elements should/should not be incorporated into the new tool; • A comprehensive accounting of effective policies, programs, and interventions from both domestic and international settings that are consistent with Safe System principles and can be applied in an equity-centered manner; • A synthesis of key effectiveness estimates and other critical inputs for implementation of these transportation policies, programs, and interventions (that should be included in the final tool for decision-makers); and • A prioritized list and plan for interactive Transportation Safety Resource for Action tool development in a subsequent year of funding (given available funds), including a mocked-up version with inputs and outputs of the tool.
Outputs:	Outputs will include: • A detailed evaluation of the current MV PICCS tool and/or of mocked up versions of the new tool. • An environmental scan of effective and promising transportation safety interventions/policies consistent with a Safe System approach, including syntheses of estimated effects of the selected interventions on injuries and fatalities, as well as evidence on how effects vary across subgroups of the population. • A brief that can be distributed and describes the need for the tool, gap it fills, any formative evaluation findings of MV PICCS or mocked up tool versions, prioritized interventions listed in tabular form, and next steps to describe where tangible tool development is headed. • A final report to capture all syntheses and lessons learned, a mocked-up version with inputs and outputs of the tool, and a clear path for tool development in a subsequent year, given availability of funds.
Budget Period Outcomes:	An understanding of perceived strengths and limitations of the prior MV PICCS tool and of current transportation safety interventions and policies consistent with a Safe System approach that could be implemented by state transportation-related decision-makers.
Outcome Measures:	Outcome measures include successful development of outputs noted above, which will then translate to improved transportation safety decision-making through eventual use of this tool and subsequent related decline in transportation-related injury and death.

Project Title:	**Building capacity for ending violence against children and ACEs**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Staff and partners involved in the prevention of violence, suicide, opioid overdose, and ACEs in a local health department (LHD) in a diverse US city, with high levels of youth/community violence.**
Project Plan Details	
Project Purpose:	This project supports partner engagement and builds local capacity through a local health department to use data to inform public health action by utilizing data from the Violence Against Children and Youth Surveys (VACS). A VACS provides a platform to cover priority areas for injuries and violence, adverse childhood experiences (ACEs), opioid misuse/overdose, and suicide. Violence Against Children and Youth Survey (VACS) Data to Action (D2A) is a process to translate VACS results into data-driven, evidence-based actions to address violence against children and youth. The project supports coordination at the local health department level, to build the local health department's capacity to engage partners and lead data to action activities using pilot VACS data. The project will also involve capacity-building workshops and activities to engage multi-sector partners and inform actions that reflects program and policy implications of VACS data. The project will leverage the VACS pilot data to support local health department leadership in developing of a comprehensive, multi-sectoral response to prevent and respond to violence.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Violence Prevention (DVP)
Proposed FY24 Project Funding Total:	$150,000.00
Funding Appropriation:	75-24-0952
Funding Statutory Authority:	The program is authorized under sections title 42 U.S. Code 280b – Prevention and control Activities.
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient organization will have a proven track record of working to build the capacity of Local Health Departments, education sector and frontline service providers, and have extensive project management experience.
Recipient Program Experience:	The recipient will have experience with violence as a public health problem and how to prevent it; developing the capacity of local public health departments to utilize violence data; and experience with data translation for programmatic and policy. Other key experiences include capacity building, training, and dissemination of public health information.
Expectations for Collaboration:	The recipient will work closely with the local health department to develop all goals of this project.
Expected Subcontractual Work and Criteria:	The recipient can provide direct financial assistance to the local health department (e.g., salary support), provide expert consultations, utilize recipient staff time, and/or bring in outside consultants as needed, but in consultation with the local health department.
General Instructions for Use of Funds:	Recipients will be permitted to expend funds for project related costs (personnel, fringe, supplies, travel, etc.) in accordance with general terms and conditions for non-research cooperative agreements. Applicant proposals should be scalable.
Strategic Area:	**Organizational Capacity and Performance Improvement**

Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Support a local health department in leading a multi-sectoral VACS Data to Action workshop where participants translate VACS data into evidenced-based priorities to strengthen and accelerate efforts to address violence against children and youth.
Process Measures:	To ensure multisectoral participation, at least 2 sectors involved in the prevention and response to violence against children and youth (e.g. health, education, social services, justice/law enforcement) will participate in the workshop.
Outputs:	Development of a workshop report that will detail key results from the workshop and outline a set of data-driven and evidence-based priorities to strengthen efforts to address violence against children and youth including: 1. A list of risk and protective factors for violence prevention prioritized by each sector and current sector specific efforts to address each risk and protective factor selected. 2. List of evidenced-based strategies and approaches to strengthen current violence prevention efforts by sector.
Budget Period Outcomes:	Upon completion of the workshop: 1. Participants will be familiar with key findings of the VACS pilot. 2. Participants will have used VACS pilot data to prioritize risk and protective factors for violence and review current violence prevention efforts to address prioritized risk factors. 3. Participants will have used VACS pilot data to select evidenced-based strategies and approaches to strengthen current violence prevention efforts.
Outcome Measures:	At least 75% of workshop participants/participating sector groups develop: 1. A list of prioritized risk and protective factors for violence prevention and current sector specific efforts to address each risk and protective factor selected. 2. List of evidenced-based strategies and approaches to strengthen current violence prevention efforts
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Support local health department to lead an existing multi-sectoral taskforce to engage violence prevention partners and inform VACS pilot dissemination and Data to Action activities.
Process Measures:	To ensure that taskforce members inform VACS pilot dissemination and data to action activities, taskforce members will provide input on at least of 50% of dissemination and data to action activities.
Outputs:	Final report on activities and efforts to engage violence prevention partners and inform VACS pilot dissemination and data to action activities through a multi-sectoral taskforce.
Budget Period Outcomes:	Taskforce members have contributed to the planning of VACS data to action activities.

Outcome Measures:	1. Taskforce members have been oriented to VACS Data to Action process and activities. 2. Taskforce members have provided input on VACS Data to Action process and activities
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Utilizing the outcomes of the Data to Action Workshop (see Organizational Capacity and Performance Improvement), the recipient will support the local health department to work with relevant sectors, partners and multi-sector taskforces to develop a comprehensive, multi-sectoral response to prevent and respond to violence against children and youth.
Process Measures:	1. A draft set of priorities and actions based on outputs from the VACS data to action workshop will be developed. 2. To ensure input from key violence prevention partners, input will be received from at least 5 violence prevention partners and/or taskforce(s).
Outputs:	Finalized set of data-driven and evidence-based priorities/actions to strengthen existing efforts to address violence against children and youth.
Budget Period Outcomes:	By the end of the budget period, the recipient will have: 1. Reviewed outputs from the VACS Data to Action Workshop (see Organizational Capacity and Performance Improvement). 2. Used the outputs from the VACS Data to Action Workshop to draft a set of data-driven and evidence-based priorities/actions to strengthen existing efforts to address violence against children and youth. 3. Finalized priorities/actions based on feedback and from multi-sectoral taskforce and other violence prevention partners.
Outcome Measures:	Recipient has drafted and finalized a set of data-driven and evidence-based priorities/actions to strengthen existing efforts to address violence against children and youth as part of a comprehensive, multi-sectoral response to prevent and respond to violence.

Project Title:	**Suicide Prevention Capacity Building for Local Health Departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**This project aims to support LHDs in strengthening their capacity for suicide prevention. By addressing these challenges and providing targeted assistance, the project will help LHDs enhance their ability to effectively prevent suicides within their communities. The intent is to have a positive impact on individuals and subpopulations who are at risk of suicidal behaviors by improving access to appropriate prevention measures and tailored support services that meet their specific needs.**
Project Plan Details	
Project Purpose:	This project aims to provide technical assistance (TA) on capacity building for suicide prevention to local health departments (LHDs). The TA activities will follow a community-led suicide prevention approach and utilize a two-track model to support LHDs at different stages of their prevention efforts: Track 1) Planning Track 2) implementation. The recipient will also develop a suicide prevention training to help as a learning tool to help LHDs utilize the Suicide Prevention Resource for Action and the 2024 National Strategy for Suicide Prevention. The goal is to make these learning opportunities more accessible by moving them into a learning management system, allowing for asynchronous trainings that can reach a large LHD audience.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Injury Prevention (DIP)
Proposed FY24 Project Funding Total:	$500,000.00
Funding Appropriation:	75-24-0952
Funding Statutory Authority:	Consolidated Appropriations Act, 2024
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The organization is required to have specific capabilities to successfully execute the work outlined. These capabilities include: 1. Capacity Building Skills: The team should have expertise in providing capacity building assistance for suicide prevention and be knowledgeable about community-led approaches in this field. The organization should also have experience in developing training modules and resources related to suicide prevention strategies. 2. Online Learning Platforms: Access to a reliable learning management system is essential for delivering online trainings and making them easily accessible to a wide audience of LHDs. Proficiency in using online platforms for webinars and workgroups is also necessary. 3. Local Health Department Reach: The organization should have an established network and connections with LHDs across the country. This will enable effective outreach efforts, ensuring that the technical assistance reaches as many LHDs as possible. 4. Infrastructure: A solid infrastructure is critical for managing and maintaining project activities. This includes having efficient systems for tracking progress, evaluating outcomes, and maintaining a comprehensive database of evaluated models and promising practices from LHDs nationwide.

Recipient Program Experience:	The applicant should demonstrate content expertise and a strong understanding of the population of focus. The applicant should possess comprehensive content expertise in suicide prevention, including a deep understanding of evidence-based strategies, best practices, and available resources in this field. This expertise will enable the program to provide accurate and up-to-date information, guidance, and support to address the specific challenges related to suicide prevention. Equally important is a thorough understanding of the population of focus. The program should have knowledge about their unique needs, characteristics, cultural considerations, and any specific factors that may influence their experiences with suicide prevention. This understanding will allow the program to tailor interventions and approaches that are culturally sensitive, relevant, and effective for the target population.
Expectations for Collaboration:	The collaborative work for this project will involve regular engagement between the recipient and LHDs through demonstration sites, work groups, and advisory groups. LHDs will be essential partners in all aspects of the proposed work, actively informing and benefiting from the project deliverables. To ensure a comprehensive approach, the recipient may seek feedback from relevant stakeholders who can provide guidance on program activities. These stakeholders should be well-positioned with representatives from various backgrounds and experiences to offer valuable insights.
Expected Subcontractual Work and Criteria:	Recipient may wish to draw upon subcontractors who can help support technical assistance that may not reside in applicant's organizational structure.
General Instructions for Use of Funds:	Funds should be utilized to conduct project activities.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	(1) Provide TA to planning jurisdictions via bi-monthly sessions of learning communities and up to monthly one-on-one individual TA. Support the jurisdictions in selecting one domain or element of the Community-Led Suicide Prevention framework to focus on building capacity. (2) Support the planning track jurisdictions in a). building cross-sector partnerships and engaging community stakeholders; b). developing a strategic plan for implementation of suicide prevention; c). identifying disproportionally affected populations (DAPs) by suicides and focusing efforts on supporting those in greatest need within their communities. d). selecting evidence-based strategies, adapting the community's cultural context and readiness for change. (3) Provide TA to implementation track jurisdictions via three sessions of learning communities, mapping each session to at least one domain in SPACECAT and the implementation. (4) Provide monthly one-on-one technical assistance to implementation track jurisdictions to support a). maintaining cross-sector partnerships and engaging community stakeholders in programming efforts; b). selecting and implementing evidence-based strategies, adapting the community's cultural context; c). developing and adopting a logic model and workplan to guide the progress of implementation work. (5) Develop a training module as a full curriculum that dives into implementation of Suicide Prevention Resource for Action and 2024 National Strategy for Suicide Prevention.
Process Measures:	(1) Hold project kick-off meeting within three weeks of receiving notice of award. (2) Up to two jurisdictions selected for planning track. (3) Up to two jurisdictions selected for implementation track. (4) Kick-off call with jurisdictions within three weeks of selection. (5) At least 4 learning community sessions held for planning track. (6) At least 2 one-on-one TA calls held for planning track. (7) At least 3 learning community sessions held for implementation track. (8) At least 7 one-on-one TA calls held for implementation track. (9) 100% of participating jurisdictions in both planning and implementation tracks attend each respective learning community session.
Outputs:	(1) Planning and implementation kick-off meetings held. (2) Monthly one-on-one technical assistance calls held with jurisdictions. (3) Final template for planning materials (4) End-of-project survey results (5) Final learning community series. (6) Learning community survey results (7) Final templates for implementation track deliverables (8) Implementation reports for implementation track jurisdictions (9) Final project summary (10) Developed a suicide prevention training module (11) Launch the training module as the start of the training management system (12) Final communication plan, including a list of potential stakeholders and outreach language.
Budget Period Outcomes:	(1) Increased learning related to evaluation of initiatives and programs for suicide prevention. (2) Increased understanding of the barriers and facilitators to planning a comprehensive prevention approach for suicide prevention.
Outcome Measures:	(1) At least 66% of planning track jurisdictions reported having increased knowledge and skills in building suicide prevention capacity. (2) 100% of participating implementation jurisdictions will report participation in the project increased their capacity to evaluate suicide prevention efforts. (3) 100% implementation track jurisdictions reported improved capacity to adopt strategies from Suicide Prevention Resource for Action and 2024 National Strategy for Suicide Prevention, particularly targeting DAPs in their communities.

Project Title:	**Improving Overdose Surveillance and Prevention Capacity and Readiness of Overdose Data to Action: STATE and LOCAL Recipients**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of this project is to develop, facilitate, and deliver targeted technical assistance (TA) in support of overdose-related activities specifically, but not limited to the Overdose Data to Action cooperative agreements for STATE and LOCAL recipients. Technical assistance will be provided through various mediums and methods including developing training/tools/resources, carrying out convenings, supporting peer-to-peer engagement, implementing educational webinars, and supporting in-person reverse site visit and partnership meetings.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Overdose Prevention (DOP)
Proposed FY24 Project Funding Total:	$3,500,000.00
Funding Appropriation:	75-2024-0952
Funding Statutory Authority:	Opioid
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The applicant should have the organizational and institutional capacity, along with the infrastructure, to identify, administer and track TA needs of local, state, and territorial health departments related to the implementation of prevention and surveillance activities associated with fatal and non-fatal overdoses. The applicant should have the capacity to solicit, direct and coordinate a wide variety of subject matter experts, national public health partners, and other resources in provision of a comprehensive tailored technical assistance to recipients funded to do overdose related work and related partners. The applicant must demonstrate readiness and capacity to build, convene, and lead learning communities among and across diverse sub-groups of local, state, and territorial recipients, facilitate peer-to-peer engagement, and convene partners in support of overdose prevention efforts. The applicant must demonstrate capacity to work with local, state, and territorial health officials through listening sessions and regional meetings to identify assets and gaps in their overdose prevention and surveillance interventions and business processes. The applicant must be capable of using this information to identify approaches to increase capacity, improve, and inform the development of tailored-TA strategies and provide other forums that advance overdose prevention. The applicant should demonstrate the capacity to elevate evidence and create tools, resources, and dissemination and implementation forums related to overdose policies and capacities, overdose prevention leadership, culturally responsive, racial evaluation, and health equity work. The applicant must have the capacity to coordinate logistics for large scale meetings with greater than 400 participants.

Recipient Program Experience:	The applicant should have the following experience: 1)delivering overdose surveillance and prevention-related technical assistance to local, state, and territorial health departments; 2) implementing comprehensive knowledge and awareness of public health programs or subject matter experts who can inform implementation and evaluation of overdose surveillance and prevention strategies; 3) outlining effective public health action through a multi-agency and multi-disciplinary approach; 4) developing overdose or opioid overdose TA to local, state, and territorial health departments through virtual or on-site TA mechanisms; 5) working with local, state, and/or territorial health officials to determine specific organizational capacity needs, providing extensive TA to recipients and related partners, convening multiple agencies and stakeholders, facilitating peer-to-peer exchanges, executing strategies to improve business processes; and 6) coordinating logistics for meetings with greater than 400 participants.
Expectations for Collaboration:	The applicant should collaborate with partner organizations most directly involved with informing, implementing and/or evaluating drug overdose public health prevention and surveillance strategies. All other collaborative work should only involve organizations that: 1) have experience with drug overdose public health programs and experience outlining effective public health action through a multi-agency approach; 2) have experience bringing together stakeholders from multiple organizations and disciplines, handling logistics, coordination and follow-up of webinars, reports, and/or findings; 3) have experience with implementing, improving and evaluating overdose prevention and surveillance programs; 4) have experience in the subject matter area of focus for activities that the applicant does not possess (i.e. culturally responsive evaluation, business process improvements, policy development and implementation, effective approaches to funding and investment in public health capacity; 5) have experience coordinating logistics for large meetings with greater than 400 participants. The selected applicant will function as part of a network of TA partners funded to support the implementation of DOP cooperative agreement strategies. As such, the selected applicant is expected to collaborate and coordinate with other CDC-funded partners and SMEs, where applicable, in the development, facilitation and delivery of targeted technical assistance to funded jurisdictions that promotes the successful implementation of OD2A strategies.
Expected Subcontractual Work and Criteria:	The applicant may subcontract with various partner organizations and subject matter experts to deliver targeted technical assistance activities (e.g. onsite TA, capacity-building webinars, issues briefs highlighting best practices, creating resources and tools to help with implementation for recipients) and other forums that advance overdose prevention. The applicant and partners/subject matter experts may collaborate on the delivery of technical assistance webinars, peer-to-peer trainings, subject matter trainings, on-site or virtual technical assistance, convenings in support of overdose prevention, and individual ad-hoc TA as needed. The applicant and partners/subject matter experts may focus on increasing capacity and determining the type and scope of TA, based on current capacity level.

General Instructions for Use of Funds:	The applicant will be responsible for the coordination of programmatic TA resources and communication subject matter experts delivered to local, state, and territorial health agencies, in collaboration with CDC. Examples of TA delivery include virtual learning opportunities, webinars, trainings, and customized TA strategies and delivery for supporting low, intermediate, and high-capacity state and local health departments and their partners. The applicant will also be responsible for creating resources, materials, and forums that will help build the capacity of DOP cooperative agreement recipients and the field of public health overdose prevention. The applicant will also be responsible for coordinating logistics for OD2A recipient meetings held in Atlanta, Georgia (or an alternate location) to include reserving hotel, meeting space, provision of written materials, agenda, signage, coordination of speakers, communication with recipients and CDC staff, and provide on-site technical assistance during the meeting.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Support the provision of technical assistance, training, and learning activities to strengthen overdose surveillance and prevention readiness among DOP cooperative agreement-funded jurisdictions • Identify, educate, and share best practices through webinars that support the implementation of evidence-based overdose strategies, high-quality program management for overdose prevention, and increased capacity for overdose prevention.
Process Measures:	• Conduct and convene at least 3 cohorts of jurisdictions on identifying, understanding, and finding solutions to improve business processes and/or continuous quality improvement activities in health department settings. • Conduct at least 4 webinars (or virtual convenings) on emerging priority topics in leadership and management of overdose prevention (for example, new information on opioid settlement opportunities, introduction to policy strategies for overdose prevention, public health functions for overdose prevention, LHD/SHD collaboration during data releases, and effective approaches to building nation-wide public health capacity for overdose prevention, etc.)
Outputs:	• After each technical assistance and training activity, provide a comprehensive document summarizing themes, evaluation measures captured, tools developed, and templates created. • Create a resource that develops LHD and SHD organizational capacity in high-priority areas of program leadership and management for overdose prevention (e.g. how to go about effective linkage of SHD and LHD during data releases, functions and capacities of SHD and LHD in overdose prevention and linkages amongst SHD and LHD, state and local innovations in use of opioid settlement investments, opportunities for collaboration with funding opportunities from other Federal and State agencies, strategic opportunities for investment in overdose prevention, braiding and blending principles and skills, etc.)

Budget Period Outcomes:	• Execute cohorts of recipients to improve business processes and/or continuous quality improvement in their health departments to help better expend funds and implement the work in a timely manner. • Recipients and related partners gain a better understanding of high-priority areas of leadership and management and capacity-building for overdose prevention. • State Health Departments and other funding organizations will gain a better understanding of effective approaches to building capacity for overdose prevention at the local level.
Outcome Measures:	• 75% of technical assistance requests and training requests completed. • 75% of participants in webinars provided (on average) report finding good to excellent value of content delivered.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Facilitate the development of key strategic partnerships from across policy audiences that engage in overdose prevention work and organizations that can inform the effective funding of overdose prevention capacity. • Provide learning opportunities that increase funded SHD and LHD understanding of activities funded by other HHS agencies in states and localities that could support social and health needs of people who use substances (e.g. housing, behavioral health, etc.) • Plan and execute a recipient meeting for OD2A: State and LOCAL recipients.
Process Measures:	• Engage in at least two overdose policy partnerships that can include engagement with partners involved in provision of services and supports of health and social needs of people who use substances and may include engagement with partners with high capacity and knowledge in policy areas such as developments in opioid settlements nation-wide, and effective investment in overdose prevention. • Hold at least one partner meeting with key stakeholders across the overdose policy landscape. • Hold at least one recipient meeting that includes OD2A: State and LOCAL recipients and CDC staff.
Outputs:	• Develop an agenda, materials, and a final document after the recipient meeting has occurred. • Provide detailed notes from each partner meeting and outline needs and action items.
Budget Period Outcomes:	• All OD2A: State and LOCAL recipients will be able to travel to the recipient meeting and learn from their peers about how to successfully implement activities. • Meet with stakeholders that work in the overdose policy space to understand how jurisdictions can better leverage information and resources to be successful with OD2A.

Outcome Measures:	• Successfully liaise with 75% of new policy partners; 100% of OD2A: State and OD2A: LOCAL jurisdictions attend the annual recipient meeting; at least 30% of funded jurisdictions increase their knowledge of policy actions that can be implemented in their area.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Review and understand overdose-related policies that have been developed across the US and how they have impacted overdose prevention and surveillance work; disseminate strategies to relevant audiences. • Convene policy-related partners to assess opportunities for policy dissemination and implementation.
Process Measures:	• Create up to 3 monocle maps on overdose topics related to the OD2A: State or OD2A: LOCAL cooperative agreements. • Create up to 5 case studies, success stories, or other document that outlines successful policy implementation regarding overdose prevention and surveillance. • Support at least one virtual or in-person forum of partners positioned to advance overdose prevention strategies to assess opportunities for dissemination and implementation.
Outputs:	• Development of monocle maps. • Development of a resource (e.g. Case study or success story) on successful policies. implemented in jurisdictions.
Budget Period Outcomes:	• Monocle maps are created and used by recipients to aid in implementing prevention efforts. • Case study/success stories are completed to help recipients understand how to leverage overdose policies while conducting their workplan activities. • Information about overdose prevention policies has been disseminated to relevant audiences
Outcome Measures:	• 35% of jurisdictions will use the monocle maps to inform decision making for implementing activities in their workplans. • 30% of jurisdictions will participate in the case studies/success stories on policy successes.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Plan and host virtual sessions for recipients through a variety of methods to strengthen capacity, knowledge, and implementation of overdose surveillance and prevention activities including development of leadership and management skills. • Facilitate the development of regional networks of program managers from funded SHD and LHD (utilizing regional configurations that map to HHS regions) to foster collaboration amongst funded SHD and LHD in each region, build capacity amongst recipients, learn about emerging trends, and discuss needs of recipients.
Process Measures:	• Conduct up to 10 virtual learning opportunity webinars and trainings with OD2A STATE, OD2A LOCAL, and DFC coalitions. • Develop regional networks of funded SHD and LHD in each of 10 HHS regions, which can include connectivity via virtual platforms and methods, convening of virtual meetings and, where needed, convening of in-person meetings.
Outputs:	• Virtual learning opportunity webinars with recordings and resource documents created upon request. • Thematic notes that distill emerging issues from each of 10 regional networks, to outlining topics discussed, needs, successes heard, and technical assistance that is requested.
Budget Period Outcomes:	• Recipients will build their capacity through virtual sessions to better understand the overdose landscape and better equip them to implement activities. • Recipients will be able to better coordinate with others in their regions and learn how to be more collaborative and responsive to overdoses that occur on the borders or have impact in multiple areas, and will be better able to coordinate within states and regions to foster collaboration between funded SHD and LHD for data releases and prevention activities.
Outcome Measures:	• 65% of jurisdictions will attend the virtual learning webinars and trainings; 75% of jurisdictions will attend the regional meeting

Project Title:	**Building State Health Department Capacity to use ACEs Data and Science to Prevent Negative Health Outcomes**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health department leadership and staff**
Project Plan Details	
Project Purpose:	The purpose of this project is to strengthen state and territorial health departments' ability to lead, support, and facilitate efforts to prevent Adverse Childhood Experiences (ACEs). Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. Examples of ACEs include experiencing violence, abuse, or neglect; witnessing violence in the home or community; or having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use problems, mental health problems, not having enough food to eat, or experiencing homelessness or unstable housing. ACEs can be prevented. Using data and the best available research evidence, public health can inform policy and practice to understand and address the factors that put people at risk for, or protect them from, experiencing ACEs.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Violence Prevention (DVP)
Proposed FY24 Project Funding Total:	$650,000.00
Funding Appropriation:	75-24-0952
Funding Statutory Authority:	title 42 U.S. Code 280b – Prevention and control Activities.
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient must have organizational and staff capacity for providing technical assistance, training, and resource development to support state health departments' efforts to inform and implement primary prevention efforts to address Adverse Childhood Experiences (ACEs). This includes: • Access to project's population of focus • Expertise related to primary prevention, public health strategies and approaches, and translation of technical information • Adequate infrastructure to support project activities and outputs • Management capacity to implement the award • Capacity to develop and deliver technical assistance and training tools
Recipient Program Experience:	Recipient must have: • experience providing technical support to state health departments in making policy, working with systems, and identifying resources for impacting change that can improve health outcomes • experience in developing educational/guidance tools • experience communicating with state health leadership and their stakeholders • experience working with state health departments to identify and address capacity needs to support public health priorities

Expectations for Collaboration:	It is expected that the recipient will collaborate with CDC/NCIPC, state health leadership, and other organizations with expertise to support project purpose and goals.
Expected Subcontractual Work and Criteria:	Any subcontracting must be reviewed and approved by CDC
General Instructions for Use of Funds:	Funds may be used for necessary expenditures such as labor, program products, subcontracts (if needed to support project purpose), travel (if needed), and other appropriate indirect and direct costs.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Identify and strengthen state and territorial health department capacities to support project goals and promote collaborative ACEs prevention efforts, including use of relevant available data • Engage state health departments and partners in TA and training activities to facilitate shared learning and support ACEs prevention strategies based on best available evidence • Raise awareness and promote communication and dissemination of ACEs prevention knowledge, tools, and resources with partners and stakeholders
Process Measures:	Number of partners identified for engagement by state health departments Number of participants in TA and Training activities Percentage of participating health department jurisdictions that are disseminating ACEs prevention tools and resources to partners and stakeholders
Outputs:	• Conference calls and/or webinars held with state health departments and their leadership to elevate ACEs prevention work and the connection between ACEs and social determinants of health • Products, including online resources and tools, to support state health departments' efforts to build and guide ACEs prevention efforts with partners and stakeholders
Budget Period Outcomes:	• Multi-sector partnerships and collaboration for ACEs prevention • Identification and engagement of lower-capacity health department jurisdictions to build ACEs prevention capacity • Health departments and their ACEs prevention partners are accessing and using ACEs prevention resources to inform their work
Outcome Measures:	At least 60% of participating health departments establish a new, or enhance an existing, ACEs prevention partnership or collaborative effort. 1 to 3 lower capacity health departments are engaged in project activities to increase capacity for ACEs prevention efforts
Strategic Area:	**Policy and Programs**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Technical assistance and training to educate state health departments about potential funding mechanisms for ACEs prevention efforts • Technical assistance to help state health departments and partners identify existing state policies that, based on best available evidence, can reduce risk factors and/or promote protective factors for ACEs • Outreach to diverse partners and sectors to raise awareness of policies and systems that can impact ACEs prevention efforts
Process Measures:	• Number of state health departments participating in project activities • Number of external partner organizations/agencies engaged by state and territorial health departments ACES prevention policy-related efforts • Tracking of use/access to available tools and resources for ACEs prevention policies and programs
Outputs:	• Tools, resources and products identifying state policies related to ACEs prevention • Webinars, convenings, technical assistance calls with state health departments and their ACEs prevention governmental and NGO partners
Budget Period Outcomes:	• State health departments' have capacity to develop plans for policy-related strategies to support ACEs prevention • State health departments have established new and diverse sector partnerships for ACEs prevention
Outcome Measures:	At least 60% of participating state health departments have identified an existing state policy that can support evidence-based strategy and approach to ACEs prevention

Project Title:	**Strengthening States Through Addressing Root Cause Public Health Challenges**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State government or organizations who support state health departments**
Project Plan Details	
Project Purpose:	Resilience is essential for states to withstand challenges and overcome adversities and inequities. To build state resilience, it is critical to ensure efforts to advance health equity are infused throughout their approach to injury and violence prevention. While models to support data-driven policy and programmatic implementation aimed at addressing root cause issues exist, many of them, such as the Building Community Resilience (BCR) model, have only been scaled to the local community level. By centering health equity as the path through which we can achieve prevention of myriad threats to public health (e.g. adverse childhood experiences (ACEs), overdose, suicide, community violence), this model holds immense potential for advancing health and health equity at the state level. We seek a partner that will identify and assess state needs across multiple jurisdictions in the US to better understand readiness to address root causes of injury and violence through data-driven programmatic and policy implementation and evaluation. This partner will also identify potential practices and needs to scale community resilience models, such as the BCR, from the community to state-level.
CIO:	NCIPC
Division/Branch/Office /Unit:	Office of Strategy and Innovation (OSI)
Proposed FY24 Project Funding Total:	$250,000.00
Funding Appropriation:	75-24-0952
Funding Statutory Authority:	Sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 242(l) and 247b(k)), as amended.
Expected Project Length:	3 Years
Recipient Organizational Capacity:	The partner must have the following organizational capacity to support capacity assessments and building to state health departments (SHDs) to understand readiness to address root causes in public health programs: Existing infrastructure and professional reach to support engagement with SHDs situated in dispersed geographic localities across the country; The recipient will need to be able to establish and maintain state-based partnerships. General knowledge of mixed method evaluations; tracking inputs, outputs, and activities; measuring outcomes; logic models; and sustainability and financing assessment is also required. Experience in the timely execution of contracts and strong fiscal and program monitoring practices internally and with all contracted or other partners.

Recipient Program Experience:	The identified partner should have experience with all facets of state public health capacities, practices, and opportunities to address adversities and inequities, with reach across the United States. In addition to this population of focus, the partner should have the following program experience: The partner must have an understanding of how state resiliency is impacted by adversities such as adverse childhood experiences (ACEs), poverty, housing instability, and other social determinants of health. Knowledge of root cause issues driven by the social determinants of health that impact public health and disproportionate exposure to injury and violence across some populations; Experience with diverse partnerships including state health departments, community-based organizations, and others working to improve public health across states; Knowledge and capacity to conduct and interpret capacity assessments and understand readiness to implement policy and program efforts that address root causes in public health across SHDs; Capacity to develop recommendations from SHD capacity assessments to support development of guidance that scales community resilience models, such as the BCR, to state level implementation;
Expectations for Collaboration:	It is recommended that the recipient collaborates with organizations experienced in addressing root causes of community adversity and how that impacts state-level systems, public policy, and evaluation work.
Expected Subcontractual Work and Criteria:	The recipient may subcontract with an organization to support understanding of how to scale community resilience models to the state level, if needed. Criteria to consider include experience in community resilience models, addressing root causes of injury and violence, and ability to provide scalable technical assistance resources for state public health practitioners. It is recommended that the subcontracted organization has an existing relationship with the state-wide organizations to maximize capacity-building efforts. The recipient may also subcontract to fill the role of a community and state resilience business operations manager to support effective fiscal management and scalability, if needed.
General Instructions for Use of Funds:	Funds should be used to facilitate and coordinate all aspects of the work. Funds must be set aside to support a business operations manager to oversee potential for scalability of a community resilience model to states, and the communities that comprise them, as part of this work.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

Activities:	The identified partner would be expected to complete the following activities: Develop and conduct a capacity and readiness assessment of SHDs to better understand their ability to use data-driven strategies to address root causes of injury and violence through policy and programmatic change, implementation efforts that include community engagement, and evaluation; Identify state-level partners to provide insight on how to implement and scale community resilience models to the state public health level; Develop a scalability action plan to support state-based efforts to build resilience, address root causes, and improve health through leveraging models developed for local communities (i.e., counties or cities); Conduct budget and progress assessment meetings quarterly to assess the status of the budget, project activities, and to discuss financial planning.
Process Measures:	Process measures include: One domain identified in the capacity and readiness assessment of SHDs to address root cause issues through a community resilience model (3) 2 state-level partners providing insight into how to scale community resilience models to the state public health level; (4) a minimum of 3 of budget and progress assessment meetings held.
Outputs:	Development of a capacity and readiness assessment tool for state health departments. Development of a scalability action plan to support state-based efforts to build resilience, address root causes, and improve health.
Budget Period Outcomes:	Improved understanding of SHD needs to implement and scale community resilience models to the state level to address root causes that impact health, particularly risk for injury and violence.
Outcome Measures:	At least 65% of staff at selected SHDs will report increased understanding of their capacity to implement community resilience models at the state level to address root causes of public health issues, including injury and violence.

Project Title:	**Building Community Resilience Through Addressing Root Cause Public Health Challenges**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local governmental agencies or organizations who support county or local health departments.**
Project Plan Details	
Project Purpose:	Community resilience is essential for communities to overcome community adversities and inequities. However, there are structural barriers to building resilience in some communities. The social determinants of health and other related root causes are a foundational risk factor for cross-cutting public health problems including adverse childhood experiences (ACEs), substance use and drug overdose, suicide, and poor mental health. The forces that drive the social determinants of health create the conditions in which some communities, families, and children are disproportionately likely to experience multiple forms of injury, violence, and other health conditions. To address intersectional issues that drive disproportionate exposure to injury and violence, public health practice must engage with and address the root causes of these exposures and work to improve structural supports in community. Thus, community engagement-based public health models that address root causes of health that have been implemented and evaluated in real world settings are needed. One such potential model is Building Community Resilience (BCR), which builds collaborations between local health departments (LHDs), community-based agencies, hospitals, schools, faith-based agencies, and other local partners to conduct local, data-driven implementation of programmatic efforts that address community needs to improve health. This project will build local public health capacity to implement and evaluate the Building Community Resilience (BCR) model. The identified partner will provide capacity-building assistance as well as technical assistance to community-level partnerships and collaborations to build local capacity to implement and evaluate this public health practice model. The identified partner will support development and dissemination of implementation and program evaluation materials that outline best practices for implementation and evaluating the BCR model to aid in strengthening community resiliency across counties nationally.
CIO:	NCIPC
Division/Branch/Office /Unit:	Office of Strategy and Innovation (OSI)
Proposed FY24 Project Funding Total:	$750,000.00
Funding Appropriation:	75-24-0952
Funding Statutory Authority:	Sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 242(l) and 247b(k)), as amended.
Expected Project Length:	3 Years

Recipient Organizational Capacity:	The partner must have the following organizational capacity to support technical assistance and capacity building to local health departments (LHDs) engaging in implementation and evaluation of the BCR model: Existing infrastructure and professional reach to support engagement with LHDs situated in dispersed geographic localities across the country, including urban and rural areas; The knowledge and capacity to provide comprehensive technical assistance on the BCR model to county health departments. This includes adequate staffing capacity to support building the capacity for local health departments to implement and evaluate the BCR model, and in creation of materials that support scalable implementation and evaluation of the model to county health departments and their partners across the United States. The partner will need to be able to establish and maintain community-based partnerships with county health departments, as well as the other interdisciplinary partnerships needed to implement and evaluate the model and generate translational materials to scale the model to LHDs across the nation. Knowledge of mixed method evaluations; methods of tracking inputs, outputs, activities; measuring outcomes; logic models; and sustainability and financing assessment is also required. Experience in the timely execution of contracts and strong fiscal and program monitoring practices internally and with all contracted or other partners.
Recipient Program Experience:	The identified partner should have experience with all facets of local public health capacities, practices, and opportunities to address community adversities and inequities, and have reach across the United States. In addition to this population of focus, the partner should have the following program experience: The partner must have an understanding of how community resilience is impacted by adversities such as adverse childhood experiences (ACEs), poverty, housing instability, and other social determinants of health. Deep expertise in building and supporting community-level partnerships in collaboration with LHDs; Have expertise and scientific understanding of approaches to evaluate program interventions to determine their efficacy and effectiveness. The partner must have the ability to identify metrics, develop evaluation and performance management plans, and create documentation that would support real-world program evaluation of the BCR model across diverse LHDs across the US; Ability to generate and identify lessons learned from program implementation to develop, test, and evaluate implementation guidance and materials to support scalability of public health practice models based on lessons learned in county health departments.
Expectations for Collaboration:	The partner should collaborate with organizations experienced in public health program models that address intersectional root causes of community adversity, including specifically the BCR model. The partner should also collaborate with partners with expertise in programmatic implementation and evaluation, including identifying and utilizing scalable metrics to build intersectional, cross-site evaluation support materials. The partner and any collaborators will be expected to engage with local health departments and the community at large.

Expected Subcontractual Work and Criteria:	The partner may subcontract with an organization to conduct technical assistance activities as needed. Subcontracted support should have necessary experience working with local health departments and familiarity with community adversity and community-based models to improve community resilience. Subcontracted support to develop materials to support building capacity to implement or evaluate the model may be considered. If multiple subcontracts are executed, partnership and collaboration across partners would be essential.
General Instructions for Use of Funds:	Funds should be used to facilitate and coordinate all aspects of the work, and to carry out evaluation and assessment activities. Subcontracts and travel may be included in the budget, as appropriate.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	The identified partner would be expected to complete the following activities: Evaluate the usefulness of the BCR model implementation guidance with LHDs who have completed, who are near completion, or who have halted progress in implementation of the BCR model. This should engage all key partners within project sites, including LHDs, community-based organizations, healthcare, faith-based organizations, community leaders, and others. Revise implementation guidance based on LHD and community feedback, with a focus on ability to scale to LHDs across the United States. Develop the infrastructure for supporting site-level and cross-site program evaluation of the BCR model, including developing supporting materials, trainings, and resources on metric selection, mixed methods approaches to evaluation, and how to use evaluation materials to improve science and data to action efforts with LHDs and other partners to address root cause issues and improve health. Use lessons learned from previous implementation of the BCR model to revise materials that support LHDs in assessing their readiness capacity to implement the BCR model. Identify, assess, and develop materials to support LHDs to support data-driven programmatic efforts that build community resilience following initial implementation of the BCR process. Conduct budget and progress assessment meetings at least bi-monthly to assess the status of the budget, project activities, and to discuss financial planning.
Process Measures:	Process measures include: (1) implementation guidance is evaluated with a minimum of 3 sites; (2) at least 5 partners engaged in the development and review of evaluation guidance; (3) at least 5 partners engaged in identifying post-BCR implementation process community-needs assessment; (4) at least 4 budget and progress assessment meetings will be held over the course of the budget period.

Outputs:	The following outputs are anticipated: (1) revised BCR model implementation guidance that incorporates information from the evaluation with LHDs and their partners as well as lessons learned from previous implementation across LHDs; (2) program evaluation guidance to support capacity building for site-specific and cross-site evaluation of the impact of the BCR model on improving community resilience; (3) initial draft plan to build capacity for LHDs to continue efforts to build community resilience following implementation of the BCR model.
Budget Period Outcomes:	Increased capacity building support for LHDs to implement and evaluate the BCR model within their communities to address root causes that impact health, particularly injury and violence.
Outcome Measures:	At least 65% of staff at selected LHDs will report increased understanding of how to implement and evaluate the BCR model with their community partners.

Project Title:	**Capacity Building for Public Health Analysts in the Overdose Response Strategy**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health agencies and those agencies that work with health dept staff**
Project Plan Details	
Project Purpose:	The purpose of this project is to increase the capacity of the Overdose Response Strategy program by creating teams of Drug Intelligence Officers (DIOs) (funded through the High Intensity Drug Trafficking Areas program) and Public Health Analysts (PHAs) to work collaboratively to address drug overdose issues within and across public health and public safety sectors and jurisdictions.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Overdose Prevention (DOP)
Proposed FY24 Project Funding Total:	$11,000,000.00
Funding Appropriation:	75 24 0952
Funding Statutory Authority:	Opioid
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Recipient should have extensive experience training and building capacity of public health field employees and supporting field employees that work across one or more agencies or organizations.
Recipient Program Experience:	Recipient should have experience working within the field of overdose prevention and response, supporting public health agencies or related organizations in their response to the overdose epidemic, and have a keen understanding of CDC's approach to overdose prevention and the interface between public health and public safety
Expectations for Collaboration:	Meaningful collaborations with public health agencies or related organizations, and ability to develop collaborations and partnerships with public safety partners across states and territories
Expected Subcontractual Work and Criteria:	Subcontractural work may include subcontracting with subject matter experts in the field of overdose prevention and response to provide training and technical assistance to the public health analysts in the program. Suggested funding amounts are $50,000 per subject matter expert; suggested period of performance is 6-9 months; suggested activities include webinars and other training and technical assistance opportunities to build the capacity of public health analysts to implement evidence-based overdose prevention and response strategies; suggested selection criteria includes demonstrated expertise and experience in overdose prevention and response. Other subcontractual work may include the creation of an online training and technical assistance hub (suggested funding amount of $250,000 and maintenance of an online reporting system for ORS teams' work plans and quarterly updates (suggested funding amount of $200,000).
General Instructions for Use of Funds:	Project equipment, travel and personnel needs should be reasonable and reflect what is needed to achieve program goals and objectives
Strategic Area:	**Workforce**
Strategic Area Details	

Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Provide training and technical assistance to the public safety agencies' Public Health Analysts in the Overdose Response Strategy to increase their capacity to implement evidence-based overdose prevention and response activities • Provide coordination and project management services to ensure continued efficiency and effectiveness in the implementation of this national public health and public safety program
Process Measures:	• Work plans are created with the first 6 months and quarterly updates are submitted on activities performed in the workplan • Management and coordination team identifies areas or issues to address that would improve program's efficiency and effectiveness • SMEs are identified that can provide training and technical assistance opportunities to Public Health Analysts
Outputs:	Proper staffing of public health agencies are retained or if not retained, positions are backfilled in order to successfully implement the program's goals and strategies • Team of management and coordination professionals are retained or if not retained, their positions are backfilled in order to successfully implement the program's goals and strategies • Training and technical assistance webinars or other training opportunities are held for Public Health Analysts at public safety agencies
Budget Period Outcomes:	• Public Health Analysts are receiving training and technical assistance that enhances their knowledge of public health principles, technical skills and general knowledge of the overdose epidemic • Public Health Analysts have developed and are implementing work plans that enhance partnerships with public safety to address the drug overdose epidemic
Outcome Measures:	• At least 65% of Public Health Analysts report that they work collaboratively with their Drug Intelligence Officer to identify and implement strategies.

Project Title:	**Intersectional strategies to address SUD, OD, ACEs, and PCEs**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**The partner should have existing relationships with local health departments, post overdose outreach teams and community based organizations across the United States.**
Project Plan Details	
Project Purpose:	The project includes capacity building projects for local health departments that are working at the intersection of substance use, overdose and childhood adversity. The work is two pronged: there is direct capacity building, technical assistance provision and support that is focused on intersectional work including the Healthy Outcomes from Positive Experiences framework, systems involved families and staff. The other arm focuses on building tools for those working at the intersection and includes toolkit develop, pilot testing and development of databases for resource allocation, and the evaluation focused tools for intersectional work.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Overdose Prevention (DOP)
Proposed FY24 Project Funding Total:	$900,000.00
Funding Appropriation:	75 24 0952
Funding Statutory Authority:	Opioid
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Organization must have the relationships and infrastructure necessary to support the organizational work. Must be able to out reach to potential sub awardees, to manage requests for applications and reviews of applications, contracts, implementation guidance and support as well as evaluation planning and evaluation implementation.
Recipient Program Experience:	Organization should have experience working with local health departments, post-overdose outreach teams, trainers that are qualified to certify Healthy Outcomes for Positive Experiences (HOPE) facilitators and with community-based organizations.
Expectations for Collaboration:	
Expected Subcontractual Work and Criteria:	Awardee may subcontract with post-overdose outreach teams, local health departments and community-based organizations.
General Instructions for Use of Funds:	Awardee will follow the guidelines of the cooperative agreement and the Division of Overdose Prevention will provide other relevant guidance as needed.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• support implementation and evaluation of trauma-informed approaches by post-overdose outreach teams • Support of community-based organizations to build capacity to implement the HOPE framework and trauma-informed approaches to care for people with substance use
Process Measures:	At least ten post-overdose outreach programs will participate in trauma-informed approach training and evaluation planning At least ten community-based organizations will participate in the HOPE framework training to build capacity needed to implement the framework and trauma-informed approaches
Outputs:	Summary reports that could include implementation and evaluation plans and reports will be available from the awardee at the end of the project period
Budget Period Outcomes:	Local health departments, post-overdose outreach teams and community based organizations will have increased capacity to implement intersectional work.
Outcome Measures:	Changes in relevant capacity, knowledge or skills will be assessed for each activity. The local health departments, post-overdose outreach teams and community based organizations will participate in baseline and end of project capacity assessments that will measure the changes in knowledge, skills or implementation abilities.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• support implementation and evaluation of trauma-informed approaches by post-overdose outreach teams • Support of community-based organizations to build capacity to implement the HOPE framework and trauma-informed approaches to care for people with substance use
Process Measures:	At least ten post-overdose outreach programs will participate in trauma-informed approach training and evaluation planning At least ten community-based organizations will participate in the HOPE framework training to build capacity needed to implement the framework and trauma-informed approaches
Outputs:	100% of the organizations funded for evaluation focused activities will be able to develop and share draft evaluation plans
Budget Period Outcomes:	There will be increased capacity to implement evaluation activities amongst post-overdose outreach teams, community based organizations and local health departments that receive the implementation support and technical assistance.
Outcome Measures:	Evaluation plans will be available from 100% of organizations funded to do evaluation planning

Project Title:	**Expanding Capacity to Address the Overdose Epidemic**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State and/or local health agencies that work with health dept staff**
Project Plan Details	
Project Purpose:	The project aims to increase the capacity in communities to implement overdose surveillance and prevention strategies and to enhance the integration of People with Lived Experience (PWLE) into overdose work to help better inform decision-making and implementation of overdose-related activities. This project includes activities to support implementation of health systems and clinical strategies and data extraction to prevent overdoses in jurisdictions funded through the CDC's National Center for Injury Prevention and Control's (NCIPC) Division of Overdose Prevention (DOP) programs such as Overdose Data to Action in States (OD2A-S) and Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL), as well as a select number of other jurisdictions working to implement similar strategies to address the overdose epidemic. Specifically, this project will support the implementation of overdose morbidity and mortality surveillance efforts, facilitating linkage to care efforts, promoting harm reduction strategies, and fostering partnerships with public safety agencies for effective interventions to address the overdose epidemic.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Overdose Prevention (DOP)
Proposed FY24 Project Funding Total:	$6,000,000.00
Funding Appropriation:	75-24-0952
Funding Statutory Authority:	Opioid
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient should have the organizational and institutional capacity, along with the infrastructure, to provide technical assistance, training, and support to build the capacity of public health field employees and support field employees who work across one or more agencies or organizations.
Recipient Program Experience:	The recipient should have experience working within the field of overdose prevention and response, supporting public health agencies or related organizations in their response to the overdose epidemic, and have a keen understanding of the CDC's approach to overdose prevention.
Expectations for Collaboration:	Collaborations with jurisdictions funded through OD2A: State and OD2A: LOCAL and a select few other jurisdictions working to implement similar DOP-recommended strategies and activities to address the overdose epidemic are critical to achieving the goals of this project. The organization must provide meaningful collaborations with these entities to help implement overdose prevention and surveillance work funded through these cooperative agreements. The recipient is also expected to engage in meaningful collaborations, as needed, with stakeholders, partners, and community-based organizations critical to successfully implementing this project plan. Additionally, collaboration with existing CBA supporting those jurisdictions may be appropriate to ensure continuity or transfer of activities.

Expected Subcontractual Work and Criteria:	Subcontracting may be appropriate to ensure continuity or transfer of activities. The recipient may propose additional sub-contractual work but will obtain approval from the CDC technical Monitor for this program and the CDC Project Officer as needed.
General Instructions for Use of Funds:	Funds for proposed travel or training must be aligned with the project activities. Funding of material equipment or supplies must be incidental and support the project plan. These funds should be used to maximize capacity building to implement activities in health departments funded through OD2A: State and OD2A: LOCAL and a few select other jurisdictions working to implement similar DOP recommended strategies and activities to address the overdose epidemic.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Provide technical assistance to local, state, and territorial health departments funded through OD2A in States and OD2A: LOCAL and a few select other jurisdictions working to implement similar DOP recommended strategies and activities to address the overdose epidemic, to increase their capacity to implement evidence-based overdose prevention and response activities, which include but are not limited to abstracting data for the State Unintentional Drug Overdose Reporting System (SUDORS), linking people with substance use disorders (SUD) to care, providing peer navigator support, conducting academic detailing, etc. in order to do this, in collaboration with the CDC Technical monitor the recipient will: o Determine processes, criteria, and approaches for soliciting and prioritizing technical assistance requests. o Implement the created processes and criteria for soliciting, selecting recipient jurisdictions, and determining the technical assistance to provide. o Develop a technical assistance plan that includes identifying and describing needed positions in collaboration with awarded jurisdictions for each recipient. o Implement said technical assistance plans in collaboration with awarded jurisdictions. o Document and track the successes and challenges encountered by this program and the entities being supported by it (success stories, emerging issues, press releases, etc. related to the work funded through this partnership) o Develop and coordinate appropriate training sessions, webinars, etc., that do not overlap (in timing or contents) with the training and webinars provided by CDC DOP. o Maintain awareness and address the challenges and needs of the entities supported through this program via monthly calls with recipient entities and site visits as necessary. o Provide coordination and project management assistance to jurisdictions to build their capacity to effectively and efficiently implement overdose prevention activities. • In addition, the recipient will be responsible for tracking this award's program budget and fund status by developing a monthly report to be shared with the CDC Technical Monitor.

Process Measures:	• In the first month of this project, an application request (RFA) has been developed and disseminated to all the CDC's OD2A in States and OD2A: LOCAL recipients. • Within the first three months of the project, a processes and criteria for selecting recipient jurisdictions and determining the type of Technical Assistance to be provided has been developed and implemented. • In the first month of the project, develop a technical assistance plan that includes identifying and describing needed positions in collaboration with awarded jurisdictions and is subject to CDC Technical Monitor review, within four months of this project's start date. • Appropriate and timely implementation of required activities has occurred, and related funding has been spent. Any change or addition to proposed workplan activities must be reviewed and deemed allowable by the CDC Project Officer and Technical Monitor. • Meet regularly (biweekly preferred, could change to monthly at some point) to share updates on the status of various aspects of the program, including but not limited to progress made toward implementing required activities. o Program budget and status of funds o The successes and challenges encountered by this program and the entities being supported by it (success stories, emerging issues, press releases related to the work funded through this partnership) o Coordination of any necessary training sessions. o Maintain awareness and address the challenges and needs of the entities supported through this program. • Provide the CDC Technical Monitor with a monthly written report sharing critical data measuring the status and progress toward the completion of the proposed workplan activities and to share relevant budgetary and fiscal data, including but not limited to: o The number and type of technical assistance requested by DOP Partner jurisdictions. o The number of technical assistance requests being addressed and a progress/status report in completing technical assistance requests. o Key notes from monthly calls with DOP partner jurisdiction receiving staffing support. o The status of funds awarded for this workplan.

Outputs:	• A plan to assess/rank requests from jurisdictions for technical assistance (the RFA process) • An application form for jurisdictions to complete when requesting technical assistance (The RFA document) • An up-to-date monthly tracking spreadsheet for technical assistance requests and their completion status • Trained and onboarded technical experts necessary to facilitate awarded technical assistance requests. • Strong and positive relationships with key stakeholders and community partners • Notes from regular check-in calls with the CDC technical monitor regarding the progress, status, obstacles, and successes encountered through the completion of this project. • Assessment of training needs and training sessions report administered to field technical expert staff as needed. • Notes on check-in calls with any hired field staff twice during the project period to address challenges they may face in providing the technical assistance requested. • Notes from monthly calls with the recipient jurisdictions. • A progress summary report by jurisdiction on accomplishments (i.e., what value was added, what was the impact, what was the benefit, etc.). Frequency can be determined in collaboration with the DOP partner jurisdiction. • A repository of resources (such as success stories, emerging issues, and press releases) on the successes and challenges of integrating people with lived experience and front-line public health professionals into overdose surveillance and prevention work at the local, state, and territorial levels. • An updated monthly Status of Funds report.
Budget Period Outcomes:	• Build capacity within local, state, and territorial health departments to conduct overdose prevention and surveillance work
Outcome Measures:	• At least 50% of jurisdictions funded through OD2A in States and OD2A: LOCAL report increased capacity to support activities including but not limited to linkage to care, abstracting SUDORS data, peer navigating, providing academic detailing, etc., as listed in the OD2A in States or OD2A: LOCAL workplans. • Respond to 100% of TA requests received. • At least 90% of jurisdictions report being satisfied with the quality of the technical assistance provided.

Project Title:	**Tools to support intersectional strategies to address SUD, OD, ACEs, and PCEs**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	This work will focus on building tools for those working at the intersection of positive childhood experiences, adverse childhood experiences, substance use disorder and overdose. The project includes a toolkit development, pilot testing and development of guidance, and the development, implementation and evaluation of focused tools for intersectional work.
CIO:	NCIPC
Division/Branch/Office /Unit:	Division of Overdose Prevention (DOP)
Proposed FY24 Project Funding Total:	$600,000.00
Funding Appropriation:	75 24 0952
Funding Statutory Authority:	Opioid
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Organization must have the relationships and infrastructure necessary to support the organizational work. Must be able to out reach to potential sub awardees, to manage requests for applications and reviews of applications, contracts, implementation guidance and support as well as evaluation planning and evaluation implementation.
Recipient Program Experience:	Organization should have experience working with local health departments, and with community-based organizations.
Expectations for Collaboration:	
Expected Subcontractual Work and Criteria:	
General Instructions for Use of Funds:	Recipient will follow the guidance of the cooperative agreement and discuss with the Division of Overdose Prevention.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• support evaluation of intersectional work that addresses SUD, OD and ACEs • Implementation and piloting of the data framework and tools currently being developed; these focus on locally accessible data to inform partners and implementation of SUD, OD and ACEs and will complement the new suite of tools available on VetoViolence

Process Measures:	At least ten health departments or community-based organizations will participate in evaluation planning for their intersectional work At least ten health departments or community-based organizations will participate in piloting workshops focused on using data and tools available through VetoViolence
Outputs:	100% of the organizations funded for evaluation focused activities will be able to develop and share draft evaluation plans Organization will provide a high level summary of the feedback and suggestions from workshop participants
Budget Period Outcomes:	
Outcome Measures:	Evaluation plans will be available from 100% of organizations funded to do evaluation planning

Project Title:	**Immunization Capacity Building Support: State and Territorial Health Departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of the project is to provide capacity building support to state health and territorial departments (SHDs) on issues related to immunizations for children, adolescents, and adults. This project aims to increase the capacity of state health territorial departments to prevent and control vaccine-preventable diseases, and supports efforts to reach communities experiencing disparities, improve vaccine confidence and equity, and provide best practices and lessons learned.
CIO:	NCIRD
Division/Branch/Office /Unit:	Immunization Services Division (ISD)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	1 Year
Recipient Organizational Capacity:	To carry out the work as described, the recipient must have at least 25 years of experience representing U.S. government state health agencies and the more than 100,000 public health professionals these agencies employ. The recipient organization must be a national, nonprofit organization representing the nation's state and territorial public health officials and state and territorial health departments. The organization should have a minimum of 59 members including the chief health officials of all 50 states in the United States, the District of Columbia, the five U.S. territories, and the three freely associated states.
Recipient Program Experience:	The recipient must have a proven track record of successfully formulating and influencing sound public health policy and ensuring excellence in state-based public health practice. The recipient must also have the demonstrated ability to provide state health agencies with guidance and technical assistance.
Expectations for Collaboration:	Expectations for collaboration include working closely with CDC and U.S. government state health agencies.
Expected Subcontractual Work and Criteria:	The recipient may subcontract to complete activities
General Instructions for Use of Funds:	No additional instructions. Recipients should follow all instructions outlined in the NOFO
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Build capacity through education and communication Rapidly share immunization updates and policy changes to state and territorial health departments (SHDs) Develop or adapt education and communication resources and share with state and territorial health departments to increase vaccination coverage rates and improve vaccine confidence and equity. Build capacity through representation and coordination Ensure state and territorial health departments perspective is represented on national immunization committees and solicit their feedback on immunization policies and programs. Build opportunities for state and territorial health departments and other immunization partners to coordinate and collaborate on crosscutting issues. Build capacity through evaluation and assistance Monitor progress towards stated goals, evaluate program activities, and provide summary reports. Identify strategies that can be implemented by state and territorial health departments SHDs to increase vaccination coverage rates within their jurisdiction. Provide technical assistance to state and territorial health departments to implement identified strategies. Sample activities may include: Provide technical assistance to state and territorial health officials through specific projects with deliverables. Projects may include but are not limited to: Interstate data sharing and creating educated leaders in the community Collaborate with partners that are focused on vaccine equity to address systemic issues and create polices that improve vaccination access and coverage in disproportionately affected communities. Support state and territorial health departments in selecting strategies and implementing action plans by providing technical assistance, enabling opportunities for peer-to-peer learning, developing community and provider-oriented toolkits.
Process Measures:	Number of communication resources shared each quarter Number of educational opportunities conducted each quarter 30% increase in the number of state and territorial health departments that developed new strategies using the technical assistance and information from webinars to address vaccine disparities each year
Outputs:	• Newsletters including timely immunization information • Promotional messages about immunizations, the fall respiratory season, or emerging vaccine-preventable diseases • Webinars to educate SHDs on current immunization topics, new immunization policies and recommendations • Summary reports that share best practices for SHDs to advance vaccine access, confidence, equity, and demand

Budget Period Outcomes:	State and territorial health departments have timely information about immunizations so they can implement effective strategies to mitigate vaccine-preventable diseases, especially in communities experiencing vaccine disparities. Improved coordination and collaboration between CDC, state health departments, and other immunization partners, on cross-cutting issues related to immunizations.
Outcome Measures:	At least 65% of the state and territorials use the educational information received in the webinars and communication materials to Increase in knowledge and understanding of immunization policies and best practices across SHDs, including SHOs by developing new partnerships to bridge the gap in vaccine equity. 30% increase in vaccination coverage in communities experiencing vaccine disparities using the strategies developed

Project Title:	**Immunization Capacity Building Support: County and City Health Officials**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	Local health departments (LHDs) are on the frontlines for increasing vaccine confidence at the community level. This project aims to increase the capacity of LHDs to prevent and control vaccine-preventable diseases in communities by working with county and city health officials. The recipient will provide LHDs with resources to protect communities experiencing disparities, improve vaccine confidence and equity, and provide best practices and lessons learned.
CIO:	NCIRD
Division/Branch/Office /Unit:	Immunization Services Division (ISD)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	1 Year
Recipient Organizational Capacity:	To carry out the work as described, the recipient must have at least 25 years of experience representing local government health departments across the United States. The recipient should be a national organization and have an established membership that represents county and city health officials. The recipient should have dissemination mechanisms that can reach LHDs with immunization recommendations, policies, or educational materials. The recipient should have the infrastructure to collect model practices and tools to improve accessibility, utility, and impact of immunization materials.
Recipient Program Experience:	The recipient must have a proven track record representing and serving every local health department in the nation. The recipient should be a recognized leader in providing cutting-edge, skill-building professional resources and programs, seeking health equity, and supporting effective local public health practice and systems. The recipient should have experience working with key collaborators at the national level on immunization and vaccine-preventable disease issues. The recipient should have experience providing input at the national level on immunization issues, and drafting and promoting policies or programs that increase immunization rates within LHDs.
Expectations for Collaboration:	The recipient should collaborate with CDC as well as national organizations that represent state and territorial health officials, immunization program managers, and national healthcare provider groups.
Expected Subcontractual Work and Criteria:	Any proposed sub-contractual work should address gaps in experience, capacity, or added value. The recipient should demonstrate the ability to identify subcontractors with appropriate qualifications and effectively collaborate with these groups, if applicable.
General Instructions for Use of Funds:	Funds are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, contractual, other, or indirect costs. Funds may not be used for expenditures such as construction, renovations, or refurbishment.

Strategic Area:	Organizational Capacity and Performance Improvement
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Share national policies, guidelines, and recommendations related to immunizations with LHDs and solicit input/feedback. Provide LHDs with support for the fall respiratory disease season and emerging vaccine-preventable diseases Promote fall respiratory vaccination campaign through websites, op-ed articles, toolkits, webinars, social media, and other methods. Educate LHDs on fall respiratory vaccinations and vaccine-preventable emerging threats through websites, op-ed articles, toolkits, webinars, social media, and other methods. Increase the capacity of members to share credible fall respiratory vaccine information and have effective vaccine conversations through educational sessions and/or learning collaboratives to support each other and address challenges. Monitor progress towards stated goals, evaluate program activities, and provide summary reports.
Process Measures:	Developed plan for a minimum of 10 LHDs to increase vaccination coverage, especially in communities experiencing disparities, and decrease vaccine-preventable diseases. Developed evaluation plans for a minimum of 10 LHDs' vaccination campaigns, toolkits, or webinars to measure acceptance of resources.
Outputs:	Increase in a minimum of 10 unique LHDs awareness of national recommendations and resources, including those related to fall respiratory disease season and emerging vaccine-preventable diseases. Promote fall respiratory vaccination campaign through websites, op-ed articles, toolkits, webinars, social media, and other methods with a minimum of 10 unique LHDs. Provide national immunization recommendations and resources with a minimum of 10 unique LHDs, including those related to fall respiratory disease season and emerging vaccine-preventable diseases as applicable
Budget Period Outcomes:	Improved vaccine access, equity, confidence, and demand across communities, including those experiencing disparities in vaccine coverage.

Outcome Measures:	At least 65% participants report an increase in evidence-based strategies to improve vaccine access, equity, confidence, and demand At least 65% participants report an increase in immunization resources for LHDs

Project Title:	**Capacity building assistance for Long COVID at state health departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	Establishing a Long COVID Community of Practice to support the identification and adoption of best practices broadly around public health programs, policies, and other efforts to address gaps and needs related to Long COVID.
CIO:	NCIRD
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$450,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Ability to support the work of state health officials, furthering the development and excellence of health policy nationally. Familiarity with the needs of state health departments. Ability to identify and convene the right participants to ensure the best possible outcomes.
Recipient Program Experience:	Proven track record in developing strong and effective public health leaders; improving public health through capacity building, technical assistance, and thought leadership; advocating for resources and policies that improve public health and well-being. Provides and maintains appropriate infrastructure to encourage and enhance knowledge sharing and education. Experience identifying and communicating Long COVID public health needs.
Expectations for Collaboration:	Expected to partner with federal and state agencies to expand public health capacity and consider engaging with other organizations engaged in Long COVID care.
Expected Subcontractual Work and Criteria:	Subcontractual work may be pursued to support the overall goals and activities but is not required.
General Instructions for Use of Funds:	Funds are to be used to create a community of practice and enhance knowledge sharing amongst state and territorial health department officials.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Develop and launch a Community of Practice/Learning Community with multiple states. Organize and host one in-person meeting of CoP participants. Purpose: Identify or measure gaps and needs in public health response. Includes: travel, meeting planning, meeting location, per diem for participants, meeting programming and facilitation. Develop in-person meeting summary report to guide future STLT efforts. Conduct evaluation of the meeting and Community of Practice. Organize and host recurring meetings of the Community of Practice (including planning of agenda, facilitation of meetings, and follow-up). Purpose: Assess the progress in addressing gaps or public health needs Create a forum for state health departments to share best practices and lessons-learned with respect to populations of focus. Encourage adoption of standard definitions for Long COVID. Provide technical assistance to state officials for capacity building. Creation of a summary document detailing strategies that state health officials can use to guide Long COVID efforts.
Process Measures:	Number of Community of Practice meetings held At least 80% attendance at in person CoP meeting At least 80% attendance at each Community of Practice meeting Number of resources and materials distributed to increase awareness of Long COVID issues
Outputs:	Detailed list of strategies that state health officials can use to guide Long COVID efforts. Technical assistance to state health officials. Jurisdiction or population specific resources or products developed for dissemination.
Budget Period Outcomes:	Improved awareness and capacity among state epidemiologists around Long COVID. Increased engagement among state epidemiologists related to Long COVID. Increased engagement with other public health or professional organizations around Long COVID.
Outcome Measures:	Decrease in gaps in public health response as evaluated by the Community of Practice. By July 31, 2025, at least 70% of participating state health officials will report increased awareness and resources to address Long COVID in their jurisdictions. By July 31, 2025, 70% of participating state epidemiologists will have completed a survey to evaluate the effectiveness of the Community of Practice.

Project Title:	**Best Practices for COVID-19 Health Equity: TA for OT21-2103 Recipients**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide technical assistance (TA) to state, local, and US territorial and freely associated public health departments receiving funding through OT21-2103, National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities. The recipient of this funding will work with the health strategist workforce to support and provide individualized and proactive TA to OT21-2103 grant recipients in the assessment, translation, and dissemination of evidence-based practices (EBPs), and/or best or promising practices to address COVID-19 related disparities associated with at-risk and underserved populations, including racial/ethnic minorities and rural communities.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Jurisdictional Support (DJS)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	FY 2023 Consolidated Appropriations Act (P.L.117–328; 136 STAT. 486)
Funding Statutory Authority:	For carrying out titles II, III, XVII and XIX, and section 2821 of the PHS Act and for cross-cutting activities and program support for activities funded in other appropriations included in this Act for the Centers for Disease Control and Prevention
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient of this cooperative agreement should have the organizational capacity to: - Serve as a subject matter expert working with the health strategist workforce and providing technical assistance to OT21-2103 grant recipients continuing in the no cost extension years in identifying, assessing, adapting, tailoring, and implementing EBPs and/or best or promising practices focused on at-risk and underserved populations, including racial/ethnic minorities and rural communities. - Conduct assessments of EBPs and/or best or promising practices. - Develop contextually relevant tools, trainings, practice briefs, communications, and publications to disseminate EBPs and/or best or promising practices to public health audiences.
Recipient Program Experience:	The recipient of this cooperative agreement should demonstrate experience: - Working with health strategists in state, local, and territorial health departments, including OT21-2103 grant recipients, to address COVID-19 health disparities. - Working with at-risk and underserved populations, including racial/ethnic minorities and rural communities, including addressing health disparities and social/structural determinants of health with the goals of reducing health disparities or advancing health equity, or partnering with organizations who have this experience. - Conducting community-based participatory assessments.

Expectations for Collaboration:	The recipient of this cooperative agreement is expected to collaborate with OT21-2103 grant recipients, federal agencies, and other organizations funded to provide TA to OT21-2103 recipients to coordinate the support provided, minimize duplication, and ensure efficient and effective TA. It is also expected the recipient of this cooperative agreement will facilitate collaborations with community-based organizations, community members, and others as necessary to successfully complete the scope of work.
Expected Subcontractual Work and Criteria:	It is not anticipated that the recipient of this cooperative agreement will need to subcontract work. However, the recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise (e.g. expertise in rural health and creative/systematic community engagement) in order to provide robust technical assistance to OT21-2103 grant recipients.
General Instructions for Use of Funds:	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Program service activities to be completed as part of this project include: - Delivery of individual and tailored technical assistance (TA) directly and through the health strategist workforce to support OT21-2103 grant recipients in selecting, planning, and implementing contextually relevant evidence-based practices (EBPs) and/or best or promising practices designed to address barriers to COVID-19 prevention and control, with at-risk and underserved populations, including racial/ethnic minorities and rural communities. OT21-2103 grant recipients may request technical assistance in the selection, assessment, translation, and dissemination of EBPs and/or best or promising practices to address COVID-19 related disparities for the four overarching OT21-2103 grant strategies, as well as additional strategies prioritized by the grant recipient. The four grant strategies are: 1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved 2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic 3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved 4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved - Coordinate and collaborate with other organizations funded to provide technical assistance to OT21-2103 grant recipients to minimize duplication and ensure efficient and effective TA. - Delivery of TA to support OT21-2103 grant recipients in identifying and establishing multi-sector collaborations with critical partners currently implementing evidence-based practices (EBPs) and/or best or promising practices reaching disproportionately impacted populations. - Delivery of TA to support OT21-2103 grant recipients in adapting and/or tailoring EBPs and/or best or promising practices, where appropriate, for optimal uptake and effective implementation with at-risk and underserved populations, including racial/ethnic minorities and rural communities. - Delivery of TA to support OT21-2103 grant recipients with implementation and/or scale-up of EBPs and/or best or promising practices. - Development of proactive TA or training, tools, and communications to support lessons learned, EBPs, and/or best or promising practices - Coordinate a monthly OT21-2103 TA bulletin and manage/maintain a TA resources website with other OT21-2103 TA providers - Provide logistics support and convene one (1) virtual or in person meeting of OT21-2103 recipients to showcase best practices.

Process Measures:	Number of TA requests made by OT21-2103 grant recipients for support in the selection, assessment, translation, implementation and dissemination of EBPs, best, or promising practices to address COVID-19 related disparities associated with at-risk and underserved populations, including racial/ethnic minorities and rural communities, by grant recipient, grant recipient type (i.e., state, local, territorial health department), grant strategy, and population of interest. Number of EBPs, best, or promising practices identified, by grant recipient, grant recipient type (i.e., state, local, territorial health department), grant strategy, and population of interest. Number of EBPs, best, or promising practices adapted or tailored, by grant recipient, grant recipient type (i.e., state, local, territorial health department), grant strategy, and population of interest. Number of EBPs, best, or promising practices implemented or scaled-up, by grant recipient, grant recipient type (i.e., state, local, territorial health department), grant strategy, and population of interest. Number of trainings, tools, practice briefs, communications, and publications developed to support proactive TA.
Outputs:	Development of trainings, tools, practice briefs, and communication materials.
Budget Period Outcomes:	Improved capacity by OT21-2103 grant recipients to identify, prioritize, and customize EBPs and/or best or promising practices to address COVID-19 health disparities. Increased capability by OT21-2103 grant recipients to implement evidence-based/informed public health programs, policies, and services to address COVID-19 health disparities.
Outcome Measures:	Proportion of EBPs and/or best or promising practices identified by the TA provider that were implemented and/or scaled up by OT21-2103 grant recipients.

Project Title:	**Territorial TA for COVID-19 Health Equity Sustainability**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Territorial Health Departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide technical assistance to territorial (including the freely associated states) health departments receiving funding through the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities ("COVID-19 Disparities Grant"). The funded partner will support health departments in successfully completing their grant strategies, with an emphasis on sustainability and operationalizing health equity.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Jurisdictional Support (DJS)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	FY 2023 Consolidated Appropriations Act (P.L.117–328; 136 STAT. 486)
Funding Statutory Authority:	For carrying out titles II, III, XVII and XIX, and section 2821 of the PHS Act and for cross-cutting activities and program support for activities funded in other appropriations included in this Act for the Centers for Disease Control and Prevention
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient of this cooperative agreement should have the organizational capacity to: - Serve as subject matter experts providing technical assistance to COVID-19 Disparities Grant-funded territorial health departments in improving organizational capacity and developing and engaging in results-driven partnerships focused on at-risk and underserved populations, including racial/ethnic minorities and rural communities; and build on a deep understanding of health department successes and challenges to support sustainable organizational change.
Recipient Program Experience:	The recipient of this cooperative agreement should demonstrate experience: - Working with territorial and freely associated state health departments, including their COVID-19 Disparities Grant staff, to address COVID-19 related disparities and advance health equity. - Working with at-risk and underserved populations, including racial/ethnic populations and rural communities, or partnering with organizations who have this experience. - Conducting community-based participatory assessments.
Expectations for Collaboration:	The recipient of this cooperative agreement is expected to collaborate with other partner organizations funded to provide TA and training to COVID-19 Disparities Grant-funded health departments to coordinate the support provided, minimize duplication, and ensure efficient and effective TA. It is also expected the recipient of this cooperative agreement will facilitate collaborations with community members and others as necessary to successfully complete the scope of work.
Expected Subcontractual Work and Criteria:	It is not anticipated that the recipient of this cooperative agreement will need to subcontract work. However, the recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise in order to provide robust technical assistance.

General Instructions for Use of Funds:	The funds allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Project activities include the delivery of technical assistance to support health departments in building and leveraging organizational infrastructure to successfully complete activities for the COVID-19 Disparities Grant strategies (resources and strategies, data, infrastructure, and partnerships, and others as prioritized by the health departments): - Work with health departments to engage in strategic planning to 1) make necessary adaptations to complete grant activities during their COVID-19 Disparities Grant no cost extension period, and 2) sustain successes beyond the COVID-19 Disparities Grant. - Provide coaching, leadership support, and peer connections to help grant recipients institutionalize successful COVID-19 Disparities Grant strategies in organizational policies and practices. - Work with grant recipients to operationalize health equity advances through organizational capacity building (e.g., health equity offices, community health worker workforce, staff training, data equity and community engagement plans). - Assist health departments in the implementation and use of performance measurement and management systems to track progress and improve performance related to COVID-19 and health equity. - Provide jurisdiction-specific technical assistance as requested.
Process Measures:	- Number of new TA requests made by COVID-19 Disparities Grant-funded health departments for support in strengthening organizational capacity to complete their grant activities and sustain successes - Maintain percentage of COVID-19 Disparities Grant-funded health departments receiving TA upon request (100% of TA requests addressed) to strengthen organizational capacity to advance health equity - At least 50% of TA requests result in the development of new or tailored tools, resources, or trainings
Outputs:	At least 5 tools, resources, and trainings developed to support strengthening organizational capacity for COVID-19 Disparities Grant-funded health departments
Budget Period Outcomes:	Number of completed TA requests to improve operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems to address COVID-19 disparities and advance health equity
Outcome Measures:	Improved operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems through development of at least 5 tools, resources, and trainings

Project Title:	**Territorial COVID-19 Health Equity: Telling the Story**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Territorial Health Departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to tell the story of territorial (including the freely associated states) health departments receiving funding through National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities ("COVID-19 Disparities Grant"), to help sustain grant successes. The recipient will communicate about territorial experiences, package and share timely resources and tools, and help the health departments amplify territorial successes and lessons learned.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Jurisdictional Support (DJS)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	FY 2023 Consolidated Appropriations Act (P.L.117–328; 136 STAT. 486)
Funding Statutory Authority:	For carrying out titles II, III, XVII and XIX, and section 2821 of the PHS Act and for cross-cutting activities and program support for activities funded in other appropriations included in this Act for the Centers for Disease Control and Prevention
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient of this cooperative agreement should have the organizational capacity to: - Serve as subject matter experts to COVID-19 Disparities Grant-funded health departments in improving organizational capacity and developing and engaging in results-driven partnerships focused on at-risk and underserved populations, including racial/ethnic minorities and rural communities; and build on a deep understanding of health department successes and lessons learned to effectively tell their stories.
Recipient Program Experience:	The recipient of this cooperative agreement should demonstrate experience: - Working with territorial and freely associated state health departments, including COVID-19 Disparities Grant-funded health department staff, to address COVID-19 related disparities and advance health equity - Working with at-risk and underserved populations, including racial/ethnic populations and rural communities, or partnering with organizations who have this experience - Conducting community-based participatory assessments
Expectations for Collaboration:	The recipient of this cooperative agreement is expected to collaborate with other partner organizations funded to support COVID-19 Disparities Grant-funded health departments to coordinate the support provided, minimize duplication, and ensure effective communications. It is also expected the recipient of this cooperative agreement will facilitate collaborations with community members and others as necessary to successfully complete the scope of work.

Expected Subcontractual Work and Criteria:	It is not anticipated that the recipient of this cooperative agreement will need to subcontract work. However, the recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise in order to provide robust assistance to COVID-19 Disparities Grant-funded health departments.
General Instructions for Use of Funds:	The funds allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Project activities will support health departments in telling the story of strengthening organizational infrastructure through the COVID-19 Disparities Grant. COVID-19 Disparities Grant strategies address resources and services, data, infrastructure, partnerships, and others as prioritized by the health departments. - Work with health departments to share and learn from territorial stories and tools to 1) make necessary adaptations to complete grant activities during the no cost extension period, and 2) sustain successes beyond the COVID-19 Disparities Grant. - Provide coaching, leadership support, and peer connections to help grant recipients tell the story of successful COVID-19 Disparities Grant strategies to support sustainable organizational change. - Package resources, tools, and territorial stories to support recipients in operationalizing health equity advances from COVID-19 Disparities Grant through organizational capacity building (e.g., health equity offices, community health worker workforce, staff training, data equity and community engagement plans).
Process Measures:	- Increase number of territories and freely associated states (to at least 4) featured in resources and tools to support strengthening organizational capacity to address COVID-19 disparities and advance health equity - Increase number of territories and freely associated states (to at least 4) featured in communication products about strengthening organizational capacity to address COVID-19 disparities and advance health equity - At least 50% of project resources, tools, and communication products feature territorial successes and lessons learned in improving operational capacity
Outputs:	At least 5 tools, resources, and communication products developed to showcase successes and support strengthening organizational capacity for COVID-19 Disparities Grant-funded health departments
Budget Period Outcomes:	- Number of resource and tools to improve operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems to address COVID-19 disparities and advance health equity - Number of communication products about how to improve operational capacity to evaluate, manage, and improve public health systems to address COVID-19 disparities and advance health equity

Outcome Measures:	Improved operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems through development of at least 5 tools, resources, and communication products

Project Title:	**State TA for COVID-19 Health Equity Sustainability**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide technical assistance to state public health departments receiving funding through National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities ("COVID-19 Disparities Grant"). The funded partner will support health departments in successfully completing their grant strategies, with an emphasis on sustainability and operationalizing health equity.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Jurisdictional Support (DJS)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	FY 2023 Consolidated Appropriations Act (P.L.117–328; 136 STAT. 486)
Funding Statutory Authority:	For carrying out titles II, III, XVII and XIX, and section 2821 of the PHS Act and for cross-cutting activities and program support for activities funded in other appropriations included in this Act for the Centers for Disease Control and Prevention
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient of this cooperative agreement should have the organizational capacity to: - Serve as subject matter experts providing technical assistance to COVID-19 Disparities Grant-funded health departments in improving organizational capacity and developing and engaging in results-driven partnerships focused on at-risk and underserved populations, including racial/ethnic minorities and rural communities; and build on a deep understanding of health department successes and challenges to support sustainable organizational change.
Recipient Program Experience:	The recipient of this cooperative agreement should demonstrate experience: - Working with state health departments, including their COVID-19 Disparities Grant staff, to address COVID-19 related disparities and advance health equity - Working with at-risk and underserved populations, including racial/ethnic populations and rural communities, or partnering with organizations who have this experience - Conducting community-based participatory assessments
Expectations for Collaboration:	The recipient of this cooperative agreement is expected to collaborate with other partner organizations funded to provide TA and training to COVID-19 Disparities Grant-funded health departments to coordinate the support provided, minimize duplication, and ensure efficient and effective TA. It is also expected the recipient of this cooperative agreement will facilitate collaborations with community members and others as necessary to successfully complete the scope of work.
Expected Subcontractual Work and Criteria:	It is not anticipated that the recipient of this cooperative agreement will need to subcontract work. However, the recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise in order to provide robust technical assistance.

General Instructions for Use of Funds:	The funds allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Project activities include the delivery of technical assistance to support health departments in building and leveraging organizational infrastructure to successfully complete activities for the COVID-19 Disparities Grant strategies (resources and strategies, data, infrastructure, and partnerships, and others as prioritized by the health departments): - Work with state health departments to engage in strategic planning to 1) make necessary adaptations to complete grant activities during the no cost extension period, and 2) sustain successes beyond the COVID-19 Disparities Grant. - Provide coaching, leadership support, and peer connections to help grant recipients institutionalize successful COVID-19 Disparities Grant strategies in organizational policies and practices. - Work with grant recipients to operationalize health equity advances from the COVID-19 Disparities Grant through organizational capacity building (e.g., health equity offices, community health worker workforce, staff training, data equity and community engagement plans). - Assist health departments in the implementation and use of performance measurement and management systems to track progress and improve performance related to COVID-19 and health equity. - Provide jurisdiction-specific technical assistance as requested.
Process Measures:	- Number of new TA requests made by COVID-19 Disparities Grant-funded health departments for support in strengthening organizational capacity to complete grant activities and sustain successes - Maintain percentage of COVID-19 Disparities Grant-funded health departments receiving TA upon request (100% of TA requests addressed) to strengthen organizational capacity to advance health equity - At least 50% of TA requests result in the development of new or tailored tools, resources, or trainings
Outputs:	At least 5 tools, resources, and trainings developed to support strengthening organizational capacity for COVID-19 Disparities Grant-funded health departments
Budget Period Outcomes:	Number of completed TA requests to improve operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems to address COVID-19 disparities and advance health equity
Outcome Measures:	Improved operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems through development of at least 5 tools, resources, and trainings

Project Title:	**State COVID-19 Health Equity: Telling the Story**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of this project is to tell the story of state public health departments receiving funding through National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities ("COVID-19 Disparities Grant"), to help sustain grant successes. The recipient will communicate about state experiences, package and share timely resources and tools, and help the health departments amplify state successes and lessons learned.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Jurisdictional Support (DJS)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	FY 2023 Consolidated Appropriations Act (P.L.117–328; 136 STAT. 486)
Funding Statutory Authority:	For carrying out titles II, III, XVII and XIX, and section 2821 of the PHS Act and for cross-cutting activities and program support for activities funded in other appropriations included in this Act for the Centers for Disease Control and Prevention
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient of this cooperative agreement should have the organizational capacity to: - Serve as subject matter experts to COVID-19 Disparities Grant-funded health departments in improving organizational capacity and developing and engaging in results-driven partnerships focused on at-risk and underserved populations, including racial/ethnic minorities and rural communities; and build on a deep understanding of health department successes and lessons learned to effectively tell their stories.
Recipient Program Experience:	The recipient of this cooperative agreement should demonstrate experience: - Working with state health departments, including their COVID-19 Disparities Grant staff, to address COVID-19 related disparities and advance health equity - Working with at-risk and underserved populations, including racial/ethnic populations and rural communities, or partnering with organizations who have this experience - Conducting community-based participatory assessments
Expectations for Collaboration:	The recipient of this cooperative agreement is expected to collaborate with other partner organizations funded to support COVID-19 Disparities Grant-funded health departments to coordinate the support provided, minimize duplication, and ensure effective communications. It is also expected the recipient of this cooperative agreement will facilitate collaborations with community members and others as necessary to successfully complete the scope of work.
Expected Subcontractual Work and Criteria:	It is not anticipated that the recipient of this cooperative agreement will need to subcontract work. However, the recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise in order to provide robust assistance.

General Instructions for Use of Funds:	The funds allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Project activities will support health departments in telling the story of strengthening organizational infrastructure through the COVID-19 Disparities Grant. COVID-19 Disparities Grant strategies address resources and services, data, infrastructure, partnerships, and others as prioritized by the health departments. - Work with health departments to share and learn from state stories and tools to 1) make necessary adaptations to complete grant activities during the no cost extension period, and 2) sustain successes beyond the COVID-19 Disparities Grant. - Provide coaching, leadership support, and peer connections to help grant recipients tell the story of successful COVID-19 Disparities Grant strategies to support sustainable organizational change. - Package resources, tools, and state stories to support recipients in operationalizing health equity advances from COVID-19 Disparities Grant through organizational capacity building (e.g., health equity offices, community health worker workforce, staff training, data equity and community engagement plans).
Process Measures:	- Increase number of states (to at least 10) featured in resources and tools to support strengthening organizational capacity to address COVID-19 disparities and advance health equity - Increase number of states (to at least 10) featured in communication products about strengthening organizational capacity to address COVID-19 disparities and advance health equity - At least 50% of project resources, tools, and communication products feature state successes and lessons learned in improving operational capacity
Outputs:	- At least 5 tools, resources, and communication products developed to showcase successes and support strengthening organizational capacity for COVID-19 Disparities Grant-funded health departments
Budget Period Outcomes:	- Number of resources and tools to improve operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems to address COVID-19 disparities and advance health equity - Number of communication products about how to improve operational capacity to evaluate, manage, and improve public health systems to address COVID-19 disparities and advance health equity
Outcome Measures:	Improved operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems through development of at least 5 tools, resources, and communication products

Project Title:	**Local TA for COVID-19 Health Equity Sustainability**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide technical assistance to local public health departments receiving funding through National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities ("COVID-19 Disparities Grant"). The funded partner will support health departments in successfully completing their grant strategies, with an emphasis on sustainability and operationalizing health equity.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Jurisdictional Support (DJS)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	FY 2023 Consolidated Appropriations Act (P.L.117–328; 136 STAT. 486)
Funding Statutory Authority:	For carrying out titles II, III, XVII and XIX, and section 2821 of the PHS Act and for cross-cutting activities and program support for activities funded in other appropriations included in this Act for the Centers for Disease Control and Prevention
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient of this cooperative agreement should have the organizational capacity to: - Serve as subject matter experts providing technical assistance to COVID-19 Disparities Grant-funded health departments in improving organizational capacity and developing and engaging in results-driven partnerships focused on at-risk and underserved populations, including racial/ethnic minorities and rural communities; and build on a deep understanding of health department successes and challenges to support sustainable organizational change.
Recipient Program Experience:	The recipient of this cooperative agreement should demonstrate experience: - Working with local health departments, including their COVID-19 Disparities Grant staff, to address COVID-19 related disparities and advance health equity - Working with at-risk and underserved populations, including racial/ethnic populations and rural communities, or partnering with organizations who have this experience - Conducting community-based participatory assessments
Expectations for Collaboration:	The recipient of this cooperative agreement is expected to collaborate with other partner organizations funded to provide TA and training to COVID-19 Disparities Grant-funded health departments to coordinate the support provided, minimize duplication, and ensure efficient and effective TA. It is also expected the recipient of this cooperative agreement will facilitate collaborations with community members and others as necessary to successfully complete the scope of work.
Expected Subcontractual Work and Criteria:	It is not anticipated that the recipient of this cooperative agreement will need to subcontract work. However, the recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise in order to provide robust technical assistance.

General Instructions for Use of Funds:	The funds allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Project activities include the delivery of technical assistance to support health departments in building and leveraging organizational infrastructure to successfully complete activities for the COVID-19 Disparities Grant strategies (resources and strategies, data, infrastructure, and partnerships, and others as prioritized by the health departments): - Work with COVID-19 Disparities Grant-funded health departments to engage in strategic planning to 1) make necessary adaptations to complete grant activities during their no cost extension period, and 2) sustain successes beyond the COVID-19 Disparities Grant. - Provide coaching, leadership support, and peer connections to help grant recipients institutionalize successful COVID-19 Disparities Grant strategies in organizational policies and practices. - Work with health departments to operationalize health equity advances from the COVID-19 Disparities Grant through organizational capacity building (e.g., health equity offices, community health worker workforce, staff training, data equity and community engagement plans). - Assist health departments in the implementation and use of performance measurement and management systems to track progress and improve performance related to COVID-19 and health equity. - Provide jurisdiction-specific technical assistance as requested.
Process Measures:	- Number of new TA requests made by COVID-19 Disparities Grant-funded health departments for support in strengthening organizational capacity to complete their grant activities and sustain successes - Maintain percentage of COVID-19 Disparities Grant-funded health departments receiving TA upon request (100% of TA requests addressed) to strengthen organizational capacity to advance health equity - At least 50% of TA requests result in the development of new or tailored tools, resources, or trainings
Outputs:	At least 5 tools, resources, and trainings developed to support strengthening organizational capacity for COVID-19 Disparities Grant-funded health departments
Budget Period Outcomes:	Number of completed TA requests to improve operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems to address COVID-19 disparities and advance health equity
Outcome Measures:	Improved operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems through development of at least 5 tools, resources, and trainings

Project Title:	**Local COVID-19 Health Equity: Telling the Story**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to tell the story of local public health departments receiving funding through National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities ("COVID-19 Disparities Grant"), to help sustain grant successes. The recipient will communicate about local experiences, package and share timely resources and tools, and help the health departments amplify local successes and lessons learned.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Jurisdictional Support (DJS)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	FY 2023 Consolidated Appropriations Act (P.L.117–328; 136 STAT. 486)
Funding Statutory Authority:	For carrying out titles II, III, XVII and XIX, and section 2821 of the PHS Act and for cross-cutting activities and program support for activities funded in other appropriations included in this Act for the Centers for Disease Control and Prevention
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient of this cooperative agreement should have the organizational capacity to: - Serve as subject matter experts to COVID-19 Disparities Grant-funded health departments in improving organizational capacity and developing and engaging in results-driven partnerships focused on at-risk and underserved populations, including racial/ethnic minorities and rural communities; and build on a deep understanding of health department successes and lessons learned to effectively tell their stories.
Recipient Program Experience:	The recipient of this cooperative agreement should demonstrate experience: - Working with local health departments, including their COVID-19 Disparities Grant staff, to address COVID-19 related disparities and advance health equity - Working with at-risk and underserved populations, including racial/ethnic populations and rural communities, or partnering with organizations who have this experience - Conducting community-based participatory assessments
Expectations for Collaboration:	The recipient of this cooperative agreement is expected to collaborate with other partner organizations funded to support COVID-19 Disparities Grant-funded health departments to coordinate the support provided, minimize duplication, and ensure effective communications. It is also expected the recipient of this cooperative agreement will facilitate collaborations with community members and others as necessary to successfully complete the scope of work.
Expected Subcontractual Work and Criteria:	It is not anticipated that the recipient of this cooperative agreement will need to subcontract work. However, the recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise in order to provide robust assistance.

General Instructions for Use of Funds:	The funds allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Project activities will support health departments in telling the story of strengthening organizational infrastructure through the COVID-19 Disparities Grant. COVID-19 Disparities Grant strategies address resources and services, data, infrastructure, partnerships, and others as prioritized by the health departments. - Work with health departments to share and learn from local stories and tools to 1) make necessary adaptations to complete grant activities during the no cost extension period, and 2) sustain successes beyond the COVID-19 Disparities Grant. - Provide coaching, leadership support, and peer connections to help locals tell the story of successful COVID-19 Disparities Grant strategies to support sustainable organizational change. - Package resources, tools, and local stories to support health departments in operationalizing health equity advances from the COVID-19 Disparities Grant through organizational capacity building (e.g., health equity offices, community health worker workforce, staff training, data equity and community engagement plans).
Process Measures:	- Increase number of local health departments (to at least 10) featured in resources and tools to support strengthening organizational capacity to address COVID-19 disparities and advance health equity - Increase number of local health departments (to at least 10) featured in communication products about strengthening organizational capacity to address COVID-19 disparities and advance health equity - At least 50% of project resources, tools, and communication products feature local health department successes and lessons learned in improving operational capacity
Outputs:	At least 5 tools, resources, and communication products developed to showcase successes and support strengthening organizational capacity for COVID-19 Disparities Grant-funded health departments
Budget Period Outcomes:	- Number of resource and tools to improve operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems to address COVID-19 disparities and advance health equity - Number of communication products about how to improve operational capacity to evaluate, manage, and improve public health systems to address COVID-19 disparities and advance health equity
Outcome Measures:	Improved operational capacity by COVID-19 Disparities Grant-funded health departments to evaluate, manage, and improve public health systems through development of at least 5 tools, resources, and communication products

Project Title:	**Cross-Sector Systems Improvement Technical Assistance for Local Health Department Partnerships**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	Health departments have various unique performance and systems improvement needs that must be addressed in advancing their organizational capacity and cross-sector collaboration in delivering the 10 essential public health services in 3 core areas of public health. This increased capacity can lead to increased access to care for communities and improved health outcomes through coordination and collaboration. Health is not created in one sector or level of the public health system. This requires innovative design, communication, partnering, planning, implementation, evaluation, and improvement across sectors. The health department is well positioned to serve as the community health strategist that partners across sectors, as well as brings multiple sectors together to identify and co-develop solutions to address the key health needs of the communities they serve to advance equity and improve population health through partnership, collective impact, and systems improvement. The Local HD Cross-Sector Systems Improvement project's goal is to provide customized direct TA and/or small amounts of dedicated funding to local health departments to advance or engage in cross-sector systems improvement activities (for example, local health departments and transportation; local health departments and housing; local health department and hospitals; health departments and community development; partnering with CBOs to engage the community; partnering with organizations to develop/deliver cross-sector training, tools, resources; partnering with organizations to hold national forums, listening sessions, townhalls, expert panels, national conversations on cross-sector focused topics and priorities; etc…). This can also include cross-jurisdictional collaborations and partnerships (for example, state and local health departments; Tribal and local health departments; etc..)
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Successful applicant should have capacity to support public health infrastructure and capacity building activities for local governmental public health departments and systems, in particular, collaboration/partnership development and systems/performance improvement. Applicant should have broad reach and a high level of expertise to engage local governmental public health departments nationwide and across jurisdictions.

Recipient Program Experience:	Successful applicants will have in depth knowledge and experience working with local governmental public health agencies, departments, and systems. They will have a history of positive engagement with local governmental public health and local public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities, in particular, systems and performance improvement. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement.
Expectations for Collaboration:	All activities will be conducted in collaboration with CDC to develop and refine strategies and activities of the workplan, as well as work with other national partners, subject matter experts, and interested parties/groups as appropriate. Regular check-in calls, review of materials, and more will occur. Awardee will disseminate findings to national partners and other interested/impacted parties. Applicants funded under this cooperative agreement will be expected to proactively collaborate, coordinate, and synergize activities with each other where and when it makes sense to advance mutual goals, project objectives, and to provide coordinated support to governmental public health departments and their cross-sector partnerships.
Expected Subcontractual Work and Criteria:	None explicitly required, but applicants may propose sub-contract work as appropriate to advance the project objectives. Subcontracting with organizations and community-based organizations that are representative of awardees/TA recipients/populations served to develop and provide relevant and responsive TA and resources should be considered and discussed with CDC.
General Instructions for Use of Funds:	Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Organizational and Performance Improvement activities can include, but are not limited to: • • Assess existing resources available to HDs to advance cross-sector systems improvement • Assess HD cross-sector systems improvement needs, assets, gaps, opportunities • Develop and disseminate new tools and resources for HDs to advance cross-sector systems improvement
Process Measures:	Can include, but are not limited to: • Tracking of TA requests (Increase by 10%) Tracking of TA delivery (Increase by 10%) Dissemination of resources (Increase by 5%)
Outputs:	Can include, but are not limited to: • Environmental scan document of existing resources • Field needs assessment • Plan to develop tools/resources
Budget Period Outcomes:	Can include, but are not limited to: • Identification and understanding of available resources, resource gaps, field needs • Potential Plan to develop resources to fill identified gaps • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	At least 70% of TA recipients reporting increased awareness or understanding of collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Partnership Development and Engagement activities can include, but are not limited to: • Facilitate in-person and/or virtual meaningful peer-to-peer engagements between HDs and their cross-sector partners • Convene townhalls, expert panels, national conversations, listening sessions, etc, relevant to understanding and advancing cross-sector systems improvement
Process Measures:	Can include, but are not limited to: • Number of in-person/virtual convenings held (At least 3) Number of peer-to-peer engagements held/facilitated (At least 4)
Outputs:	Can include, but are not limited to: • Annual convening(s) Peer-to-peer sharing calls • Peer-to-peer virtual community • Peer-to-peer community of practice
Budget Period Outcomes:	Can include, but are not limited to: • Movement along the partnership and collaboration spectrum within HDs and their cross-sector partners Facilitated opportunity for communication across sectors on shared cross-sector systems improvement interests and responsibilities • Networking and collaboration opportunities across sectors and HDs
Outcome Measures:	At least 70% of TA recipients reporting increased collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Policy and Programs**

Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Policy and Programs activities can include, but are not limited to: • • Identify and disseminate promising and best practices, success stories, lessons learned
Process Measures:	Can include, but are not limited to: • Number of examples/best practices shared (At least 2)
Outputs:	Can include, but are not limited to: • Criteria for promising and best practices • Success story and lesson learned plan, development, creation
Budget Period Outcomes:	Can include, but are not limited to: • Improved leadership decision-making to address public health needs strategically and systematically
Outcome Measures:	At least 70% of TA recipients reporting increased awareness of promising and best practices related to collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Workforce**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Workforce activities can include, but are not limited to: • Plan and deliver TA and training on existing and new tools, strategies, and resources to advance cross-sector systems improvement (this can include mini-grants to support TA and training) • Develop and conduct webinars relevant to cross-sector systems improvement
Process Measures:	Can include, but are not limited to: • Number of HD/Sites selected for TA and training cohorts (At least 9 teams) Number of webinars and trainings delivered (At least 3) Number participation in webinars, training, events delivered (Increase by 5%)
Outputs:	Can include, but are not limited to: • TA and training plan and or framework • Documentation of TA provided • RFA/RFP for mini-grants • TA and training materials, plans, modules, etc… • Pre- and post-training and TA feedback At least 3 annual webinars Webinar and convening registration numbers and participant type

Budget Period Outcomes:	Can include, but are not limited to: • Increased number of practitioners are aware of available cross-sector systems improvement TA • Increased number of practitioners use/receive available cross-sector systems improvement TA • Practitioners are better prepared and skilled to conduct cross-sector systems improvement work • Practitioners completing cross-sector projects addressing cross-sector systems improvement using TA resources Improved knowledge and skills among training attendees on how to advance cross-sector systems improvement • Attendees and awardees building and sustaining cross-sector partnerships to advance cross-sector systems improvement • Demonstrated value of cross-sector system improvement TA and training
Outcome Measures:	At least 70% of TA recipients reporting increased satisfaction with TA and training delivered and increased collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)

Project Title:	**Strengthening State Public Health Systems and Capabilities to Create a Healthier Nation**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health agency officials, leaders, decision-makers (state health departments)**
Project Plan Details	
Project Purpose:	This project will strengthen the capacity and capability of state health officials and their leaders to advance the public health system and improve the nation's health. This funding will support several initiatives that are critical to the performance of state health officials and their leaders including: understanding and building state health agency (SHA) leadership capacity in addressing public health priorities and emerging issues through including, but not limited to, peer networking, communities of practice, mentorship, training, TA national convenings, etc; Assessing, understanding, and addressing national trends in public health priorities and emerging issues related to public health infrastructure, organizational planning, policy approaches, capacity-building, and service implementation through annual environmental scans and other activities; identifying and sharing promising and best practices; Engage state health officials as subject matter experts and capacity building and TA related to public health innovation and public-private partnerships;
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Successful applicant should have capacity to support public health infrastructure and capacity building activities for state governmental public health departments and systems, and its leaders, health officials, and decision-makers. Applicant should have broad reach and a high level of expertise to engage state governmental public health departments nationwide and across jurisdictions.
Recipient Program Experience:	Successful applicants will have in depth knowledge and experience working with state, governmental public health agencies, departments and systems, and its leaders, health officials, and decision-makers. They will have a history of positive engagement with state governmental public health and public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities for state governmental public health, state health officials, leaders, and decision-makers. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement.

Expectations for Collaboration:	All activities will be conducted in collaboration with CDC to develop and refine strategies and activities of the workplan, as well as work with other national partners, subject matter experts, and interested parties/groups as appropriate. Regular check-in calls, review of materials, and more will occur. Awardee will disseminate findings to national partners and other interested/impacted parties. Applicants funded under this cooperative agreement will be expected to proactively collaborate, coordinate, and synergize activities with each other where and when it makes sense to advance mutual goals, project objectives, and to provide coordinated support to governmental public health departments and their systems improvement needs.
Expected Subcontractual Work and Criteria:	None explicitly required, but applicants may propose sub-contract work as appropriate to advance the project objectives. Subcontracting with organizations and community-based organizations that are representative of awardees/TA recipients/populations served to develop and provide relevant and responsive TA and resources should be considered and discussed with CDC
General Instructions for Use of Funds:	Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Can include, but are not limited to: • Conduct environmental scan of public health infrastructure and programmatic priorities for state health agencies and officials • Engage state health officials and agency staff on important public health topics through a range of capacity building and technical assistance offerings • Assess the technical assistance and training needs of state health officials • Develop a systems improvement-focused technical assistance and training framework and plan for state health officials (can be rooted and framed around identified strategic skills like systems thinking, resource management, partnership development, supporting innovation, leading with a health equity lens, leading change, effective communication, building problem solving and decision-making skills, etc…) • Deliver relevant and responsive systems improvement-focused training and TA for state health officials • Develop a resource of promising practices, success stories, lessons learned • Facilitate in-person or virtual peer to peer engagement between alumni and new state health officials • National convening/conversations/townhall/expert panel on topics of interest and priority to state health officials to increase understanding and inform training, TA, identify needs and opportunities

Process Measures:	Can include, but are not limited to: • Number of state health officials selected to receive TA and training • Number of examples/best practices shared • Number of webinars and trainings delivered • Number of in-person/virtual convenings held • Number of peer-to-peer engagements held/facilitated • Tracking of TA requests • Tracking of TA delivery • Number participation in webinars, training, events delivered • Dissemination of resources Number of state health official alumni engaged Number of new state health officials engaged
Outputs:	Can include, but are not limited to: • Environmental scan document and presentation of results • Technical assistance framework and resources developed • Cross-sector training team established • Documentation of TA provided • • Training and TA material, handouts, facilitation agenda, etc… • Development of strategic skill resource • TA and/or training plan developed and shared • In-person and virtual peer-to-peer events held • National convening/event(s) • Resource on promising practices, success stories developed and disseminated

Budget Period Outcomes:	Can include, but are not limited to: • State health officials are better prepared and skilled for decision-making • Improved knowledge and awareness of systems improvement promising practices amongst state health officials • Facilitated opportunity for communication amongst state health officials on their systems improvement interests and responsibilities • Networking and collaboration opportunities amongst new and alumni state health officials • State health officials engaging in systems improvement activities and work using TA resources • Improved knowledge and skills among state health official training attendees on how to advance systems improvement • Positive Movement along the partnership and collaboration spectrum for TA and training recipients • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	Proportion of state health officials reporting increased capacity to advance systems improvement Proportion of state health officials reporting increased knowledge in systems improvement Proportion of state health officials reporting increase capacity to identify and prioritize public health needs
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Can include, but are not limited to: • Conduct environmental scan of public health infrastructure and programmatic priorities for state health agencies and officials • Engage state health officials and agency staff on important public health topics through a range of capacity building and technical assistance offerings • Assess the technical assistance and training needs of state health officials • Develop a systems improvement-focused technical assistance and training framework and plan for state health officials (can be rooted and framed around identified strategic skills like systems thinking, resource management, partnership development, supporting innovation, leading with a health equity lens, leading change, effective communication, building problem solving and decision-making skills, etc…) • Deliver relevant and responsive systems improvement-focused training and TA for state health officials • Develop a resource of promising practices, success stories, lessons learned • Facilitate in-person or virtual peer to peer engagement between alumni and new state health officials • National convening/conversations/townhall/expert panel on topics of interest and priority to state health officials to increase understanding and inform training, TA, identify needs and opportunities
Process Measures:	Can include, but are not limited to: • Number of state health officials selected to receive TA and training • Number of examples/best practices shared • Number of webinars and trainings delivered • Number of in-person/virtual convenings held • Number of peer-to-peer engagements held/facilitated • Tracking of TA requests • Tracking of TA delivery • Number participation in webinars, training, events delivered • Dissemination of resources Number of state health official alumni engaged Number of new state health officials engaged
Outputs:	Can include, but are not limited to: • Environmental scan document and presentation of results • Technical assistance framework and resources developed • Cross-sector training team established • Documentation of TA provided • • Training and TA material, handouts, facilitation agenda, etc… • Development of strategic skill resource • TA and/or training plan developed and shared • In-person and virtual peer-to-peer events held • National convening/event(s) • Resource on promising practices, success stories developed and disseminated

Budget Period Outcomes:	Can include, but are not limited to: • State health officials are better prepared and skilled for decision-making • Improved knowledge and awareness of systems improvement promising practices amongst state health officials • Facilitated opportunity for communication amongst state health officials on their systems improvement interests and responsibilities • Networking and collaboration opportunities amongst new and alumni state health officials • State health officials engaging in systems improvement activities and work using TA resources • Improved knowledge and skills among state health official training attendees on how to advance systems improvement • Positive Movement along the partnership and collaboration spectrum for TA and training recipients • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	Proportion of state health officials reporting increased capacity to advance systems improvement Proportion of state health officials reporting increased knowledge in systems improvement Proportion of state health officials reporting increase capacity to identify and prioritize public health needs
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Can include, but are not limited to: • Conduct environmental scan of public health infrastructure and programmatic priorities for state health agencies and officials • Engage state health officials and agency staff on important public health topics through a range of capacity building and technical assistance offerings • Assess the technical assistance and training needs of state health officials • Develop a systems improvement-focused technical assistance and training framework and plan for state health officials (can be rooted and framed around identified strategic skills like systems thinking, resource management, partnership development, supporting innovation, leading with a health equity lens, leading change, effective communication, building problem solving and decision-making skills, etc…) • Deliver relevant and responsive systems improvement-focused training and TA for state health officials • Develop a resource of promising practices, success stories, lessons learned • Facilitate in-person or virtual peer to peer engagement between alumni and new state health officials • National convening/conversations/townhall/expert panel on topics of interest and priority to state health officials to increase understanding and inform training, TA, identify needs and opportunities
Process Measures:	Can include, but are not limited to: • Number of state health officials selected to receive TA and training • Number of examples/best practices shared • Number of webinars and trainings delivered • Number of in-person/virtual convenings held • Number of peer-to-peer engagements held/facilitated • Tracking of TA requests • Tracking of TA delivery • Number participation in webinars, training, events delivered • Dissemination of resources Number of state health official alumni engaged Number of new state health officials engaged
Outputs:	Can include, but are not limited to: • Environmental scan document and presentation of results • Technical assistance framework and resources developed • Cross-sector training team established • Documentation of TA provided • • Training and TA material, handouts, facilitation agenda, etc… • Development of strategic skill resource • TA and/or training plan developed and shared • In-person and virtual peer-to-peer events held • National convening/event(s) • Resource on promising practices, success stories developed and disseminated

Budget Period Outcomes:	Can include, but are not limited to: • State health officials are better prepared and skilled for decision-making • Improved knowledge and awareness of systems improvement promising practices amongst state health officials • Facilitated opportunity for communication amongst state health officials on their systems improvement interests and responsibilities • Networking and collaboration opportunities amongst new and alumni state health officials • State health officials engaging in systems improvement activities and work using TA resources • Improved knowledge and skills among state health official training attendees on how to advance systems improvement • Positive Movement along the partnership and collaboration spectrum for TA and training recipients • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	Proportion of state health officials reporting increased capacity to advance systems improvement Proportion of state health officials reporting increased knowledge in systems improvement Proportion of state health officials reporting increase capacity to identify and prioritize public health needs
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Can include, but are not limited to: • Conduct environmental scan of public health infrastructure and programmatic priorities for state health agencies and officials • Engage state health officials and agency staff on important public health topics through a range of capacity building and technical assistance offerings • Assess the technical assistance and training needs of state health officials • Develop a systems improvement-focused technical assistance and training framework and plan for state health officials (can be rooted and framed around identified strategic skills like systems thinking, resource management, partnership development, supporting innovation, leading with a health equity lens, leading change, effective communication, building problem solving and decision-making skills, etc…) • Deliver relevant and responsive systems improvement-focused training and TA for state health officials • Develop a resource of promising practices, success stories, lessons learned • Facilitate in-person or virtual peer to peer engagement between alumni and new state health officials • National convening/conversations/townhall/expert panel on topics of interest and priority to state health officials to increase understanding and inform training, TA, identify needs and opportunities
Process Measures:	Can include, but are not limited to: • Number of state health officials selected to receive TA and training • Number of examples/best practices shared • Number of webinars and trainings delivered • Number of in-person/virtual convenings held • Number of peer-to-peer engagements held/facilitated • Tracking of TA requests • Tracking of TA delivery • Number participation in webinars, training, events delivered • Dissemination of resources Number of state health official alumni engaged Number of new state health officials engaged
Outputs:	Can include, but are not limited to: • Environmental scan document and presentation of results • Technical assistance framework and resources developed • Cross-sector training team established • Documentation of TA provided • • Training and TA material, handouts, facilitation agenda, etc… • Development of strategic skill resource • TA and/or training plan developed and shared • In-person and virtual peer-to-peer events held • National convening/event(s) • Resource on promising practices, success stories developed and disseminated

Budget Period Outcomes:	Can include, but are not limited to: • State health officials are better prepared and skilled for decision-making • Improved knowledge and awareness of systems improvement promising practices amongst state health officials • Facilitated opportunity for communication amongst state health officials on their systems improvement interests and responsibilities • Networking and collaboration opportunities amongst new and alumni state health officials • State health officials engaging in systems improvement activities and work using TA resources • Improved knowledge and skills among state health official training attendees on how to advance systems improvement • Positive Movement along the partnership and collaboration spectrum for TA and training recipients • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	Proportion of state health officials reporting increased capacity to advance systems improvement Proportion of state health officials reporting increased knowledge in systems improvement Proportion of state health officials reporting increase capacity to identify and prioritize public health needs

Project Title:	**Strengthening Local Public Health Systems and Capacities to Create a Healthier Nation**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Priority population is the over 3,000 local health departments (LHDs) across the United States, which includes the primary audience of LHD leaders and secondary audience of LHD employees.**
Project Plan Details	
Project Purpose:	This project will provide capacity-building assistance to strengthen infrastructure and systems of the nation's 3000+ LHDs. This project will support LHDs in their efforts to anticipate, respond, and adapt to changing and emerging public health and healthcare needs and priorities in order to improve, preserve, and protect the health of populations that they serve. The capacity-building assistance delivered through this project aims to support, fortify, and build a connected public health system to improve the delivery of essential public health services, advance equity, and protect population health. Some areas of focus and strategies for the CBA will include, but are not limited to, public health systems and organizational improvement; public health workforce; public health partnerships; public health data, assessments, resources, best and promising practices.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Successful applicant should have capacity to support public health infrastructure and capacity building activities for local governmental public health departments and systems, and its leaders, health officials, and decision-makers. Applicant should have broad reach and a high level of expertise to engage local governmental public health departments nationwide and across jurisdictions.
Recipient Program Experience:	Successful applicants will have in depth knowledge and experience working with local governmental public health agencies, departments and systems, and its leaders, health officials, and decision-makers. They will have a history of positive engagement with local governmental public health and public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities for state governmental public health, state health officials, leaders, and decision-makers. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement.

Expectations for Collaboration:	All activities will be conducted in collaboration with CDC to develop and refine strategies and activities of the workplan, as well as work with other national partners, subject matter experts, and interested parties/groups as appropriate. Regular check-in calls, review of materials, and more will occur. Awardee will disseminate findings to national partners and other interested/impacted parties. Applicants funded under this cooperative agreement will be expected to proactively collaborate, coordinate, and synergize activities with each other where and when it makes sense to advance mutual goals, project objectives, and to provide coordinated support to governmental public health departments and their systems improvement needs.
Expected Subcontractual Work and Criteria:	None explicitly required, but applicants may propose sub-contract work as appropriate to advance the project objectives. Subcontracting with organizations and community-based organizations that are representative of awardees/TA recipients/populations served to develop and provide relevant and responsive TA and resources should be considered and discussed with CDC.
General Instructions for Use of Funds:	Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Can include, but are not limited to: • Conduct environmental scan of public health infrastructure and programmatic priorities for local health agencies and officials • Engage local health officials and agency staff on important public health topics through a range of capacity building and technical assistance offerings • Assess the technical assistance and training needs of local health officials • Develop a systems improvement-focused technical assistance and training framework and plan for local health officials (can be rooted and framed around identified strategic skills like systems thinking, resource management, partnership development, supporting innovation, leading with a health equity lens, leading change, effective communication, building problem solving and decision-making skills, etc…) • Deliver relevant and responsive systems improvement-focused training and TA for local health officials • Develop a resource of promising practices, success stories, lessons learned • Facilitate in-person or virtual peer to peer engagement between seasoned and new local health officials • National convening/conversations/townhall/expert panel on topics of interest and priority to local health officials to increase understanding and inform training, TA, identify needs and opportunities

Process Measures:	Can include, but are not limited to: • Number of local health officials selected to receive TA and training • Number of examples/best practices shared • Number of webinars and trainings delivered • Number of in-person/virtual convenings held • Number of peer-to-peer engagements held/facilitated • Tracking of TA requests • Tracking of TA delivery • Number participation in webinars, training, events delivered • Dissemination of resources Number of new state health officials engaged
Outputs:	Can include, but are not limited to: • Environmental scan document and presentation of results • Technical assistance framework and resources developed • Cross-sector training team established • Documentation of TA provided • • Training and TA material, handouts, facilitation agenda, etc… • Development of strategic skill resource • TA and/or training plan developed and shared • In-person and virtual peer-to-peer events held • National convening/event(s) • Resource on promising practices, success stories developed and disseminated

Budget Period Outcomes:	Can include, but are not limited to: • Local health officials are better prepared and skilled for decision-making • Improved knowledge and awareness of systems improvement promising practices amongst local health officials • Facilitated opportunity for communication amongst local health officials on their systems improvement interests and responsibilities • Networking and collaboration opportunities amongst local health officials • Local health officials engaging in systems improvement activities and work using TA resources • Improved knowledge and skills among local health official training attendees on how to advance systems improvement • Positive Movement along the partnership and collaboration spectrum for TA and training recipients • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	Proportion of local health officials reporting increased capacity to advance systems improvement Proportion of local health officials reporting increased knowledge in systems improvement Proportion of local health officials reporting increase capacity to identify and prioritize public health needs
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Can include, but are not limited to: • Conduct environmental scan of public health infrastructure and programmatic priorities for local health agencies and officials • Engage local health officials and agency staff on important public health topics through a range of capacity building and technical assistance offerings • Assess the technical assistance and training needs of local health officials • Develop a systems improvement-focused technical assistance and training framework and plan for local health officials (can be rooted and framed around identified strategic skills like systems thinking, resource management, partnership development, supporting innovation, leading with a health equity lens, leading change, effective communication, building problem solving and decision-making skills, etc…) • Deliver relevant and responsive systems improvement-focused training and TA for local health officials • Develop a resource of promising practices, success stories, lessons learned • Facilitate in-person or virtual peer to peer engagement between seasoned and new local health officials • National convening/conversations/townhall/expert panel on topics of interest and priority to local health officials to increase understanding and inform training, TA, identify needs and opportunities
Process Measures:	Can include, but are not limited to: • Number of local health officials selected to receive TA and training • Number of examples/best practices shared • Number of webinars and trainings delivered • Number of in-person/virtual convenings held • Number of peer-to-peer engagements held/facilitated • Tracking of TA requests • Tracking of TA delivery • Number participation in webinars, training, events delivered • Dissemination of resources Number of new state health officials engaged
Outputs:	Can include, but are not limited to: • Environmental scan document and presentation of results • Technical assistance framework and resources developed • Cross-sector training team established • Documentation of TA provided • • Training and TA material, handouts, facilitation agenda, etc… • Development of strategic skill resource • TA and/or training plan developed and shared • In-person and virtual peer-to-peer events held • National convening/event(s) • Resource on promising practices, success stories developed and disseminated

Budget Period Outcomes:	Can include, but are not limited to: • Local health officials are better prepared and skilled for decision-making • Improved knowledge and awareness of systems improvement promising practices amongst local health officials • Facilitated opportunity for communication amongst local health officials on their systems improvement interests and responsibilities • Networking and collaboration opportunities amongst local health officials • Local health officials engaging in systems improvement activities and work using TA resources • Improved knowledge and skills among local health official training attendees on how to advance systems improvement • Positive Movement along the partnership and collaboration spectrum for TA and training recipients • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	Proportion of local health officials reporting increased capacity to advance systems improvement Proportion of local health officials reporting increased knowledge in systems improvement Proportion of local health officials reporting increase capacity to identify and prioritize public health needs
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Can include, but are not limited to: • Conduct environmental scan of public health infrastructure and programmatic priorities for local health agencies and officials • Engage local health officials and agency staff on important public health topics through a range of capacity building and technical assistance offerings • Assess the technical assistance and training needs of local health officials • Develop a systems improvement-focused technical assistance and training framework and plan for local health officials (can be rooted and framed around identified strategic skills like systems thinking, resource management, partnership development, supporting innovation, leading with a health equity lens, leading change, effective communication, building problem solving and decision-making skills, etc…) • Deliver relevant and responsive systems improvement-focused training and TA for local health officials • Develop a resource of promising practices, success stories, lessons learned • Facilitate in-person or virtual peer to peer engagement between seasoned and new local health officials • National convening/conversations/townhall/expert panel on topics of interest and priority to local health officials to increase understanding and inform training, TA, identify needs and opportunities
Process Measures:	Can include, but are not limited to: • Number of local health officials selected to receive TA and training • Number of examples/best practices shared • Number of webinars and trainings delivered • Number of in-person/virtual convenings held • Number of peer-to-peer engagements held/facilitated • Tracking of TA requests • Tracking of TA delivery • Number participation in webinars, training, events delivered • Dissemination of resources Number of new state health officials engaged
Outputs:	Can include, but are not limited to: • Environmental scan document and presentation of results • Technical assistance framework and resources developed • Cross-sector training team established • Documentation of TA provided • • Training and TA material, handouts, facilitation agenda, etc… • Development of strategic skill resource • TA and/or training plan developed and shared • In-person and virtual peer-to-peer events held • National convening/event(s) • Resource on promising practices, success stories developed and disseminated

Budget Period Outcomes:	Can include, but are not limited to: • Local health officials are better prepared and skilled for decision-making • Improved knowledge and awareness of systems improvement promising practices amongst local health officials • Facilitated opportunity for communication amongst local health officials on their systems improvement interests and responsibilities • Networking and collaboration opportunities amongst local health officials • Local health officials engaging in systems improvement activities and work using TA resources • Improved knowledge and skills among local health official training attendees on how to advance systems improvement • Positive Movement along the partnership and collaboration spectrum for TA and training recipients • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	Proportion of local health officials reporting increased capacity to advance systems improvement Proportion of local health officials reporting increased knowledge in systems improvement Proportion of local health officials reporting increase capacity to identify and prioritize public health needs
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Can include, but are not limited to: • Conduct environmental scan of public health infrastructure and programmatic priorities for local health agencies and officials • Engage local health officials and agency staff on important public health topics through a range of capacity building and technical assistance offerings • Assess the technical assistance and training needs of local health officials • Develop a systems improvement-focused technical assistance and training framework and plan for local health officials (can be rooted and framed around identified strategic skills like systems thinking, resource management, partnership development, supporting innovation, leading with a health equity lens, leading change, effective communication, building problem solving and decision-making skills, etc…) • Deliver relevant and responsive systems improvement-focused training and TA for local health officials • Develop a resource of promising practices, success stories, lessons learned • Facilitate in-person or virtual peer to peer engagement between seasoned and new local health officials • National convening/conversations/townhall/expert panel on topics of interest and priority to local health officials to increase understanding and inform training, TA, identify needs and opportunities
Process Measures:	Can include, but are not limited to: • Number of local health officials selected to receive TA and training • Number of examples/best practices shared • Number of webinars and trainings delivered • Number of in-person/virtual convenings held • Number of peer-to-peer engagements held/facilitated • Tracking of TA requests • Tracking of TA delivery • Number participation in webinars, training, events delivered • Dissemination of resources Number of new state health officials engaged
Outputs:	Can include, but are not limited to: • Environmental scan document and presentation of results • Technical assistance framework and resources developed • Cross-sector training team established • Documentation of TA provided • • Training and TA material, handouts, facilitation agenda, etc… • Development of strategic skill resource • TA and/or training plan developed and shared • In-person and virtual peer-to-peer events held • National convening/event(s) • Resource on promising practices, success stories developed and disseminated

Budget Period Outcomes:	Can include, but are not limited to: • Local health officials are better prepared and skilled for decision-making • Improved knowledge and awareness of systems improvement promising practices amongst local health officials • Facilitated opportunity for communication amongst local health officials on their systems improvement interests and responsibilities • Networking and collaboration opportunities amongst local health officials • Local health officials engaging in systems improvement activities and work using TA resources • Improved knowledge and skills among local health official training attendees on how to advance systems improvement • Positive Movement along the partnership and collaboration spectrum for TA and training recipients • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	Proportion of local health officials reporting increased capacity to advance systems improvement Proportion of local health officials reporting increased knowledge in systems improvement Proportion of local health officials reporting increase capacity to identify and prioritize public health needs

Project Title:	**Support for Implementation of the PHHS Block Grant Measurement Framework**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of this project is to provide continued support for the evaluation of the Preventive Health and Health Services (PHHS) Block Grant. The recipient of this funding will assist in conceptual and logistical support to deploy the PHHS Block Grant measurement framework survey in 2025. The recipient will also assist in updating the PHHS Block Grant evaluation plan, as needed, based on listening sessions occurring with stakeholders during 2024. In addition, the recipient will assist in implementing strategies from the PHHS Block Grant evaluation communication plan such as developing and disseminating toolkits, blogs, briefs as well as providing on-demand technical assistance to jurisdictions.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Jurisdictional Support (DJS)
Proposed FY24 Project Funding Total:	$250,000.00
Funding Appropriation:	75-X-0943 BAC: H008B11101 Fund Code: 09035020210DBM CAN: 9390G05
Funding Statutory Authority:	Public Law 115-245, Department of Defense and Labor, Health and Human Services, and Education Appropriation Act, 2019 and Continuing Appropriations Act, 2019
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient of this cooperative agreement should have the organizational capacity to: • Develop and field online questionnaires to 60+ health departments similar to the PHHS Block Grant measurement framework survey (PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT MEASUREMENT FRAMEWORK (https://www.cdc.gov/phhsblockgrant/docs/phhs-block-grant-measurement-framework_vers1.5_2022_cleared.pdf), including the revision, deployment, and analysis of the questionnaire and provide on-demand technical assistance to state, tribal, territorial/freely associated state health departments in using the PHHS Block grant survey findings. • Develop and disseminate evaluation toolkits, blogs, briefs, success stories, and publications for public health audiences.
Recipient Program Experience:	The recipient of this cooperative agreement should demonstrate experience: • Working with state and territorial/freely associated state health departments. • Developing, fielding, and analyzing online questionnaires similar to the PHHS Block Grant framework survey (https://www.cdc.gov/phhsblockgrant/docs/phhs-block-grant-measurement-framework_vers1.5_2022_cleared.pdf). • Developing and implementing evaluation capacity building activities for state and territorial/freely associated state health departments
Expectations for Collaboration:	Over the course of this project, the organization will collaborate with PHHS Block Grant coordinators at recipient health departments and federal partners and will maintain opportunities to engage state and territorial health officials (S/THOs) and agency leadership (senior deputies, chief financial officers, legislative liaisons etc.) in order to ensure participation in the 2025 PHHS Block Grant measures survey.

Expected Subcontractual Work and Criteria:	It is not anticipated that the recipient will need to subcontract work. However, the recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise.
General Instructions for Use of Funds:	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	A1. Measurement Framework: The recipient of this funding will support state and territorial health agencies (S/THAs) completion of 2025 PHHS Block Grant Measure Survey by supporting communication with S/THAs; programming and deploying the web-based survey instrument; and analyzing survey data. A2. Updating the PHHS Block Grant Evaluation Plan: The recipient will build upon the 2024 PHHS Block Grant evaluation listening sessions to assist in updating the PHHS Block Grant Evaluation Plan. The recipient will assist in engaging stakeholders, e.g., the PHHS Block Grant evaluation workgroup and other interested parties, in the review of the updated plan. A3. Implementation of Communication Strategy: The recipient will increase availability of capacity building opportunities and/or products for S/THA staff and other PHHS Block Grant stakeholders on findings from the measures survey. A4. General Support: General support of the cooperative agreement, including the coordination of regular project status check-ins, project plan, and notetaking. A5. Technical Assistance: The recipient will provide at least 2 technical assistance opportunities to support S/THA's use of the PHHS Block Grant evaluation to inform their practice.
Process Measures:	PM1: By January 31, 2025, increase the number of PHHS Block Grant recipients that participate in the PHHS Block Grant Measures survey to 57 (93% survey response rate). PM3: By July 31, 2025, increase the number of capacity building opportunities and/or products informed by subject matter experts related to recent PHHS Block Grant evaluation findings and available to S/THA stakeholders by at least 2. PM5. By July 31, 2025, recipient will increase engagement with at least 2 S/THAs through its response to technical assistance requests.
Outputs:	A1 OP1: Clean dataset of the 2025 PHHS Block Grant Measurement Survey. A1. OP2. Data tables of the 2025 PHHS Block Grant Measurement Survey findings. A2. OP1: Documented next steps and recommendations for the next iteration of the PHHS Block Grant evaluation. A3. O1. At least 1 capacity building product published and available to S/THAs. A4. OP1. Bi-weekly standing calendar appointments and project plan, including up to date workplan timeline. A5. O1. At least 2 jurisdiction specific technical assistance request responses.

Budget Period Outcomes:	BP01. Increase PHHS Block Grant stakeholders' understanding of evaluation findings through convenings and dissemination of results.
Outcome Measures:	ST-OM1. By July 31, 2025, recipient will increase the capability of at least 2 jurisdictions to use PHHS Block Grant evaluation findings to improve their public health practice.

Project Title:	**State Health Official Rural Health Academy**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State governmental public health leaders and professionals interested in building capacity to address rural public health and population health issues.**
Project Plan Details	
Project Purpose:	To build capacity among state health officials to better understand the complexities of challenges for public health in rural communities and strengthen their ability to address those. This will be designed to be a proof-of-concept pilot project with a small cohort of SHOs identified to participate.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Office of Rural Health (ORH)
Proposed FY24 Project Funding Total:	$150,000.00
Funding Appropriation:	FY2024 Consolidated Appropriations Act, P.L.118-47
Funding Statutory Authority:	FY2024 Consolidated Appropriations Act, P.L.118-47
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient must have a strong connection to all state health departments (SHDs) with a mission of improving SHD ability to deliver public health programs. The organization must have demonstrated ability to provide the latest information on best practices and technical assistance to SHDs across a range of public health issues that impact rural communities, including public health preparedness, chronic disease prevention, and substance misuse and addiction, population health strategies, informatics, and health equity, among others.
Recipient Program Experience:	The organization must have experience delivering technical assistance on public health practice and programs to SHDs.
Expectations for Collaboration:	The recipient will be expected to collaborate with requisite subject matter experts on determining specific objectives for the project and measures for them as well as the activities to undertake to achieve them.
Expected Subcontractual Work and Criteria:	The recipient may consider subcontracting certain aspects of this project to another organization, for example, planning the logistics for in-person workshops, facilitating and/or notetaking for same, preparing summary reports. The recipient may also consider subcontracting with rural health subject matter experts to help determine the curriculum, prepare agendas, and deliver content for the Academy.
General Instructions for Use of Funds:	One or more capacity-building learning events are envisioned to be a part of the Academy curriculum.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

Activities:	• Develop and deliver a Rural Health Academy curriculum: * Conduct key informant interviews with state government staff and public health experts to identify critical rural health topics for to explore with and for SHOs. * Identify core competencies on which the Academy curriculum will be based. * Establish learning objectives to support the competencies. * Develop a program of engagement that utilizes a blended delivery of virtual and in-person instruction which addresses the competencies. * Identify and invite public health and government experts with relevant experience to offer their insight to the cohort. * Provide facilitation for the instruction. * Develop and implement a means for gathering and evaluating participant observations about the instruction and the Academy overall. • Plan and conduct a kickoff webinar to provide information on the Academy purpose, objectives and expectations. • Provide technical solutions to ensure full participation for those requiring a distance learning option.
Process Measures:	• 65% of invited SHOs participate in one or more learning events. • Recipient delivers 100% of requested outputs on time, within scope, and within budget unless recipient notes there will be a delay or shortfall.
Outputs:	• Recipient will identify and invite a select number of SHOs to participate in the Academy. • Recipient will prepare and submit a Rural Health Academy curriculum which will include: * Purpose, objectives, measures, and content for multiple learning events (number TBD in collaboration with the recipient) * A mechanism for evaluating the Academy's success towards achieving the objectives. • Recipient will plan and deliver the learning events, including one which is envisioned to be in-person.
Budget Period Outcomes:	• Recipient delivered multiple learning events that addressed the objectives for the Academy. • 65% participants report that the Academy met its stated objectives.
Outcome Measures:	• 65% of participants report having a greater understanding of the complexities of planning and delivering public health interventions designed for rural communities. • >50% of participants report an intent to revise their state health department (SHD) decision-making process, policies, programs, and/or practices to better engage rural public health organizations and practitioners. • >50% of participants report increased knowledge of rural health structure components, both public health and healthcare; the interaction and linkages between public health and healthcare as it pertains to rural communities; drivers of health in rural communities, needs, challenges, and barriers for delivering rural public health services and programs; data and other resources to support rural public health program decision-making, and gaps in SHD partnerships that need to be addressed to support increased SHD-rural jurisdiction collaboration to improve health in rural communities.

Project Title:	**Strengthening Grants Management Capacity at the Puerto Rico Department of Health**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Territorial health department**
Project Plan Details	
Project Purpose:	The purpose of the project is to strengthen the PRDOH grants management capacity through the design configuration, migration, testing and implementation of a local web-based grants system. This system will integrate the existing fiscal platform and will increase grants management capacity within PRDOH, optimizing administrative processes to manage resources and efficient spenddown of federal funds. • The grants management system will allow to improve the organizational and systems infrastructure and overall performance across the public health system and the different federal grants to improve health outcomes and reduce health inequities.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$600,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	3 Years
Recipient Organizational Capacity:	1. Project Management for complex projects and multiple stakeholders. 2. Capacity to procure and transfer IT Infrastructure. 3. Capacity to implement and deploy a web-based system. 4. Understanding of the full funding cycle including award management, compliance reporting, and post-award closeout stages. 5. Ability to write clear technical documentation (e.g. user guidelines, SOPs, etc.). 6. Understanding of relevant federal and state funding regulations. 7. Understanding of grants applications, financial management and reporting rules. 8. Ability to create workflow design and translate grant processes into a intuitive system. 9. Ability to establish clear communication channels through mechanisms for collecting user feedback including reporting -system malfunctions. 10. Ability to provide ongoing guidance for system improvement. 11. Ability to communicate in Spanish and English.
Recipient Program Experience:	The recipient will prove prior experience working with Government State Agencies, business process improvements and grants management. The recipient will have previous experience working with territories and freely associated states.

Expectations for Collaboration:	• The recipient will collaborate with state and federal fiscal partners to establish relationships and determine system functionality so that the PRDOH can comply with all requirements while maintaining a system tailored to its fiscal needs. • The recipient will develop, with collaborators manuals and user guides for the PRDOH's grants users in order to have a full understanding and knowledge of the system.
Expected Subcontractual Work and Criteria:	Work may be subcontracted. If subcontracted, period of performance should be 2.5 years. Subcontractor should have the experience and capacity to conduct the activities specified in Section 5.
General Instructions for Use of Funds:	Budget could be used to conduct planned site visits and meet with local partners to successfully implement the project. Procured IT Infrastructure (e.g. systems, electronic platforms, etc.) should be acquired based on the needs or the PRDOH and should be transferred to the PR DOH by the end of the project.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Participate in meetings with the Puerto Rico Department of Health's PMO, Finance, Budget, Federal Affairs and IT office to discuss and identify needs. • Assess the existing systems within the PRDoH and interoperability requirements with the new proposed EGMS. • Design a web-based electronic grants management system customized to the needs of the PRDoH. • Provide exhaustive training to all programs and fiscal PRDoH's staff. • Provide ongoing system support, technical assistance, and maintenance to the PRDoH through the length of the project.
Process Measures:	• Number of meetings conducted with leadership. • Percentage of existing system utilization by the PRDoH staff. • Successful completion of data migration. • Percentage of employees trained in the new system.
Outputs:	• Detailed requirements document clearly outlining the platform's capabilities. • Customized EGMS web-based system ready for deployment. • Customized functionality reports for all approved grant reports.
Budget Period Outcomes:	• Form project teams with PMO, Finance, Budget, Federal Affairs and IT Office employee representatives to learn and be proficient with the designed system. • Create a detailed outline of essential system features and user workflows. • Communicate to employees of upcoming changes and expected transition period. • Increase staffing skills for the efficient use of the redesigned system. • Develop a data quality report for more reliable data for decision making and compliance.
Outcome Measures:	• Improved accuracy and accessibility of grants data with easily generated reports. • Allow better grants processes visibility to all relevant program and fiscal staffing. • Improved allocations of funds for a more efficient expenditure. • Maintain expected Federal Fiscal Report submission. • Reduce time spent in analyzing and balancing grants accounts.

Project Title:	**U.S. T/FAS Cultural Awareness Training**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Territorial Health Departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to educate public health practitioners that work w/the United States Territories and Freely Associated States (U.S. T/FAS) about engaging w/these unique populations in culturally appropriate and sensitive interactions. Having culturally competent pre-visit briefing materials and training, are critical for an enhanced understanding of the local cultures to ensure the delivery of culturally grounded public health services. The overarching goal is to develop island-specific training modules that offer nuanced cultural context, enabling learners to gain valuable insights and the background knowledge that is essential for understanding how culture influences people's health and how to consider culture for the effective delivery of public health services. This approach not only enhances the proficiency of public health practitioners, but also fosters a deeper comprehension of why certain activities are proposed or requested in specific ways, placing them within the broader cultural context. Moreover, this specialized training would serve as a platform to address existing gaps and to build upon previous cultural competence- focused initiatives. By delving into the history and background of each island, clarifying the roles of governing authorities and their public health systems, and shedding light on various health disparities and cultural considerations, participants will be better prepared to navigate and address the complexities involved in providing public health services within these unique communities.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$100,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	3 Years
Recipient Organizational Capacity:	The recipient must have expertise in providing T/FAS-centered culturally competent and sensitive training. Additionally, the recipient must have the technology expertise to effectively meet the needs of the proposed project, federal project management experience, and have been a recipient of federal funds previously.
Recipient Program Experience:	The recipient must have expertise in culturally competent and sensitive curriculum development and in working with online training platforms that are free, user-friendly, and that supports a large number of users. The recipient must have experience working with T/FAS public health professionals. The recipient should also be able to maintain the web site/storage needed to support the training modules.
Expectations for Collaboration:	This organization is expected to collaborate with technical monitors, project officers, grants management staff, and T/FAS public health practitioners.

Expected Subcontractual Work and Criteria:	Recipient is allowed to subcontract portions of the work as needed. The subcontractors should have experience with evidence-based educational training modules. The period of performance for subcontractors should match the period of performance for overall funds awarded to recipient.
General Instructions for Use of Funds:	No specific instructions
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Development of a regional, culturally competent and sensitive, introductory training module about that focuses public health in T/FAS • Development of training modules for each of the T/FAS in the Atlantic (2) and the Pacific (6) regions • Development of supplementary resources, like one-page summaries, for easy reference to the main points covered in the trainings • Development of an evaluation tool or feedback loop to assess the effectiveness of the training and supplementary resources • Pilot of the training modules with public health professionals who work with the T/FAS • Develop a communication plan and promotional materials for the training • Promote trainings, increase awareness of training modules, and encourage users to take the training
Process Measures:	• Public health professionals will have improved cultural awareness which will directly result in performance improvement • Public health professionals who take the training will be more capable to serve the T/FAS · · Track the number of public health practitioners completing the training each year of the project period · At least 50% of public health practitioners who took the training will have given feedback on the training modules · Overall awareness of the training modules will be increased by the use of promotional materials
Outputs:	• 9 training modules will be developed and available for learners on an online learning platform • Supplementary resources will be available to complement the 9 training modules
Budget Period Outcomes:	• To develop trainings specific to each of the T/FAS that are designed to increase user's cultural awareness and overall performance working with these unique populations

Outcome Measures:	• Substantial enhancement in 85% of participants' knowledge and cultural sensitivity toward the T/FAS following the training modules which will result in a more competent workforce • Strengthened capability and confidence of 85% of public health workforce to deliver essential public health services to the T/FAS The efficacy of the Cultural Awareness Training will be gauged through a comprehensive array of evaluation methodologies, including surveys, focus groups, individual interviews, observations, and pre-post assessments. These evaluative measures will enable us to discern the substantial enhancement in participants' knowledge and cultural sensitivity toward the T/FAS following the training modules. Process and outcome evaluation questions will be integrated to gain a deeper understanding about areas where the learning experience can be improved and how the knowledge is been applied.

Project Title:	Flexible Funding to Address Social Determinants of Health
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State public health departments**
Project Plan Details	
Project Purpose:	This project will explore mechanisms by which health departments are able to use flexible funding approaches, specifically braiding and layering funding across multiple funding sources to address the social determinants of health and advance health equity. This project will develop capacity building tools to share challenges, opportunities, and promising practices to braid and layer funding and will build off lessons learned from state health departments that have been successful in this area.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$150,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The recipient should have extensive knowledge of braiding and layering funding across multiple funding streams, including federal funding. The recipient should also have demonstrated strong relationships with state health departments and state health department leadership.
Recipient Program Experience:	The recipient should have the ability to collaborate with federal partners and state health departments. They should have expertise in grant management processes and an understanding of how federal and state budgets, and related policies, are implemented. The recipient will have experience carrying out previous work related to potential funding streams from the federal government that can be braided and layered at the state level.
Expectations for Collaboration:	The recipient will be expected to collaborate with CDC, state health departments, and non-governmental public health partners.
Expected Subcontractual Work and Criteria:	The recipient is allowed to subcontract work to another organization that has expertise in analyzing public health funding for braiding and layering opportunities.
General Instructions for Use of Funds:	No specific instructions. Funds may not be used for construction nor research.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

Activities:	- Identify and create partnership with state health departments that have successfully braided or layered funding across multiple funding streams. - Identify specific social determinant of health to explore braiding and layering opportuniteis. - Conduct informal, non-standardized, discussions with at least 2-5 state site to perform a review of their flexible funding approaches as it relates to the identified social determinant of health. - Develop report documenting challenges, opportunities, and promising practices, specifically identifying whether a braided or layered approach was implemented, what partnerships were leveraged, and which funding sources were used. - Produce at least one communication product to promote report and its findings.
Process Measures:	Number of state sites identified with which to conduct informal, non-standardized, discussions
Outputs:	- Report describing options for braiding and layering funding to address social determinants of health - Communication product to promote dissemination of the report
Budget Period Outcomes:	- Improved operational capacity of state health departments to evaluate braiding and layering funding opportunities across multiple funding streams. - Improved understanding of state health departments on how flexible funding approaches can be used to further work addressing the social determinants of health.
Outcome Measures:	At least 60% of state health departments engage (readership may be used as a proxy for engagement) with the report

Project Title:	**Tools for funding local public health infrastructure**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	The funded national partner will collaborate with the CDC Public Health Infrastructure Center to explore strategic planning related to managing funding investments and support a peer-to-peer community of practice for public health finance staff. Using a small number of examples, the recipient will work with a small number of sites to explore how local health departments are using strategic planning principles to develop financial plans and manage funding from the federal, state, and local governmental levels. The recipient will also facilitate a peer-to-peer community of practice for public health financial staff. The end products of this project will be a report of financial strategic planning case studies and promising practices and a peer learning community.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$100,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Recipient should have in-depth knowledge of and experience working with local health department leadership across the nation. The recipient should also have demonstrated proficiency in understanding the governmental public health system and the diverse types of relationships between federal, state, and local governmental agencies.
Recipient Program Experience:	Recipient should have the ability to collaborate with governmental partners at multiple levels, including federal partners, state health departments, and local health departments. They should have expertise in grant and business processes, financial administration, and strategic planning.
Expectations for Collaboration:	The recipient will be expected to collaborate with CDC; local sites that are selected for the exploration of financial strategic planning best practices; and state, non-governmental partners, or sub-contractees that are also part of the financial strategic planning process for local health departments.
Expected Subcontractual Work and Criteria:	The recipient may choose to subcontract work to another organization that has expertise in public health financing and financial strategic planning, if the recipient determines it would be the more efficient and effective method for implementing the project and using the project funds. Organizations that have been involved in national projects to analyze public health funding may have opportunities to leverage existing expertise and activities; if feasible, this would be an appropriate strategy for the recipient to consider.
General Instructions for Use of Funds:	Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.
Strategic Area:	**Organizational Capacity and Performance Improvement**

Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Develop and implement a plan to explore and identify promising practices in financial strategic planning for local public health. • Working with CDC, identify 2- 5 local sites willing to participate in informal, non-standardized, discussions. • Identify common facilitators, barriers, and promising practices in financial strategic planning. • Develop report of local site case studies. • Plan and host periodic peer learning community meetings for local public health financial staff and local public health leadership.
Process Measures:	• At least 2-5 local sites identified to participate. • Informal, non-standardized, discussions conducted with at least 2-5 local sites. • Number of local public health financial staff participating in peer learning community meetings. • Number of local public health leadership participating in peer learning community meetings.
Outputs:	• Identification of financial strategic planning promising practices • Report of strategic planning promising practices including case studies of local sites • Increased membership of peer learning community for local public health finance
Budget Period Outcomes:	• Improved knowledge of promising practices and opportunities for improvement as it relates to strategic planning to manage funding at the local public health level. • Enhanced operational capacity for local health departments to identify promising practices in managing funding from federal, state, or local levels.
Outcome Measures:	• Report which summarizes local site approaches to strategic planning for funding investments and identifies common promising practices • At least 75% of peer learning community participants report satisfaction with meetings

Project Title:	**Support for the Public Health AmeriCorps Program: Local Health Agencies**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	The Public Health AmeriCorps program supports the recruitment, retention, training, and development of a new generation of public health leaders who will be ready to respond to the nation's public health needs. This project strengthens workforce capacity by supporting partnerships between local governmental public health agencies, Public Health AmeriCorps grantees, and Public Health AmeriCorps members. Specifically, this project will provide opportunities for in-person and virtual training, networking and professional development and develop storytelling and communications materials. All project activities will be evaluated appropriately to assess impact and outcomes. The ultimate goal of this work is to support local health departments (LHDs) in their partnerships with Public Health AmeriCorps grantees and members, strengthen LHD capacity to host Public Health AmeriCorps members, support a workforce pathway to assist Public Health AmeriCorps members in obtaining jobs at LHDs, and share successes and lessons learned from the Public Health AmeriCorps program that can be applied to LHDs.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Workforce Development (DWD)
Proposed FY24 Project Funding Total:	$320,000.00
Funding Appropriation:	75-2024-0943 CARES Act
Funding Statutory Authority:	Coronavirus Aid, Relief, and Economic Security Act, 2020 (P.L.116-136)
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The ideal partner for this work will have extensive skills and experience responding to the needs of and promoting the unique role of Local Health Departments (LHDs). They should bring skills across a range of topics, including Public Health Systems Infrastructure, Leadership and Workforce Development, Data and Information Systems, Communication and Information Technology, Partnerships, and Laws and Policies. This partner should be able to provide technical assistance, training, and peer learning opportunities to help LHDs improve their infrastructure and meet national standards. They should also offer leadership and workforce development programs to enhance the knowledge and skills of LHD staff. They should have the infrastructure to convene public health professionals through large national conferences, meetings, and events that engage audiences on a wide range of public health topics relevant to strengthening the organizational capacity of LHDs. Additionally, this partner should bring the skills, infrastructure and reach to craft compelling case studies, stories from the field and other communications materials and disseminate them to a national audience of LHDs

Recipient Program Experience:	This partner should bring expertise in public health, specifically as it relates to local governmental public health to include experience with evaluation, capacity building, training, partnership engagement, and communications. They must be able to disseminate high-quality, public health information, tools, and resources to local public health professionals through program publications including reports, fact sheets, research briefs, issue briefs, and marketing materials. These publications should highlight topics including workforce development, preparedness, community and environmental health, health education and outreach, and public health infrastructure and systems activities.
Expectations for Collaboration:	This work will require collaboration at varying levels. The partner will be expected to collaborate with Public Health AmeriCorps staff to ensure project deliverables serve the needs of Public Health AmeriCorps members and grantees. Public Health AmeriCorps partners are expected to collaborate with each other. It is expected that each partner will attend a monthly meeting between the CDC, Public Heatlh AmeriCorps, and other Public Health AmeriCorps cooperative agreement partners to discuss major project deliverables, opportunities for collaboration, and continuous improvement to further PHA program goals. In addition to collaboration with Public Health AmeriCorps and its partners, collaboration is also expected with other organizations in the field such as those serving state and territorial health departments, multi-sector organizations, non-profits, and community-based organizations. This organization should also collaborate with any of its members, affiliates, workgroups, and networks across the nation to increase the reach and impact of this work. Collaboration is essential to support and encourage AmeriCorps members and grantee organizations to become more integrated into the field of public health, connected with partners in their communities, and linked to pathways to public health careers.
Expected Subcontractual Work and Criteria:	It is expected that subcontractors will be engaged to develop storytelling and communications materials. For storytelling and communications, We expect $50,000 to be allocated toward this activity that will occur over six months of this project. Subcontractors should bring expertise in developing compelling written assets that highlight program stories and successes to a diverse audience of decision-makers in the public health sector. They should also understand the specific context of local health departments. They should demonstrate excellent cultural competency and humility and the ability to highlight equity, diversity, inclusion and accessibility in their messages and products. If this organization already has a vendor they have worked with in the past who meets the needs of this project and has demonstrated past success, a sole source purchase will be acceptable. If not, an RFP should be issued to select a subcontractor.
General Instructions for Use of Funds:	Public Health AmeriCorps grantees and members are located throughout local, regional and national non-profits, health departments and public health agencies, state and local governments, higher education institutions, community health centers, and tribes.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus

Activities:	1. Planning, hosting, and evaluating opportunities for Public Health AmeriCorps members and grantees to build their professional networks and understanding of the public health sector via attendance at public health sector events, meetings, and conferences. 2. Provide capacity-building and educational events and trainings to Public Health AmeriCorps members, grantees, and host sites focused on the unique needs and roles of local health departments. 3. Develop communications and storytelling materials that share stories of grantees, host sites, and members to increase awareness among local public health departments of innovative partnerships and programs to build the workforce.
Process Measures:	1. Number of events planned, hosted, and evaluated and number of members attending each event. 2. Number of training sessions developed and delivered on the unique needs and career pathways of local health departments. 3. Number of stories collected from grantees, host sites, and members.
Outputs:	1. Orientation materials developed to support Public Health AmeriCorps member success and professional development at in-person conferences and events. 2. Training materials and curricula on capacity building topics relevant to local public health. 3. Collection of compelling stories showcasing the impact of innovative partnerships and workforce programs for local health departments.
Budget Period Outcomes:	1. Increased participation of Public Health AmeriCorps members and grantees in public health sector events. 2. Increased knowledge and skills of Public Health AmeriCorps members and grantees related to local public health needs and career pathways. 3. Increased awareness of opportunities to develop and grow the public health workforce at LHDs through partnerships with national service programs.
Outcome Measures:	1. Survey results on member and grantee satisfaction with networking opportunities and their understanding of the public health sector after attending events. 2. Number of Public Health AmeriCorps members interested in public health careers in local health departments. 3. Website traffic and social media engagement metrics for communication materials.

Project Title:	**Support for the Public Health AmeriCorps Program: State Health Agencies**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The Public Health AmeriCorps (PHA) program supports the recruitment, retention, training, and development of a new generation of public health leaders who will be ready to respond to the nation's public health needs. This project strengthens workforce capacity by supporting partnerships between governmental state and territorial health agencies, Public Health AmeriCorps grantees, and members. Specifically, this project will 1) Build engagement between state health agencies and the Public Health AmeriCorps grantees in their jurisdictions, 2) Expand awareness and interest in the Public Health AmeriCorps program across state health agencies, and 3) Establish a streamlined pathway for graduating Public Health AmeriCorps members to obtain jobs in state governmental health agencies. All project activities will be evaluated appropriately to assess impact and outcomes. The goal of this work is to support state health agencies in their partnerships with AmeriCorps grantees and AmeriCorps members, strengthen state health agency capacity to host AmeriCorps members, and support a workforce pipeline to assist AmeriCorps members in obtaining jobs in state health agencies thereby growing the public health workforce.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Workforce Development (DWD)
Proposed FY24 Project Funding Total:	$341,000.00
Funding Appropriation:	75-2024-0943 CARES Act
Funding Statutory Authority:	Coronavirus Aid, Relief, and Economic Security Act, 2020 (P.L.116-136)
Expected Project Length:	1 Year

Recipient Organizational Capacity:	The ideal partner for this work will have extensive connections to state health agencies across the U.S. They will be focused on supporting, equipping, and advocating for state health officials in their work of advancing the public's health and well-being. Their priorities should include (1) developing strong and effective state health officials; (2) improving public health through capacity building, technical assistance, and thought leadership; and (3) advocating for resources and policies that improve the public's health and well-being. They should be in turn with emerging needs and priorities for state public health, providing leadership and networking opportunities for state health officials and their agency staff, and integrating evidence-based and data-driven best practices to improve public health and address the upstream determinants of health. This partner should be committed to organizational performance and operational excellence through strong fiduciary and ethical decision-making, a healthy workplace culture, advanced technology, effective governance, and diverse, high-performing teams. The organization should offer a variety of capacity-building and technical assistance programs to state health agencies. They should utilize various technology platforms to deliver information and resources, including blogs, podcasts, videos, webinars, and online resources. They should also provide technical assistance to support health agencies with program development and evaluation. Ideally, they would have specific online resources related to public health careers, including a job posting aggregator, videos, infographics, and resources for a variety of public health career areas and pathways.
Recipient Program Experience:	This partner should bring deep expertise in public health workforce development, especially concerning the needs and opportunities of state health agencies. They should also bring expertise in health equity as a framework for their work. Workforce expertise is also essential to this work. This organization should provide content that governmental public health leaders can use to build resilient and robust agencies, including topics such as recruiting early career professionals, fostering supportive work cultures, and equity, diversity, and inclusion especially as it relates to the public health workforce. Ideally this organization will have a national reach and have direct engagement with directors of state health agencies. They should also be engaged with the human resources/ workforce development directors of state health agencies. Additionally, they should have the capacity to promote career opportunities in state governmental public health agencies via an online platform.
Expectations for Collaboration:	This work will require collaboration at varying levels. The cooperative agreement partner will be expected to collaborate with Public Health AmeriCorps (PHA) to ensure project deliverables serve the needs of PHA members and grantees. PHA Cooperative Agreement partners are expected to collaborate with each other. It is expected that each partner will attend a monthly meeting between the CDC, AmeriCorps and other PHA Cooperative Agreement partners to discuss major project deliverables, opportunities for collaboration, and continuous improvement to further PHA program goals. In addition to collaboration with PHA and its partners, collaboration is also expected with other organizations in the field such as those serving local health departments, multi-sector organizations, non-profits, and community-based organizations. PHA seeks to create pathways to good public health jobs and rebuild our public health workforce so collaboration across the sector is essential.

Expected Subcontractual Work and Criteria:	It is expected that subcontractors will be engaged to support the online platform for public health career resources. These materials will be accessible to PHA members, grantees, and host sites, and also will be available more widely to support professionals seeking jobs in public health. They should bring experience creating unique brands attracts targeted talent, supportive technology to create a web experience for users that is easy to search and navigate, and aggregating jobs from various sites to display in a cohesive and searchable manner. We expect $50,000 to be allocated toward this activity that will occur over nine months of this project. If this organization already has a vendor, they have worked with in the past who meets the needs of this project and has demonstrated past success, a sole source purchase will be acceptable. If not, an RFP should be issued to select a subcontractor. The contractor will be responsible creating a site with appealing visibility, inspiring content, and ease in navigation. They must demonstrate the ability to meet desired timeframes and to grow the existing site to accommodate additional sourcing for job opportunities and expand content and functionality to include engaging AmeriCorps content, features, and marketing.
General Instructions for Use of Funds:	Public Health AmeriCorps grantees and members are located throughout local, regional and national non-profits, health departments and public health agencies, state and local governments, higher education institutions, community health centers, and tribes.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus
Activities:	1. Develop capacity building products and experiences that expand state health agencies' awareness of innovative workforce development programs, including AmeriCorps, and successes and members' awareness of career pathways in state health agencies. 2. Enhance online career resources for potential and graduating Public Health AmeriCorps members to learn about public health careers, Public Health AmeriCorps projects and successes, and obtain jobs in health departments. 3. Recruit and engage a group of Public Health AmeriCorps members and alumni to advise the program and its partners on program training, resources, and experiences.
Process Measures:	1. Number of capacity-building products (e.g., convenings, trainings, skills-based micro-learnings) developed. 2. Number of web resources (e.g., content page, videos, social media badges) that support the AmeriCorps member to health department employment pipeline and their uptake by AmeriCorps members. 3. Number of meetings, listening sessions, and other feedback opportunities held with the established PHA advisory group.
Outputs:	1. Development of up to five capacity-building products (e.g., convenings, trainings, skills-based micro-learnings). 2. Videos and infographics highlighting diverse professionals and career pathways in public health. 3. Meeting minutes and reports documenting the advisory group's recommendations and contributions.

Budget Period Outcomes:	1. Increased understanding among state health agencies about Public Health AmeriCorps programming and its value for public health. 2. Increased traffic and engagement with online resources by potential and graduating service members. 3. Active and engaged Public Health AmeriCorps advisory group providing valuable insights on program training, resources, and member experiences.
Outcome Measures:	1. Percentage of state health agencies who have interacted with AmeriCorps members at events and trainings. 2. Website traffic and user engagement metrics for online career resources. 3. Number of implemented program improvements identified by the advisory group. 4. Number of implemented program improvements identified by the advisory group.

Project Title:	**Preventive Health and Health Services Block Grant – Recipient Training and Peer Learning Community**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	To provide technical and program support to 61 Public Health and Health Services Block Grant coordinators and their organizations
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Jurisdictional Support (DJS)
Proposed FY24 Project Funding Total:	$300,000.00
Funding Appropriation:	Treasury Symbol: 75-X-0943 BAC: H008B11101 Fund Code: 09035020210DBM CAN: 9390G05
Funding Statutory Authority:	Public Law 115-245, Department of Defense and Labor, Health and Human Services, and Education Appropriation Act, 2019 and Continuing Appropriations Act, 2019
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Applicants should have the expertise necessary to conduct the activities described in the project details section of and the staff capacity to devote an adequate number of staff to the project. Applicants must demonstrate capacity to: • Work with diverse groups, including State, Tribal and Territorial health departments. • Convene collaborative networks among the recipients of the Preventive Health and Health Services Block Grant (PHHS BG) both virtually and in-person. • Build and maintain partnerships among PHHS BG recipients • To provide the necessary infrastructure and technological support available for its staff to implement activities associated with this project. The activities proposed for this project should be complementary to, and not duplicative of, other work by the applicant and other partner organizations.
Recipient Program Experience:	Applicants should have the ability to: • Apply culturally appropriate, adult learning, and instructional design principles in developing trainings for PHHS BG recipients. • Successfully convene and manage peer learning communities for PHHS BG recipients. • Develop and/or collaborate on evaluation strategy and tools for the activities implemented under this project. • Collaboratively plan and convene virtual and in-person trainings for PHHS BG recipients, including identifying and contracting for meeting venues, assisting in navigating CDC processes for hosting/managing trainings, gathering input from grantees and CDC leadership regarding content of interest for the trainings, and creating agendas, registration processes and related materials.

Expectations for Collaboration:	Applicants are expected to proactively coordinate with CDC, PHHS BG Recipients and other stakeholders. This includes: • Collaborating with CDC and PHHS BG recipients on continued implementation of Communities of Practice (CoP) for PHHS BG recipients • Collaborating with CDC and PHHS BG recipients on process improvement of CoP • Collaborating with CDC on evaluation strategy and evaluation tools for the project activities implemented • Collaborating with CDC and PHHS BG recipients on training/technical assistance and implementation
Expected Subcontractual Work and Criteria:	
General Instructions for Use of Funds:	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Establish and facilitate a peer learning community to foster collaboration and the sharing of accomplishments, best practices and lessons learned between PHHS BG recipients. Specific activities may include: • Assessing PHHS BG recipient and CDC peer learning community needs and interests • Identifying peer learning community logistics: communication, frequency, facilitation, methods (e.g., listserv, quarterly or ad-hoc virtual meetings) • Developing an implementation plan with input from PHHS BG recipients and other stakeholders • Facilitating peer learning groups based on similar interests and needs • Providing membership support and regular communication • Documenting and disseminating, within the community, accomplishments, best practices and lessons learned • Evaluating peer learning community and implementing improvements described in findings • Contributing to the broader dissemination of accomplishments, best practices, lessons learned and/or evaluation results, as appropriate • Recipient will plan, facilitate, and evaluate at least 2 peer-to-peer learning opportunities a year for PHHS BG recipients to advance program goals and develop/enhance peer connections, with one opportunity being a face-to-face convening. • Recipient will develop a communication strategy to support PHHS BG recipients in the awareness of peer learning community(ies) and sharing of best/promising practices.

Process Measures:	By July 31, 2025, provide number of recipients served, topics covered, and products shared for each peer learning community By July 31, 2025, provide number of communications shared with recipients by type of communication product By July 31, 2025, provide at least two peer-to-peer learning opportunities By July 31, 2025, provide at least one face-to-face or hybrid convening of PHHS BG recipients
Outputs:	At least one peer learning community activity implemented to include PHHS BG recipients and relevant subject matter experts sharing resources/best practices An annual summative evaluation of the peer learning community(ies) 1. Schedule of at least 2 peer-to-peer learning opportunities including relevant subject matter experts, with one peer-to-peer learning opportunity be hybrid form (to include face-to-face). 2. An annual summative evaluation of all peer-to-peer learning opportunities. 3. Bi-weekly standing calendar appointments and project plan, including up to date workplan and timeline
Budget Period Outcomes:	1. Grantees increase knowledge and skills to successfully implement PHHS BG 2. Grantees use peer-to-peer connections, share resources and best practices to improve grant implementation
Outcome Measures:	At least 75% of PHHS BG recipients participate in peer learning communities.

Project Title:	**National Profile of Local Health Departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local public health department officials**
Project Plan Details	
Project Purpose:	Purpose: Continued development of a comprehensive monitoring and data collection system of local health department's functional capabilities by conducting Profile survey and Forces of Change (FOC) surveys in order to: • increase health department capability to use data to inform decision-making and support evidence-based practices and policies, • improve public health system situational awareness, • strengthen data-driven decision making among public health leaders, • better define health department technical assistance needs, and • inform and guide CDC's capacity-building assistance efforts. The Profile Survey will be administered to all LHDs in the United States at a minimum every 3 years with some component updated more frequently. The Profile survey will be implemented in the form of a census and include questions on LHD finance, workforce, top executive characteristics, activities, and other infrastructure-related topics. In an effort to reduce reporting burden the Profile project will also use secondary data sources. The most recent Profile survey was completed in 2022. Force of Change surveys of local health departments will be administered every year to a nationally representative sample of local health departments. FOC survey cover such topics as the overall level and changes in services provided by local health departments, as well as public health funding and workforce employed by local health departments and emerging current issues (such as, Zika virus or opioid addiction). FOC assessments may rely not only on survey methods, but may be implemented using collection of secondary data from NACCHO membership by phone calls, websites review or other similar methods that are designed to answer the question more quickly and efficiently. This project will build capacity in the governmental public health system by focusing on public health systems and organizational improvement, data-driven decision making, utilizing and enhancing state level public health data systems, assessing public health practice and services, and tracking capacity to meet nationally established standards. The project will increase health department capability to use data to inform decision-making and support evidence-based practices and policies, improve public health system situational awareness, strengthen data-driven decision making among public health leaders, better define health department technical assistance needs, and inform and guide CDC's capacity-building assistance efforts.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$475,000.00
Funding Appropriation:	TBD
Funding Statutory Authority:	TBD

Expected Project Length:	5 Years
Recipient Organizational Capacity:	The applicant should represent local public health agencies in the United States, the U.S. Territories, and the District of Columbia, and the public health professionals these agencies employ. The applicant's primary function should be to track, evaluate, and advise members on the impact and formation of public or private health policy which may affect them and to provide them with guidance and technical assistance on improving the nation's health.
Recipient Program Experience:	The applicant should have experience in conducting surveys, drafting final reports, and disseminating results to public health practitioners. The applicant should have experience being engaged in cooperative agreements with CDC and should have adequate program experience in proposed project area of expertise.
Expectations for Collaboration:	The applicant should propose a collaborative approach to conduct and design the Profile and FOC surveys. A Profile Workgroup, should provide input and advice throughout the Profile study, and should include LHD leaders, state-level representatives, public health researchers, and representatives from CDC and other key partners. Their input ensures that the survey assesses relevant, timely, and important factors affecting LHD infrastructure, activities, and capacity. Specific collaborative activities to support specific objectives are described below: • The applicant may work closely with the recipient for the state profile study to harmonize instruments, focusing on question wording, definitions, and survey timing. • State-level representatives (state health agency staff and leaders of state associations for local public health) are the most critical partners during survey administration. Additionally, state-level contacts are critical partners to encourage LHDs to respond to surveys, and as important communications channels for sharing results of surveys with LHDs. • The applicant may work with a wide range of organizations to disseminate information from the surveys. In addition to using own communication vehicles, the applicant may request that their public health partners use their communication vehicles (web sites, e-newsletters, list services) to publicize the availability of new findings or resources from the Profile or FOC surveys.
Expected Subcontractual Work and Criteria:	Some IT external support is needed to develop and maintain web-based survey instrument and administer web based searchable database. Independent evaluation of data quality and psychometric testing of the instrument, as well as, impact evaluation can be outsourced to independent consultant(s).
General Instructions for Use of Funds:	Work engaging subcontractors, any major changes in the work plan need prior approval of the CDC technical monitor and project officer
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Objective 1 Develop a questionnaire instrument to collect relevant, timely, and critical information on LHD infrastructure and activities for the Profile survey. Objective 1 Activities: • Work with Profile workgroup and other key stakeholders to identify appropriate content for the survey. • Develop survey instrument for 2025 Profile study. • Develop, test, and pilot the web-based system for administering surveys Objective 2 Administer the core Profile survey to every defined LHD and the supplemental modules questions of the Profile survey to a statistical frame or sample of LHDs using methods designed to achieve high levels of LHD participation. Objective 2 Activities: • Finalize denominator/population for 2025 Profile study • Conduct outreach to state-level champions and publicize the upcoming Profile survey to LHDs • Launch the Profile survey and provide technical support to respondents via telephone and e-mail • Conduct follow-up activities (including e-mail and telephone reminders) to achieve a high response rate survey Objective 3 Inform public health policy and practice by sharing data and findings from the 2025 Forces of Change survey with public health practitioners, policy-makers, and researchers. Objective 3 Activities: • Disseminate product(s) that summarize findings from the 2025 Forces of Change survey • Make the 2025 Forces of Change data available to stakeholders, researchers, and practitioners via a data use policy • Promote the findings and available data via a website, publications, and communication channels of partner organizations • Conduct evaluation of the effects of changes in resources (funding, workforce) from the 2025 Forces of Change results at LHD level on health outcomes Objective 4 Continue to improve the scientific rigor and usefulness of the Profile and Forces of Change studies via quality improvement processes Objective 4 Activities: • Conduct review of instrument performance of 2025 Forces of Change questionnaire and 2025 Profile questionnaire • Complete evaluation of 2025 Profile 2025 Forces of Change studies according to plan and apply lessons learned to next studies Objective 5 Redesign data collection process to assess efficiency (timeliness) of the communication of the results to practitioners and policy makers, while lowering the burden for the surveys to respondents by collecting secondary data and using non-survey methods of data collection (phone calls, website searches etc.) Objective 5 Activities: Develop processes and tools that enable more frequent and timely access to data and information about LHDs Create and maintain a web-based searchable panel (longitudinal) database on financial, labor and other resources used in delivery of public health services at local level by better alignment of collected data with available secondary sources of data (from Census Bureau and federal agencies (CDC, HRSA, USDA etc.) on health outcomes

Process Measures:	Objective 1 Process measures: Number of respondents in Profile pilot study Number of stakeholders involved in developing Profile survey Objective 2 Process measures Number of TA instances provided during 2025 Profile administration Type of TA Topics of TA Number of follow-up activities during Profile administration Types of follow-up activities during Profile administration Response rate to 2025 Profile survey Objective 3 Process measures Number of disseminations of 2025 Forces of Change Products Number of downloads/views of products Number of data requests Objective 4 Process measures Report of 2025 Profile and 2025 Forces of Change instrument performance Objective 5 Process measures Number of tools to provide access to data.
Outputs:	Objective 1 Outputs: • Web-based survey instrument for the 2025 Profile and FOC studies Objective 2 Outputs: • Outreach plan • Aggregate data on technical assistance provided Objective 3 Outputs: • Product(s) summarizing findings of 2025 Forces of Change • Report summarizing dissemination activities • Report the results of evaluation Objective 4 Outputs: • Evaluation of performance of 2025 Profile and 2025 Forces of Change questionnaires. • Report summarizing recent evaluation findings • Recommendations for content of future surveys Objective 5 Outputs: Tools to provide timely access to data, Web-based search options and recommendations.
Budget Period Outcomes:	Objective 1 Outcomes: • LHD leaders and staff understand the Profile questionnaire and can easily use the web-based survey system • Topics included in the Profile and questionnaire are useful to public health practitioners at local, state, and federal levels Objective 2 Outcomes: • State champions actively promote participation in the Profile survey by LHDs in their states • Increase in knowledge of LHD staff and leaders about plans for conducting and the importance of the Profile survey • LHDs demonstrate support of the Profile survey as measured by a high participation rate: greater than 65%. Objective 3 Outcomes: • Enhanced local public health research and education efforts with the increased knowledge and awareness of LHD infrastructure, practice, and capacity gained through information from the 2025 Forces of Change survey. This will inform the development of better evidence-based practices Objective 4 Outcomes: • Increase the relevancy and usefulness of Profile and 2025 Forces of Change data and findings for LHDs, researchers, and policy-makers Objective 5 Outcomes: Timely data on LHD activities, structure, resources, and emerging needs will be accessible to LHD leaders and staff. Data access, analytics and reporting will be designed to meet the information needs of LHDs, and support agency-level assessment, benchmarking and planning efforts.
Outcome Measures:	Response rates for Profile and FOC surveys are higher than 55%

Project Title:	**Partnerships and Policy in the US Territories and Freely Associated States**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Territorial health departments, specifically those in the US territories (Puerto Rico, the US Virgin Islands (USVI), American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), and Guam) and freely associated states (the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau (Palau)). Relevant sub-populations include health officials and health department staff.**
Project Plan Details	
Project Purpose:	The United States territories and freely associated states (T/FAS) face unique challenges to improving their organizational and systems infrastructure and performance across the public health system. T/FAS health systems are strained by workforce shortages, insufficient public health infrastructure, and the double burden of communicable and non-communicable diseases. Capacity building assistance (CBA) for the T/FAS should be tailored to their local contexts to improve health outcomes and reduce health inequities. This project will provide CBA to improve the overall performance of the public health systems in the T/FAS. The recipient will provide CBA to the population of interest, governmental public health departments in the T/FAS, to support their partnership development and engagement and policy and programs. The recipient will work directly with T/FAS health departments to provide strategic support and technical assistance, to share information and resources, and to provide training and materials development as needed. Through this CBA, the recipient will support T/FAS governmental health systems in their efforts to improve the health and wellbeing of the populations they serve.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$150,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient should have a robust and established infrastructure of professionals familiar with the public health field, ability to provide support policy and business process improvement technical assistance and familiarity in working with relevant actors in the US territories and freely associated states (T/FAS). The recipient should have comfort and ease navigating relationships with high level government officials, policy makers and health officials. Due to time differences between T/FAS jurisdictions and strong preference for in person collaboration, recipient must be flexible and able to conduct and coordinate work at later times virtually and travel far distances to meet focus population in person. The recipient should also be familiar with booking and coordinating travel to/from the T/FAS so that they can coordinate on site TA, site visits, and reverse site visits as needed.

Recipient Program Experience:	The recipient should have extensive experience supporting the territories and freely associated states. An understanding of the health systems context of the T/FAS including cultural awareness, geographic realities, health disparities, and public health infrastructure is necessary. Experience working directly with health officials and key health department personnel is preferred. The recipient should be familiar with other key stakeholders in the T/FAS including NGOs, federal agencies, and international organizations. Experience coordinating and facilitating working groups with representatives from T/FAS jurisdictions and other partners working in/with the T/FAS. Familiarity with policies affecting T/FAS and experience convening and educating policy decision-makers to incorporate T/FAS priorities into policy agendas is preferred.
Expectations for Collaboration:	The recipient should collaborate with other organizations that provide capacity building assistance to T/FAS health systems, health departments, and health officials. They should also be prepared to collaborate with other partners working in the regions as needed including but not limited to: international organizations, universities, non-governmental organizations, federal partners, and other entities.
Expected Subcontractual Work and Criteria:	No subcontractual work anticipated
General Instructions for Use of Funds:	Funds should primarily be used for: - Personnel salaries & benefits - Travel to relevant conferences, convenings and for appropriate site visits for recipient staff (and related accommodation such as hotels, per diem, etc.) - Travel to relevant conferences, convenings and for appropriate site visits for focus population (and related accommodation such as hotels, per diem, etc.) - Development of materials such as training programs, policy communications and informational materials - Contracts to relevant groups for specialized work and skills not readily available within the recipient organization Funds can also be used for: - Operational expenses (supplies, vital equipment and contributions to licenses)
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Direct engagement with T/FAS health officials and governmental public health department staff to identify key priorities and needs for CBA • Coordinate regularly with other partners in the region to provide CBA that is tailored to T/FAS priorities and capacity • Plan and host regular virtual workgroups to address specific topics of interest identified by T/FAS partners. Workgroups should have clear annual deliverables which could include reports, information campaigns, and best practices • Develop communication materials to support T/FAS health departments in conveying their needs for CBA to other partners • Solicit feedback and input on workgroup deliverables from cross-sectoral and multidisciplinary partners (ie. NGOs, academic institutions, environmental health, finance, and more) • Leverage existing partnerships to disseminate workgroup deliverables to increase awareness of T/FAS health department needs, priorities, and challenges
Process Measures:	• Each workgroup will produce at least one deliverable that has been reviewed and revised based on feedback from 4+ of the 8 T/FAS jurisdictions. • The recipient will meet with key partners at least quarterly including members from 6+ T/FAS to coordinate CBA efforts for the population of focus and identify areas of collaboration
Outputs:	• At least one communication product (ex: report, presentation, infographic, one pager, publication) will be developed to describe T/FAS governmental health department needs for CBA • All communication products will be presented to at least one new partner who may be able to support the CBA request • Development of a peer-to-peer network for workgroup participants
Budget Period Outcomes:	• Workgroup participants improve capacity to strategically engage with partners by using workgroup deliverables to share information about best practices for T/FAS health system strengthening • Workgroup participants have increased awareness of partners that support T/FAS health departments and use the peer-to-peer network to share resources and solicit partner feedback • Using the peer-to-peer network facilitated by the workgroups, partners strengthen their engagement with the population of focus
Outcome Measures:	• 75% (6/8) of T/FAS governmental public health departments report establishing or strengthening a partnership as a result of the CBA provided by the recipient
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Develop, implement, scale up, maintain, and evaluate existing programs the recipient has for providing CBA to the population of focus • Synthesize and analyze information about policies affecting the T/FAS (ie territorial Medicaid, Compacts of Free Association, etc) to share plain language summaries with T/FAS health departments • Provide technical support to T/FAS health departments to assist them in interpreting policies and developing strategic plans to follow and leverage policies to support health system strengthening • Engage partners on policy priorities established by the population of focus • Facilitate the dissemination of knowledge and the adoption of evidence-based and evidence-informed policies, programs, and initiatives • Identify and promote innovations and models of excellence that can contribute to new approaches • Plan and host an event (ex: roundtable) where the population of focus can strategize approaches to advocating for their policy needs
Process Measures:	• Representatives from at least half (4/8) of the T/FAS will participate in the event (ex: roundtable) to strategize approaches for policy advocacy • The recipient should do at least one of the following: o Expand an existing program to a new jurisdiction o Tailor an existing program to more effectively meet the CBA needs o Conduct an evaluation on an existing program to inform future CBA strategies
Outputs:	• Development of at least one communication product (press release, report, summary, bulletin, webpage, etc) to analyze a policy affecting T/FAS health departments • Development of at least one communication product (press release, report, summary, bulletin, webpage, etc) to educate policymakers on the priorities and needs of T/FAS health departments
Budget Period Outcomes:	• T/FAS public health staff have a better understanding of how to advocate and describe their policy and programmatic priorities • Policy makers have increased awareness of T/FAS governmental public health priorities through more effective advocacy through recipient CBA • The recipient can expand their programs to provide high quality, equitable CBA to more T/FAS governmental health departments
Outcome Measures:	• Representatives from at least 50% (4/8) of T/FAS governmental health departments report that they felt more prepared to constructively engage with health policy and policy makers as a result of CBA provided by the recipient.

Project Title:	**Profile Study of State Health Departments: Infrastructure & Workforce**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	This project will collect and report reliable and credible information on State Public Health departments. Qualitative and quantitative data will be collected to understand the variability and differences in the structure and function of state governmental public health departments/agencies (referred as Health Department). The Profile study will collect data to provide a comprehensive characterization of the state health department's organization, financial, workforce, and information technology resources. The Profile will provide data on sensitive and emerging public health issues that affect state health departments and the populations they serve. Additionally, the Profile study will develop survey items to assess Public Health Infrastructure Objectives in Healthy People 2030, monitor and evaluate quality improvement initiatives, track progress of accreditation of state health departments, characterize the public health system and contribute to public health services research. In an effort to reduce reporting burden, when appropriate the Profile will make use of relevant secondary data that aligns with States. The study is expected to be dynamic in nature and to periodically consult with experts to update survey items, apprise changes in the field, monitor health of populations and align survey items to assess topics in Healthy People 2030. The Profile Survey is an important and unique source of data for the public health community. The survey will be conducted every 3 years followed by an intense period of data analysis and dissemination of exceptional communication products to the larger public health community. During the 3-year cycle in consultation with experts, there is a period of intense planning which leads to re-engineering of the Profile, revisions to the survey, the dashboard, and publications. The most recent Profile survey was completed in 2022. This project will build capacity in the governmental public health system by focusing on public health systems and organizational improvement, data-driven decision making, utilizing and enhancing state level public health data systems, assessing public health practice and services, and tracking capacity to meet nationally established standards. The project will increase health department capability to use data to inform decision-making and support evidence-based practices and policies, improve public health system situational awareness, strengthen data-driven decision making among public health leaders, better define health department technical assistance needs, and inform and guide non-governmental organizations and CDC's capacity-building assistance efforts.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$335,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years

Recipient Organizational Capacity:	The applicant should have the ability to reach across every State and Territorial health department in the United States, the U.S. Territories, and the District of Columbia, and be recognized as the source of information for the thousands of public health professionals these agencies employ. The applicant's primary function should be to track, evaluate, and advise members on the impact and formation of public or private health policy and public health, which may affect them and to provide them with guidance and technical assistance on improving the Nation's health.
Recipient Program Experience:	The applicant should have the expertise on survey methods, data analysis, development of dashboards, communications, scientific publications, and the infrastructure to access leaders in State and Territorial health departments. The applicant should have experience being engaged in cooperative agreements with CDC and should have adequate program experience in proposed project area of expertise.
Expectations for Collaboration:	The applicant should propose a collaborative approach to conduct and design the Profile surveys. A Profile Advisory Workgroup, is required to provide scientific, methodological and public health input and advice throughout the Profile study, and should include public health leaders familiar with local and state health departments, public health researchers, representatives from CDC and other key partners from the public health community. Their input ensures that the survey assesses relevant, timely, and important factors affecting State and Territorial infrastructure, activities, and capacity. Specific collaborative activities to support specific objectives are described below: • The applicant may work closely with the recipient for the Local Profile study to harmonize instruments, focusing on question wording, definitions, reducing burden, and survey timing. • Local-level representatives (local health agency staff and leaders of state associations for local public health) are important partners to coordinate survey administration and lessen duplication. • State-level representatives are the most critical partners during survey administration and should be asked to collaborate throughout the phases of the Profile study. • The applicant may work with a wide range of organizations to disseminate information from the surveys. In addition to using their own communication vehicles, the applicant may request various public health partners to use their communication vehicles (web sites, e-newsletters, list services) to publicize the availability of new findings or resources from the Profile.
Expected Subcontractual Work and Criteria:	The project may require IT external support to develop and maintain the web-based survey instrument, transfer data to adequate system, and administer a web-based searchable database; and for the development and maintenance of a dashboard. Subcontractor may be required to assist with sub analysis of data, writing reports and dissemination of major findings. Independent evaluation of data quality and psychometric testing of the instrument, as well as, impact evaluation can be outsourced to independent consultant(s).
General Instructions for Use of Funds:	Work engaging subcontractors, any major changes in the work plan need prior approval of the CDC technical monitor and project officer.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Objective 1 Activities: • Work with Profile workgroup and other key constituents to identify appropriate content for the survey. • Develop survey instrument for 2025 Profile study. • Develop, test, and pilot the web-based system for administering surveys. Objective 2 Administer the Profile survey to every health department/agency in the United States, US Territories and freely Associated States. Objective 2 Activities: • Plan and set milestones related to the development and implementation of the 2025 Profile study. • Conduct outreach to key constituent groups to publicize the upcoming Profile survey. • Launch the Profile survey and provide technical support to respondents via telephone and e-mail. • Conduct follow-up activities (including e-mail and telephone reminders) to achieve a high response rate to the survey. • Provide CDC with timely updates. Objective 3 Inform public health policy and practice by sharing data and findings from the 2025 Profile survey with public health practitioners, policy-makers, and researchers. Objective 3 Activities: • Analyze and interpret data; summarize key findings and strategize on the development of dissemination products. • Make the 2025 Profile data available to constituents, researchers, and practitioners via a data use policy. • Promote the findings and available data via a website, dashboard, publications, and communication channels of partner organizations. • Conduct evaluation of the effects of changes in resources (funding, workforce) from the 2025 Profile. Develop agenda of topics and publications for State and Territorial level on health outcomes. • Conduct analysis of the 2025 Profile's key variables that affect State and Territorial Health Departments/Agencies. Objective 4 Continue to improve the scientific rigor and usefulness of the Profile via quality improvement processes. Objective 4 Activities: • Conduct review of instrument performance of 2025 Profile questionnaire. • Complete evaluation of 2025 Profile studies according to plan and apply lessons learned to next iteration of the Profile. Objective 5 Redesign data collection process to assess efficiency (timeliness) of the communication of the results to practitioners and policy makers, while lowering the burden for the surveys to respondents by collecting secondary data and using non-survey methods of data collection (phone calls, website searches etc.)

	Objective 5 Activities: Develop processes and tools that enable more frequent and timely access to data and information about State and Territorial Health Departments • Create and maintain a web-based searchable panel (longitudinal) database on financial, labor and other resources used in delivery of public health services at the State and Territorial level by better alignment of collected data with available secondary sources of data (from Census Bureau and federal agencies (CDC, HRSA, USDA etc.) on health outcomes. • Promote the findings and available data via a website, publications, and communication channels of partner organizations.
Process Measures:	Objective 1 Process measures: Number of respondents in Profile pilot study. Number of stakeholders involved in developing Profile survey. Objective 2 Process measures: Number of Technical Assistance (TA) instances provided during 2025 Profile administration. Type of TA. Topics of the TA. Number of follow-up activities during Profile administration. Types of follow-up activities during Profile administration. Response rate to 2025 Profile survey. Objective 3 Process measures: Number of products and disseminations of 2025 Profile. Number of downloads/views of products. Number of data requests. Objective 4 Process measures: Report of 2025 Profile instrument performance. Objective 5 Process measures Number of products created and tools to provide access to data.
Outputs:	Objective 1 Outputs: • Web-based survey instrument for the 2025 Profile study Objective 2 Outputs: • Outreach and promotion plan. • Aggregate data on technical assistance provided. Objective 3 Outputs: • Product(s) summarizing findings of the 2025 Profile. • Summary report of major findings for States and Territories. Report summarizing dissemination activities • Report of the evaluation. Objective 4 Outputs: • Evaluation of the performance of 2025 Profile questionnaire. • Report summarizing recent evaluation findings • Recommendations for content of future surveys. Objective 5 Outputs: Tools to provide timely access to data, Web-based search options and recommendations.

Budget Period Outcomes:	Objective 1 Outcomes: • State and Territorial leaders and staff will understand the Profile questionnaire and easily use the web-based survey system • Topics included in the Profile questionnaire are relevant, meaningful and useful to public health practitioners at local, state, and federal levels. Objective 2 Outcomes: • State and Territorial champions actively promote the importance and participation in the Profile survey. • Increase in knowledge of staff and leaders about the importance and familiarity with the plan to conduct the Profile survey. • States and Territories demonstrate support of the Profile survey as measured by a timely response and overall high participation rate. Objective 3 Outcomes: • Enhanced State and Territorial public health systems research and education efforts that increase knowledge and awareness of the infrastructure, practice, activities, and capacity gained through information from the 2025 Profile. This will inform the development of better evidence-based practices. Objective 4 Outcomes: • Increase the relevancy and usefulness of Profile data and findings for public health practitioners, researchers, and policy-makers. Objective 5 Outcomes: • Timely data on public health activities, structure, resources, and emerging needs will be accessible to STLTS leaders and staff. Data access, analytics and reporting will be designed to meet the information needs of health departments, and support agency-level assessment, benchmarking and planning efforts.
Outcome Measures:	Response rate to Profile: no less than 90%

Project Title:	**Big City/Large Metro Senior Deputy Partnership Development and Engagement**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Big City/large metro (local) health department senior deputies**
Project Plan Details	
Project Purpose:	To improve the performance of the public health systems at the local and county level, CDC will support the development of senior leaders such as the principal deputy directors and chief financial officers at selected local and county health departments that are currently receiving direct funding from CDC. The main goal of this project is to improve knowledge, management, implementation, and development of evidence public health best practices on the areas of foundational capabilities, quality improvement and workforce development.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$350,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient would be an organization that has a relationship with big city/large metro health officials that could identify senior deputies to engage in this program.
Recipient Program Experience:	Recipient should be able to organize and support efforts to enhance engagement. Experience in developing training opportunities for senior level executives is necessary.
Expectations for Collaboration:	There is an expectation that the recipient and the technical monitor from CDC would coordinate opportunities for big cities/large metro health directors to engage in meaningful partnership.
Expected Subcontractual Work and Criteria:	Depending on the leadership needs identified, there may need to be a need to subcontract for training needs that do not exist in the within the organization. Change management and leadership training opportunities are potential examples.
General Instructions for Use of Funds:	
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

Activities:	- Develop and maintain an executive level network that includes big city/large metro health department senior deputies. - Develop and implement leadership development curriculum. - Conduct quarterly virtual convenings with the deputies' network. - 2 national convenings of public health department deputy directors and CFOs, one of them in Atlanta, to support establishing key public health partnerships. - Develop and implement a performance and impact evaluation plan.
Process Measures:	- Number of executive level leaders engaged and participating in network. - Number of quarterly webinars held. - Number of in-person meetings held.
Outputs:	Quarterly webinars and two in-person meetings. Evaluation report of the project.
Budget Period Outcomes:	Curriculum learning objectives met and evaluation results processed.
Outcome Measures:	Percentage of population of focus reporting enhanced skill and ability in curriculum's identified learning objectives.

Project Title:	**Cross-Sector Systems Improvement Technical Assistance for State Health Department Partnerships**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State Health Department**
Project Plan Details	
Project Purpose:	Health departments have various unique performance and systems improvement needs that must be addressed in advancing their organizational capacity and cross-sector collaboration in delivering the 10 essential public health services in 3 core areas of public health. This increased capacity can lead to increased access to care for communities and improved health outcomes through coordination and collaboration. Health is not created in one sector or level of the public health system. This requires innovative design, communication, partnering, planning, implementation, evaluation, and improvement across sectors. The health department is well positioned to serve as the community health strategist that partners across sectors, as well as brings multiple sectors together to identify and co-develop solutions to address the key health needs of the communities they serve to advance equity and improve population health through partnership, collective impact, and systems improvement. The State HD Cross-Sector Systems Improvement project's goal is to provide customized direct TA and/or small amounts of dedicated funding to state health departments to advance or engage in cross-sector systems improvement activities (for example, state health departments and transportation; state health departments and housing; state health department and hospitals; health departments and community development; partnering with CBOs to engage the community; partnering with organizations to develop/deliver cross-sector training, tools, resources; partnering with organizations to hold national forums, listening sessions, townhalls, expert panels, national conversations on cross-sector focused topics and priorities; etc…). This can also include cross-jurisdictional collaborations and partnerships (for example, state and local health departments; Tribal and state health departments; etc..)
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$800,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Successful applicant should have capacity to support public health infrastructure and capacity building activities for state governmental public health departments and systems, in particular, collaboration/partnership development and systems/performance improvement. Applicant should have broad reach and a high level of expertise to engage state governmental public health departments nationwide and across jurisdictions.

Recipient Program Experience:	Successful applicants will have in depth knowledge and experience working with state governmental public health agencies, departments, and systems. They will have a history of positive engagement with state governmental public health and local public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities, in particular, systems and performance improvement. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement.
Expectations for Collaboration:	All activities will be conducted in collaboration with CDC to develop and refine strategies and activities of the workplan, as well as work with other national partners, subject matter experts, and interested parties/groups as appropriate. Regular check-in calls, review of materials, and more will occur. Awardee will disseminate findings to national partners and other stakeholders. Applicants funded under this cooperative agreement will be expected to proactively collaborate, coordinate, and synergize activities with each other where and when it makes sense to advance mutual goals, project objectives, and to provide coordinated support to governmental public health departments and their cross-sector partnerships.
Expected Subcontractual Work and Criteria:	None explicitly required, but applicants may propose sub-contract work as appropriate to advance the project objectives. Subcontracting with organizations and community-based organizations that are representative of awardees/TA recipients/populations served to develop and provide relevant and responsive TA and resources should be considered and discussed with CDC.
General Instructions for Use of Funds:	Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Organizational Capacity and Performance Improvement activities can include, but are not limited to: • • Assess existing resources available to HDs to advance cross-sector systems improvement • Assess HD cross-sector systems improvement needs, assets, gaps, opportunities • Develop and disseminate new tools and resources for HDs to advance cross-sector systems improvement
Process Measures:	Can include, but are not limited to: Tracking of TA requests (Increase by 10%) Tracking of TA delivery (Increase by 10%) Dissemination of resources (Increase by 5%)
Outputs:	Can include, but are not limited to: • Environmental scan document of existing resources • Field needs assessment • Plan to develop tools/resources
Budget Period Outcomes:	Can include, but are not limited to: • Identification and understanding of available resources, resource gaps, field needs • Potential Plan to develop resources to fill identified gaps • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	At least 70% of TA recipients reporting increased awareness or understanding of collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Partnership Development and Engagement activities can include, but are not limited to: • Facilitate in-person and/or virtual meaningful peer-to-peer engagements between HDs and their cross-sector partners • Convene townhalls, expert panels, national conversations, listening sessions, etc, relevant to understanding and advancing cross-sector systems improvement
Process Measures:	Can include, but are not limited to: • Number of in-person/virtual convenings held (At least 3) Number of peer-to-peer engagements held/facilitated (At least 4)
Outputs:	Can include, but are not limited to: • Annual convening(s) Peer-to-peer sharing calls • Peer-to-peer virtual community • Peer-to-peer community of practice
Budget Period Outcomes:	Can include, but are not limited to: • Movement along the partnership and collaboration spectrum within HDs and their cross-sector partners Facilitated opportunity for communication across sectors on shared cross-sector systems improvement interests and responsibilities. • Networking and collaboration opportunities across sectors and HDs
Outcome Measures:	At least 70% of TA recipients reporting increased collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Policy and Programs**

Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Policy and Programs activities can include, but are not limited to: • • Identify and disseminate promising and best practices, success stories, lessons learned
Process Measures:	Can include, but are not limited to: • Number of examples/best practices shared (At least 2)
Outputs:	Can include, but are not limited to: • Criteria for promising and best practices • Success story and lesson learned plan, development, creation
Budget Period Outcomes:	Can include, but are not limited to: • Improved leadership decision-making to address public health needs strategically and systematically
Outcome Measures:	At least 70% of TA recipients reporting increased awareness of promising and best practices related to collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Workforce**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Workforce activities can include, but are not limited to: • • Plan and deliver TA and training on existing and new tools, strategies, and resources to advance cross-sector systems improvement (this can include mini-grants to support TA and training) • Develop and conduct webinars relevant to cross-sector systems improvement
Process Measures:	Can include, but are not limited to: • Number of HD/Sites selected for TA and training cohorts (At least 9 teams) Number of webinars and trainings delivered (At least 3) Number participation in webinars, training, events delivered (Increase by 5%)
Outputs:	Can include, but are not limited to: • TA and training plan and or framework • Documentation of TA provided • RFA/RFP for mini-grants • TA and training materials, plans, modules, etc… • Pre- and post-training and TA feedback At least 3 annual webinars Webinar and convening registration numbers and participant type

Budget Period Outcomes:	Can include, but are not limited to: Increased number of practitioners are aware of available cross-sector systems improvement TA • Increased number of practitioners use/receive available cross-sector systems improvement TA • Practitioners are better prepared and skilled to conduct cross-sector systems improvement work • Practitioners completing cross-sector projects addressing cross-sector systems improvement using TA resources Improved knowledge and skills among training attendees on how to advance cross-sector systems improvement • Attendees and awardees building and sustaining cross-sector partnerships to advance cross-sector systems improvement • Demonstrated value of cross-sector system improvement TA and training
Outcome Measures:	At least 70% of TA recipients reporting increased satisfaction with TA and training delivered and increased collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)

Project Title:	**State Health Department Deputy and Chief Financial Officer Network and Collaboration Effort**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Senior Deputies and CFOs in state health departments/agencies**
Project Plan Details	
Project Purpose:	To improve the performance of the public health systems at the State level, CDC will support the development of senior leaders such as the principal deputy directors and chief financial officers of the health departments that are currently receiving direct funding from CDC. The main goal of this project is to improve knowledge, management, implementation, and development of evidence public health best practices on the areas of foundational capabilities, quality improvement and workforce development.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Workforce Development (DWD)
Proposed FY24 Project Funding Total:	$800,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The applicant must have ongoing and direct communication and relationships with all State Senior Deputies and CFOs in the public health departments/agencies.
Recipient Program Experience:	Proven working relationship with all State Senior Deputies and CFOs in the public health departments/agencies.
Expectations for Collaboration:	The applicant will be expected to collaborate with the CDC in coordinating all project activities.
Expected Subcontractual Work and Criteria:	None
General Instructions for Use of Funds:	This project will include the planning, implementation, coordination and convening of a new Deputy to Deputy workgroup and the CFO Workgroup with the primary goal of improving relationships, coordination, program implementation and management practices at state health departments.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Committees will be established to address key issues that are crucial for the advancement and support of senior deputy and CFO leadership development within state health departments.
Process Measures:	75 % Participation Rate: The percentage of eligible leaders who actively engage in development programs. Yearly evaluation of the committee efforts and assessment from participants on the quality and impact of leadership development activities.

Outputs:	The results will be transparent procedures and strategies aimed at enhancing the efficiency of the public health system.
Budget Period Outcomes:	Advancement and improvement in public health as a result of committee efforts
Outcome Measures:	The outcomes will include better working relationships, stronger partnerships, more frequent and two-way communications, collaborative problem solving and improved public health program implementation.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	- Develop and maintain an executive level network that includes state health department senior deputies and CFOs. - Develop and implement leadership development curriculum. - Conduct quarterly virtual convenings with the deputies' network. - 2 national convening of state health department deputy directors and CFOs, one of them in Atlanta, to support establishing key public health partnerships. - Develop and implement a performance and impact evaluation plan.
Process Measures:	- Number of executive level leaders engaged and participating in network. - Number of leadership development opportunities offered. - Number of quarterly webinars held. - Number of in-person meetings held.
Outputs:	- Quarterly webinars and two in-person meetings. - Evaluation report of the project.
Budget Period Outcomes:	Curriculum learning objectives met and evaluation results processed.
Outcome Measures:	Percentage of population of focus reporting enhanced skill and ability in curriculum's identified learning objectives.

Project Title:	**Cross-Sector Systems Improvement Technical Assistance for Tribal Health Department Partnerships**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Tribal public health departments**
Project Plan Details	
Project Purpose:	Health departments have various unique performance and systems improvement needs that must be addressed in advancing their organizational capacity and cross-sector collaboration in delivering the 10 essential public health services in 3 core areas of public health. This increased capacity can lead to increased access to care for communities and improved health outcomes through coordination and collaboration. Health is not created in one sector or level of the public health system. This requires innovative design, communication, partnering, planning, implementation, evaluation, and improvement across sectors. The health department is well positioned to serve as the community health strategist that partners across sectors, as well as brings multiple sectors together to identify and co-develop solutions to address the key health needs of the communities they serve to advance equity and improve population health through partnership, collective impact, and systems improvement. The Tribal HD Cross-Sector Systems Improvement project's goal is to provide customized direct TA and/or small amounts of dedicated funding to Tribal health departments to advance or engage in cross-sector systems improvement activities (for example, Tribal health departments and transportation; Tribal health departments and housing; Tribal health department and hospitals; health departments and community development; partnering with CBOs to engage the community; partnering with organizations to develop/deliver cross-sector training, tools, resources; partnering with organizations to hold national forums, listening sessions, townhalls, expert panels, national conversations on cross-sector focused topics and priorities; etc…). This can also include cross-jurisdictional collaborations and partnerships (for example, Tribal and local health departments; Tribal and state health departments; etc..)
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$600,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Successful applicant should have capacity to support public health infrastructure and capacity building activities for Tribal governmental public health departments and systems, in particular, collaboration/partnership development and systems/performance improvement. Applicant should have broad reach and a high level of expertise to engage Tribal governmental public health departments nationwide and across jurisdictions.

Recipient Program Experience:	Successful applicants will have in depth knowledge and experience working with Tribal governmental public health agencies, departments, and systems. They will have a history of positive engagement with Tribal governmental public health and local public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities, in particular, systems and performance improvement. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement.
Expectations for Collaboration:	All activities will be conducted in collaboration with CDC to develop and refine strategies and activities of the workplan, as well as work with other national partners, subject matter experts, and interested parties/groups as appropriate. Regular check-in calls, review of materials, and more will occur. Awardee will disseminate findings to national partners and other interested/impacted parties. Applicants funded under this cooperative agreement will be expected to proactively collaborate, coordinate, and synergize activities with each other where and when it makes sense to advance mutual goals, project objectives, and to provide coordinated support to governmental public health departments and their cross-sector partnerships.
Expected Subcontractual Work and Criteria:	None explicitly required, but applicants may propose sub-contract work as appropriate to advance the project objectives. Subcontracting with organizations and community-based organizations that are representative of awardees/TA recipients/populations served to develop and provide relevant and responsive TA and resources should be considered and discussed with CDC.
General Instructions for Use of Funds:	Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Organizational Capacity and Performance Improvement activities can include, but are not limited to: • • Assess existing resources available to HDs to advance cross-sector systems improvement • Assess HD cross-sector systems improvement needs, assets, gaps, opportunities • Develop and disseminate new tools and resources for HDs to advance cross-sector systems improvement
Process Measures:	Can include, but are not limited to: • Tracking of TA requests (Increase by 10%) Tracking of TA delivery (Increase by 10%) Dissemination of resources (Increase by 5%)
Outputs:	Can include, but are not limited to: • Environmental scan document of existing resources • Field needs assessment • Plan to develop tools/resources
Budget Period Outcomes:	Can include, but are not limited to: • Identification and understanding of available resources, resource gaps, field needs • Potential Plan to develop resources to fill identified gaps • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	At least 70% of TA recipients reporting increased awareness or understanding of collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Partnership Development and Engagement activities can include, but are not limited to: • Facilitate in-person and/or virtual meaningful peer-to-peer engagements between HDs and their cross-sector partners • Convene townhalls, expert panels, national conversations, listening sessions, etc, relevant to understanding and advancing cross-sector systems improvement
Process Measures:	Can include, but are not limited to: • Number of in-person/virtual convenings held (At least 3) Number of peer-to-peer engagements held/facilitated (At least 4)
Outputs:	Can include, but are not limited to: • Annual convening(s) Peer-to-peer sharing calls • Peer-to-peer virtual community • Peer-to-peer community of practice
Budget Period Outcomes:	Can include, but are not limited to: • Movement along the partnership and collaboration spectrum within HDs and their cross-sector partners Facilitated opportunity for communication across sectors on shared cross-sector systems improvement interests and responsibilities. • Networking and collaboration opportunities across sectors and HDs
Outcome Measures:	At least 70% of TA recipients reporting increased collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Policy and Programs**

Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Policy and Programs activities can include, but are not limited to: • Identify and disseminate promising and best practices, success stories, lessons learned
Process Measures:	Can include, but are not limited to: • Number of examples/best practices shared (At least 2)
Outputs:	Can include, but are not limited to: • Criteria for promising and best practices • Success story and lesson learned plan, development, creation
Budget Period Outcomes:	Can include, but are not limited to: • Improved leadership decision-making to address public health needs strategically and systematically
Outcome Measures:	At least 70% of TA recipients reporting increased awareness of promising and best practices related to collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Workforce**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Workforce activities can include, but are not limited to: • • Plan and deliver TA and training on existing and new tools, strategies, and resources to advance cross-sector systems improvement (this can include mini-grants to support TA and training) • Develop and conduct webinars relevant to cross-sector systems improvement
Process Measures:	Can include, but are not limited to: • Number of HD/Sites selected for TA and training cohorts (At least 9 teams) Number of webinars and trainings delivered (At least 3) Number participation in webinars, training, events delivered (Increase by 5%)
Outputs:	Can include, but are not limited to: • TA and training plan and or framework • Documentation of TA provided • RFA/RFP for mini-grants • TA and training materials, plans, modules, etc… • Pre- and post-training and TA feedback At least 3 annual webinars Webinar and convening registration numbers and participant type

Budget Period Outcomes:	Can include, but are not limited to: • Increased number of practitioners are aware of available cross-sector systems improvement TA • Increased number of practitioners use/receive available cross-sector systems improvement TA • Practitioners are better prepared and skilled to conduct cross-sector systems improvement work • Practitioners completing cross-sector projects addressing cross-sector systems improvement using TA resources Improved knowledge and skills among training attendees on how to advance cross-sector systems improvement • Attendees and awardees building and sustaining cross-sector partnerships to advance cross-sector systems improvement • Demonstrated value of cross-sector system improvement TA and training
Outcome Measures:	At least 70% of TA recipients reporting increased satisfaction with TA and training delivered and increased collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)

Project Title:	**Cross-Sector Systems Improvement Technical Assistance for Territorial Health Department Partnerships**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Territorial public health departments/agencies**
Project Plan Details	
Project Purpose:	Health departments have various unique performance and systems improvement needs that must be addressed in advancing their organizational capacity and cross-sector collaboration in delivering the 10 essential public health services in 3 core areas of public health. This increased capacity can lead to increased access to care for communities and improved health outcomes through coordination and collaboration. Health is not created in one sector or level of the public health system. This requires innovative design, communication, partnering, planning, implementation, evaluation, and improvement across sectors. The health department is well positioned to serve as the community health strategist that partners across sectors, as well as brings multiple sectors together to identify and co-develop solutions to address the key health needs of the communities they serve to advance equity and improve population health through partnership, collective impact, and systems improvement. The Territorial HD Cross-Sector Systems Improvement project's goal is to provide customized direct TA and/or small amounts of dedicated funding to territorial health departments to advance or engage in cross-sector systems improvement activities (for example, territorial health departments and transportation; territorial health departments and housing; territorial health department and hospitals; health departments and community development; partnering with CBOs to engage the community; partnering with organizations to develop/deliver cross-sector training, tools, resources; partnering with organizations to hold national forums, listening sessions, townhalls, expert panels, national conversations on cross-sector focused topics and priorities; etc…). This can also include cross-jurisdictional collaborations and partnerships (for example, territorial and local health departments; territorial and state health departments; etc..)
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$200,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Successful applicant should have capacity to support public health infrastructure and capacity building activities for territorial governmental public health departments and systems, in particular, collaboration/partnership development and systems/performance improvement. Applicant should have broad reach and a high level of expertise to engage territorial governmental public health departments nationwide and across jurisdictions.

Recipient Program Experience:	Successful applicants will have in depth knowledge and experience working with territorial governmental public health agencies, departments, and systems. They will have a history of positive engagement with territorial governmental public health and local public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities, in particular, systems and performance improvement. Applicant should also have demonstrated capacity and/or partnerships to deliver customized TA and training that is language-appropriate (delivered in preferred language of TA recipients), as well as during appropriate and preferred time zones for TA and training recipients. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement.
Expectations for Collaboration:	All activities will be conducted in collaboration with CDC to develop and refine strategies and activities of the workplan, as well as work with other national partners, subject matter experts, and interested parties/groups as appropriate. Regular check-in calls, review of materials, and more will occur. Awardee will disseminate findings to national partners and other interested/impacted parties. Applicants funded under this cooperative agreement will be expected to proactively collaborate, coordinate, and synergize activities with each other where and when it makes sense to advance mutual goals, project objectives, and to provide coordinated support to governmental public health departments and their cross-sector partnerships.
Expected Subcontractual Work and Criteria:	None explicitly required, but applicants may propose sub-contract work as appropriate to advance the project objectives. Subcontracting with organizations and community-based organizations that are representative of awardees/TA recipients/populations served to develop and provide relevant and responsive TA and resources should be considered and discussed with CDC.
General Instructions for Use of Funds:	Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Organizational Capacity and Performance Improvement activities can include, but are not limited to: • • Assess existing resources available to HDs to advance cross-sector systems improvement • Assess HD cross-sector systems improvement needs, assets, gaps, opportunities • Develop and disseminate new tools and resources for HDs to advance cross-sector systems improvement
Process Measures:	Can include, but are not limited to: • Tracking of TA requests (Increase by 10%) Tracking of TA delivery (Increase by 10%) Dissemination of resources (Increase by 5%)
Outputs:	Can include, but are not limited to: • Environmental scan document of existing resources • Field needs assessment • Plan to develop tools/resources
Budget Period Outcomes:	Can include, but are not limited to: • Identification and understanding of available resources, resource gaps, field needs • Potential Plan to develop resources to fill identified gaps • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	At least 70% of TA recipients reporting increased awareness or understanding of collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Partnership Development and Engagement activities can include, but are not limited to: • Facilitate in-person and/or virtual meaningful peer-to-peer engagements between HDs and their cross-sector partners • Convene townhalls, expert panels, national conversations, listening sessions, etc, relevant to understanding and advancing cross-sector systems improvement
Process Measures:	Can include, but are not limited to: • Number of in-person/virtual convenings held (At least 3) Number of peer-to-peer engagements held/facilitated (At least 4)
Outputs:	Can include, but are not limited to: • Annual convening(s) Peer-to-peer sharing calls • Peer-to-peer virtual community • Peer-to-peer community of practice
Budget Period Outcomes:	Can include, but are not limited to: • Movement along the partnership and collaboration spectrum within HDs and their cross-sector partners Facilitated opportunity for communication across sectors on shared cross-sector systems improvement interests and responsibilities. • Networking and collaboration opportunities across sectors and HDs
Outcome Measures:	At least 70% of TA recipients reporting increased collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Policy and Programs**

Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Policy and Programs activities can include, but are not limited to: • • Identify and disseminate promising and best practices, success stories, lessons learned
Process Measures:	Can include, but are not limited to: • Number of examples/best practices shared (At least 2)
Outputs:	Can include, but are not limited to: • Criteria for promising and best practices • Success story and lesson learned plan, development, creation
Budget Period Outcomes:	Can include, but are not limited to: • Improved leadership decision-making to address public health needs strategically and systematically
Outcome Measures:	At least 70% of TA recipients reporting increased awareness of promising and best practices related to collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)
Strategic Area:	**Workforce**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	The funded national partner leads efforts in collaboration with CDC to support cross-sector systems improvement activities focusing on these 8 categories: Category 1 Community Health Assessments and/or Improvement Plans Category 2 Partnership Development/Coordination/Cooperation Category 3 Community Engagement Category 4 Strategic Planning/ Foundational Plan Alignment Category 5 Workforce Development Category 6 Performance Management Category 7 Quality Improvement Activity/Project Category 8 Health Equity/Social Determinants of Health Activity/Project Activity/Intervention/Impact Levels for each of the 8 categories of work can be one or more of the following: • Public Health System • Public Health Organization/Agency • Public Health Practitioner • Community Examples of relevant Workforce activities can include, but are not limited to: • • Plan and deliver TA and training on existing and new tools, strategies, and resources to advance cross-sector systems improvement (this can include mini-grants to support TA and training) • Develop and conduct webinars relevant to cross-sector systems improvement
Process Measures:	Can include, but are not limited to: • Number of HD/Sites selected for TA and training cohorts (At least 9 teams) Number of webinars and trainings delivered (At least 3) Number participation in webinars, training, events delivered (Increase by 5%)
Outputs:	Can include, but are not limited to: • TA and training plan and or framework • Documentation of TA provided • RFA/RFP for mini-grants • TA and training materials, plans, modules, etc… • Pre- and post-training and TA feedback At least 3 annual webinars Webinar and convening registration numbers and participant type

Budget Period Outcomes:	Can include, but are not limited to: • Increased number of practitioners are aware of available cross-sector systems improvement TA • Increased number of practitioners use/receive available cross-sector systems improvement TA • Practitioners are better prepared and skilled to conduct cross-sector systems improvement work • Practitioners completing cross-sector projects addressing cross-sector systems improvement using TA resources Improved knowledge and skills among training attendees on how to advance cross-sector systems improvement • Attendees and awardees building and sustaining cross-sector partnerships to advance cross-sector systems improvement • Demonstrated value of cross-sector system improvement TA and training
Outcome Measures:	At least 70% of TA recipients reporting increased satisfaction with TA and training delivered and increased collective capacity, collective action, or collective impact either through building capacity for partnership, developing/establishing partnerships, and/or enhancing/advancing the impact of existing partnerships (positive movement along the partnership and collaboration spectrum)

Project Title:	**Executive Leadership Development for Mid-Career Public Health Professionals Representing Underrepresented Populations**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments. This program is dedicated to the development of early-career and mid-level leaders in public health from diverse backgrounds. It aims to be accessible to a nationwide pool of public health professionals representing a variety of backgrounds. Members of a racial/ethnic minority group, lesbian/gay/bisexual/transgender, and/or a person with disabilities employed in governmental public health agencies.**
Project Plan Details	
Project Purpose:	This program is designed to enhance the performance of public health systems by advancing the leadership skills of mid-level public health professionals. It targets members of underrepresented groups within the public workforce, specifically those employed at state health departments. The primary objective of this project is to enhance the knowledge and skills of mid-level executives, as well as to foster the development and refinement of leadership qualities and abilities among the program's participants.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$1,300,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The organization's reach must extend to individuals who are members of a racial/ethnic minority group, lesbian/gay/bisexual/transgender, and/or a person with disabilities employed in state governmental public health agencies.
Recipient Program Experience:	Recipient must demonstrate the ability to coordinate, recruit and support applicants during the training period.
Expectations for Collaboration:	The applicant is expected to collaborate with the funder in executing this program. The applicant is expected to collaborate with experts in the field of workforce development with experience in diversity and inclusion.
Expected Subcontractual Work and Criteria:	As needs are identified if the applicant does not have internal expertise, the applicant should collaborate with subject matter experts via contract to achieve goals.
General Instructions for Use of Funds:	Funding should be used to execute this project in compliance with federal funding requirements. Using funds for promotional items requires approval from the funder to ensure that they meet federal funding requirements.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

Activities:	- Continued improvement and refreshing on the leadership curriculum developed for previous cohorts of this program over the 5-year period. - Create and establish a standardized procedure for handling candidate applications. - Introduce the program to state health departments staff that may have a pool of potential applicants. - Create and execute a plan to evaluate performance and impact.
Process Measures:	- Curriculum improved and maintained. - Evaluation plan developed, presented, and approved. - Evaluation performed.
Outputs:	Results of the program should be presented at APHA or at other national conferences. Information from the evaluation should be used to improve participant experience. Information from participant evaluations should be used to inform fellowship programs.
Budget Period Outcomes:	90% of the cohort has completed the course curriculum.
Outcome Measures:	Participant skills have shown positive growth as determined by evaluation.

Project Title:	**Implementing Public Health Law Curriculum in Accredited SPPH**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	The purpose of this project will be the implementation of a five-year plan to fully integrate public health law as a curriculum in accredited schools of Law and Public Health resulting in the graduation of students better prepared to address the specific needs of STLT health departments related to public health law.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$250,000.00
Funding Appropriation:	Currently Unknown
Funding Statutory Authority:	Currently Unknown
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The applicant should have experience supporting the needs of local health departments and be able to negotiate, market, and facilitate the implementation of curricular materials into the accredited schools of public health. The applicant should have the ability and capacity to develop a long range (5 year) strategy for working with the accrediting board for schools of public health.
Recipient Program Experience:	The applicant should have experience working with CEPH and be knowledgeable about the formal processes required to implement a course or make available course materials to accredited schools and programs of public health at the graduate level. The applicant should have experience working directly with local health departments and the accredited schools of public health and serve as a facilitator to supporting their mission.
Expectations for Collaboration:	As needed and to be determined by the applicant.
Expected Subcontractual Work and Criteria:	As needed and to be determined by the applicant.
General Instructions for Use of Funds:	No Restrictions
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Public health law touches every aspect of public health law practice and is an integral part of health department processes. It is critical that graduate students entering the workforce have the skills needed to use the law as a tool to improve public health outcomes and understanding how law and legal authorities impact their ability to function in the public health workplace. Government actors cannot perform any level of action without the authority to provide services. Therefore, it is essential that public health practitioners have a better understanding of the law, regulations, and policies that provide them with the authority to perform their duties. In addition, public health legal counsel usually provide legal services to multiple government offices and can benefit from a body of knowledge and resources focused on public health service delivery. Finally, research has demonstrated that differing laws on the same related public health subject can cause significant differences in the health outcomes and delivered services for a given population. Understanding this impact is the study of public health law and the research that drives this understanding is legal epidemiology. • This project will be able to use competency-based model curriculum developed for public health practitioners at the graduate level to implement a strategy to implement the curriculum in all accredited schools of public health. • This will provide professors with curriculum that is competency based and meets the specific public health law standards based on specific competencies and skill sets to establish a robust program for training graduate level students who will serve the field as practitioners, policy makers, and legal epidemiologist. • Working closely with partners, including, CEPH create, validate, and implement a five-year plan to implement a systematic integration of public health law curriculum into schools of public health to improve graduate level competencies that are critical to the effective practice of law in State and local health departments. • Implement a series of pilot projects to institutionalize competency-based courses in public health law at the accredited schools of public health for practitioners who will be entering in the professional setting. • Develop and implement a marketing plan to institutionalize competency-based courses for public health law to be implemented in schools of public health. • Identify faculty and administrative concerns, barriers, and challenges to adding a competency based, robust, multi-faceted, public health law curriculum for graduate students and begin the process of addressing those concerns where possible.
Process Measures:	The development of a five-year plan to institutionalize a public health law curriculum in schools of public health. The implementation of a pilot program to begin curriculum implementation in schools. The identification and management of barriers to curriculum implementation. The number of schools adopting public health law as a course or courses in the MPH curriculum within accredited schools of public health. To introduce and make available to the 147 accredited schools of public health a Master's Level a public health law curriculum, including developing strategies to increase the number of schools and programs each year who implement a course.

Outputs:	The output of this project will be the implementation of a five-year plan to fully integrate public health law as a curriculum in accredited schools of Law and Public Health resulting in the graduation of students better prepared to address the specific needs of STLT health departments related to public health law
Budget Period Outcomes:	The budget period outcomes for the project include an institutionalized plan for marketing, piloting, implementing and integrating a course or series of courses into the curriculum for MPH students that focuses on public health law.
Outcome Measures:	The number of schools adopting public health law as a course or courses in the MPH curriculum within accredited schools of public health.

Project Title:	Grants Management Capacity Building in the U.S. T/FAS
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**The population of focus for this project falls under Category A: Governmental Public Health Departments. More specifically, these include the public health departments of the U.S. territories, including Puerto Rico (PR), the US Virgin Islands (USVI), American Samoa (AS), the Commonwealth of the Northern Mariana Islands (CNMI), and Guam (GU), and the freely associated states, including the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau (PU). Sub-populations of this target population include island leadership and public health officials, health department leadership and staff, and anyone working or having business relations with the T/FAS jurisdictions, including related health department partners.**
Project Plan Details	
Project Purpose:	The United States (U.S.) territories and freely associated states (T/FAS) receive numerous opportunities for federal funding, similar to the funding mechanisms of the contiguous U.S. However, due to the unique and challenging landscape of the T/FAS, including but not limited to an outdated health system infrastructure, limited workforce capacity and high administrative burden, the geographic isolation of the islands, and the double burden of communicable and non-communicable disease, the optimal utilization of awarded funds can face hindrances. In response to the unique challenges, island-area jurisdiction leadership has identified capacity building assistance in grants management as a primary need. Elements of this include making funding to the islands more equitable by actionably accounting for outsized burdens impacting the T/FAS and improving the overall performance of the T/FAS' public health systems. The purpose of this project to provide the necessary technical assistance, expertise, and support to the T/FAS over the full project period to ensure that grants funding and management is adequately utilized to address and remedy public health needs.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$500,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The recipient should have expertise in working with public health systems and infrastructure in the T/FAS, as well as be knowledgeable of public health foundations, funding mechanisms of the federal government, and business process improvement at the local/territorial health department level. The recipient's organizational reach should extend to partners and contractors located within or having previously worked with the T/FAS. The recipient should be able to work closely with T/FAS jurisdictions to determine the root causes of grants management challenges. The recipient should be able to collaborate well with T/FAS high ranking leadership and health officials and should have flexibility in working hours to accommodate time zone differences. The recipient must have staff willing and able to complete extended travel to another country.

Recipient Program Experience:	The ability to deliver effective capacity building assistance (CBA) in grants management to the T/FAS, the recipient must have comprehensive cultural competence of the public health landscape in the T/FAS and of working with T/FAS leadership and DOH personnel. The recipient must have expert-level experience in grants management, familiarity with federal grants management systems, the ability to create engaging training, and effective public speaking, teaching, and training skills. The recipient should also have the ability to operate digital presentations, as well as ability to provide logistical and technical support/assistance to the target population's workforce. The recipient should have expertise in business process improvement and familiarity with making administrative processes and systems more efficient. The recipient should demonstrate cultural competence and sensitivity.
Expectations for Collaboration:	The recipient is expected to collaborate with organizations experienced in hosting in-person training events, and expert-level federal grants management. The recipient is further expected to collaborate with organizations and programs to provide technical monitoring assistance and project/training implementation guidelines.
Expected Subcontractual Work and Criteria:	The recipient may subcontract portions of project activities, as needed. Subcontractual work may include creation of in-person training curricula training evaluation, and feedback mechanisms.
General Instructions for Use of Funds:	Funds may be used for the following, or similar activities: - Relevant T/FAS site visit travel - Travel for attendance at relevant public health grants management conferences and/or regional meetings - Contactor fees for business and/or organizational management assistance related to grants management training curricula development - Contractor fees for development of in-person grants management training curricula - Convening of T/FAS representatives for feedback and training, up to two (2) representatives per jurisdiction - Provision of virtual technical assistance - Reasonable program expenses including personnel, travel, supplies, and services
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	- Conducting a root-cause analysis with each T/FAS jurisdiction to build rapport and to better understand challenges regarding grants management o Developing valid methodology for conducting a root-cause analysis o Developing evaluation software/systems necessary to house root-cause analysis data findings o Planning potential contractual partners for implementation of root-cause analysis - Reviewing grants management-related organizational charts, policies, SOPs to determine current workflow strengths and weaknesses - Mapping administrative and financial processes of DOH funding utilization - Convening site visit(s) to at least one (1) territory or freely associated state with the purpose of providing grants management training to DOH personnel - Providing regularly scheduled check-ins and technical assistance on an ad hoc basis on topics including collection and tracking of grants management processes like recruitment, procurement, expenditure review, etc. to support a high level of organizational structure - Promote trainings, increase awareness of training modules, and encourage users to take the training
Process Measures:	- Number of jurisdictional attendees from each T/FAS to site visit training - Higher rating in grants management knowledge and comfort on post-evaluation feedback survey than on pre-evaluation feedback survey - Number of TA requests that are satisfied by meetings or provision of other necessary tools or resources
Outputs:	- Official written verification of program priorities, needs, and barriers related to maintaining effective grants management - Tailored organizational grants management SOPs which address previous workflow weaknesses, which would be especially useful for instances of high turnover within jurisdiction DOH leadership/staff - Improved organizational workflow to support continued maintenance of and updates for grants management standards and training, in CDC Train and available for continued DOH awareness - Written documents formally characterizing organization’s strengths and weakness regarding funding usage to convey challenges faced by organization staff to partners - Developed in-person grants management training curriculum, including graphics, videos, hands-on personnel activities to improve grant management capabilities among DOH staff - Technical assistance and communication plan addressing areas of need and next steps

Budget Period Outcomes:	Short-Term - Virtual training in the use of federal grants websites (e.g. PMS, Grantsolutions) attended by all T/FAS - Clearly defined communication channels between AOR, PI, relevant health department staff, and relevant recipient staff - Increased awareness of limitations in the organization's grants management process and ample tools and/or strategies to address these limitations - Increased awareness of grants management training opportunities to all T/FAS - Increased use of formal documents organizing jurisdictional grants management workflows Intermediate - At least 1 newly trained (via hands-on, in-person training) DOH personnel point of contact at each T/FAS with enhanced skills and/or ability to support decision-processes and best practices within the strategic areas - Provide in-person grants management training to those T/FAS which request training, with the intention of meeting with all T/FAS jurisdictions - Increased use of best practices to reduce redundancies and ineffective practices in the administrative and financial grants management process
Outcome Measures:	- Improved jurisdictional confidence in managing federal grants - Greater understanding of and familiarity with the grants funding and management process for 100% of staff working with awarded grants or the administrative processes of grants - Enhanced ability to manage grants due to more organized workflows, clear organizational communication, and greater staff capacity - 100% participation of personnel from each of the US T/FAS at site visits providing in-person grants management training - Increased grant expenditure rate on current and future grants for grant activities
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Building and creating standard operating procedures (SOP) to help the population of focus grasp grants management processes, and to provide straightforward step by step instructions on utilizing essential tools to navigate grants management with confidence • Instituting hands-on training and orientation during the recruitment process to offer firsthand exposure and knowledge in grants management, as well as proficiency with essential software and websites • Provide TA and support to DOH leaders and staff to implement the detailed strategic plan including clarifying objectives and guiding resource allocation
Process Measures:	• Completion rate of SOPs, this measure tracks the percentage of SOPs developed and implemented for grants management processes. Recipient can also break it down further by specific SOPs created for different aspects of grants management to help in assessing the progress in providing the guidance needed to the population of focus

Outputs:	• Developed systems, SOPs and other methods that will assist the population of focus in understanding grants management processes. • Trained and orientated staff who will be equipped with the necessary skills and understanding to effectively manage grants. • Successful implementation of strategic plan with clarified objectives and resource allocation with the assistance of TA and support provided to DOH leaders and staff and ensuring that the plan is effectively executed to achieve the intended goals.
Budget Period Outcomes:	Short-term: Increased familiarity in grants management processes and access to CBA services and products that address the needs to enhance grants management capacity. Short-term: Increased awareness among staff regarding grants management skills and priorities. Intermediate: Improved overall efficiency in grants management practices through ongoing program implementations by the recipient. Intermediate: Increased understanding among DOH leadership and personnel on how to better manage budgets, federal funds, expenditure rates, and resources to make better decision making and result in improved infrastructure and healthcare.
Outcome Measures:	Corresponding improvement in grants management through utilizing expenditure rates to measure funds spenddown over specified periods in order to align grants usage with governmental and organizational standards.

Project Title:	**Training and Partnerships to Effectively Disseminate Public Health Law Strategies in Local Jurisdictions**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Public health staff developing policies, providing legal assistance, implementing or enforcing laws and policies, monitoring or evaluating laws and policies in local health departments.**
Project Plan Details	
Project Purpose:	The purpose of this project is to enhance communication, collaboration and coordination between local legal counsel and STLT practitioners who are responsible for public health policies impacting service delivery or public health outcomes. The applicant will identify a team of local attorneys and practitioners who can serve as sentinels to identify the important public health issues that are impacting the nation, develop and review materials that can be used as tools to address the needs of locals and provide at least one training every year to share materials, strategies, and train practitioners on public health law.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$550,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The organization should have the capacity to work closely with local public health agencies, partner with organizations that have a specific interest in working with local jurisdictions on public health issues.
Recipient Program Experience:	The recipient should have experience developing materials intended for the local workforce, working with key stakeholders at the local level, and convening trainings in support of public health law work.
Expectations for Collaboration:	TBD as needed
Expected Subcontractual Work and Criteria:	TBD by applicant
General Instructions for Use of Funds:	No Restrictions
Strategic Area:	**Workforce**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	The mission of the Public Health Law Program is to advance the use law to protect and promote the health of the public. Law has been critical in attaining public health goals, serving as a foundation for governmental public health activities. Many of public health's greatest successes, including high childhood immunization rates, improved motor vehicle safety, safer workplaces, and reduced tooth decay, have relied heavily on law. Further, law is playing an increasingly important role in addressing emerging public health threats such as childhood obesity, healthcare-associated infections, motor vehicle injuries, and prescription drug overdoses. PHLP works to improve the health of the public by developing law-related tools and providing legal technical assistance to public health practitioners and policy makers in local jurisdictions. PHLP works with local public health departments and other partners to: • Identify public health law priorities • Research laws that impact the public's health • Analyze public health legal preparedness • Conduct comparative analyses across jurisdictions • Prepare guidance, articles, reports, and toolkits • Develop and disseminate public health law curricula The most significant knowledge base for priorities, research, issues, and analyses come from the constituents that PHLP serves. Specifically, the most critical issues and best practices are identified by practitioners and their legal counsel in various STLT jurisdictions who are working on specific issues and implementing practical solutions that could also be used by other jurisdictions. Therefore, activities include: Maintain regular working groups of attorneys at the Local level who can discuss public health priorities and serve as a sentinel for emerging legal issues impacting the jurisdictions. Convene the groups on a monthly basis and actively serve as a sounding board for the discussion of issues and potential strategies and solutions to address important and emerging legal issues impacting public health. Identify key political and policy issues from federal sources that may impact local attorneys and public health officers and their ability to deliver effective public health services at their jurisdictional level – provide regular legislative briefings as part of the working group meetings. Develop or comment on materials, tools, white papers, presentations, etc. that discuss the law as a tool to improve public health outcomes. Make recommendations for the development of similar resources based on the needs of the STLT field Provide legal and policy research on topics related to key issues identified by the STLT attorney work groups to better inform the work groups on options and provide information for in-depth discussions of issues at the STLT jurisdictional levels. Convene at least one training every 12 months where members the workgroup can serve as presenters and faculty to distribute findings, facilitate training and discussions, propose additional strategies, and provide training on the best sources of information to address legal issues impacting public health services.

Process Measures:	The applicant will convene a regular meeting of the work group on a monthly basis, develop training materials than be used to demonstrate the importance of using the law to address specific and timely issues related to the delivery of public health services, and convene at least one training every 12 months open to public health attorneys and practitioners at least once per year to openly discuss strategies, share findings, and provide an opportunity for dialogue.
Outputs:	Monthly meetings of local attorney work groups that incorporate a work group for public health legal issues. Convene the work groups on an annual basis to provide dialogue, discussions and key developments in Public Health Law at the STLT jurisdictional levels focused on practical strategies that be used by attorneys as well as practitioners to improve public health outcomes and service delivery. Convene an annual training for STLT attorneys, practitioners, policy makers, and key stakeholders in public health law to share specific strategies in a timely manner to improve public health service delivery. The focus of the training will be practical solutions to public health issues using laws and policies as a tool and providing opportunities for peer-to-peer training and learning of best practices for STLT practitioners. The recipient will also provide legislative updates for STLTS work group members to provide information on pending legislative issues that may impact public health service delivery.
Budget Period Outcomes:	Initial budget period outcomes include the monthly meetings of the local jurisdiction work group members to address the specific needs of local public health law professionals, development of materials and a convening to train on the topic of public health law.
Outcome Measures:	The outcome measure of this project will be a better networked and informed STLT community related to key law and policy issues impacting public health departments and how pending legislation may further impact the STLT community. Increased capacity to identify, analyze, implement, and evaluate public health services delivery, combining the science of programs and the strategies that can be implemented using law and policy as a tool.

Project Title:	**Senior Leader Reserve Corp**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health departments**
Project Plan Details	
Project Purpose:	To improve the performance of the public health systems at the State, territories, and freely associated states level, PHIC will support the development of a Senior Leaders Reserve Corp (SLRC). This will be a pool of experienced former senior leaders able and ready to be deployed, virtually or in-person, in support of requests by state, territories, freely associated states, or local health departments. The main goal of this project is to assist health departments in continuity of business and program operations when usual and efficient operations are at high risk of/or have been disrupted. The SLRC will assist in enhancing the capacity of the state, local, territorial, or freely associated states health departments in times of need for the following areas: program development; budgetary , financial or operational management; interaction with health care payers. The partner taking on this project will support the consultant pool of leaders, receive request directly and process them with approval from PHIC.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Office of the Director (OD)
Proposed FY24 Project Funding Total:	$200,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Ability to quickly mobilize SLRC member(s) Ability to develop and maintain relationships with state health departments Ability to create and maintain a database that houses information about SLRC cohort, skills/experience, and availability of each SLRC member.
Recipient Program Experience:	Ability to pull from a cadre of past senior health officials and to engage with current ones.
Expectations for Collaboration:	Applicant is expected to work with CDC in a collaborative manner.
Expected Subcontractual Work and Criteria:	Senior leaders in the cadre can be paid a stipend.
General Instructions for Use of Funds:	Funds should be used in accordance with CDC funding guidelines.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas

Activities:	- Develop and maintain a pool of former public health executive leaders ready and able to be deployed on support of the jurisdictions. Panel members experience have to represent the diversity of the type of jurisdictions to be served as well as the areas for which support will be provided. - Develop and implement a standard process for jurisdictional applications. - Present the program to possible eligible organizations. - Develop and implement a performance and impact evaluation plan.
Process Measures:	- Network implemented and maintained. - Evaluation plan developed, presented, and approved. - Evaluation performed.
Outputs:	- Written report and recommendations presented to PHIC.
Budget Period Outcomes:	- Written report and recommendations presented to PHIC.
Outcome Measures:	Evaluation.

Project Title:	**Local Health Department Administrative and Legal Preparedness Toolkits and Training**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	Administrative and legal preparedness capabilities are vital to jurisdictions' ability to response to public health threats and are key components of established national and international preparedness priorities (e.g., CDC's Public Health Preparedness (PHEP) Capability Strategy 3: Administrative and budget preparedness, the Global Health Security Agenda (GHSA) Legal Preparedness Action Package, and WHO's Joint External Evaluation (JEE) Technical Area P1: Legal Instruments). While the development of administrative and legal preparedness toolkits and trainings have provided vital resources for the field, this project will provide support for the development and dissemination of jurisdiction-specific toolkits and trainings applicable to local health departments' organizational, administrative, and legal systems. By working with local health departments or through the jurisdictions' public health serving organizations (e.g., State Associations of County and City Health Officials (SACCHOs)), the recipient will build toolkits (e.g., factsheets, decision guides, and templates) and trainings (e.g., presentation materials and tabletop exercises) designed to maximize a jurisdictions' administrative and legal capacity to address the public health needs of their community.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$250,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The organization must have public health law expertise and established relationships with local health department leadership, administrative personnel, attorneys, and preparedness coordinators. The organization must have the capacity to coordinate with jurisdictions to understand and serve their needs in the development of toolkits and trainings.
Recipient Program Experience:	The organization must have experience creating and disseminating administrative and legal preparedness toolkits and trainings. Recipient must also have an established history of managing and coordinating jurisdictional and expert workgroups in the development and delivery of resources.
Expectations for Collaboration:	The recipient should expect to collaborate with governmental and non-governmental entities as needed to develop and disseminate jurisdictional toolkits and trainings.
Expected Subcontractual Work and Criteria:	Subcontractoral work may be utilized to provide necessary toolkit and training development expertise.

General Instructions for Use of Funds:	
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Solicitation of target jurisdictions. Identification of administrative and legal preparedness toolkit priority areas for target jurisdictions. Development of administrative and legal preparedness toolkits for target jurisdictions.
Process Measures:	The recipient will track progress in recruiting jurisdictions, developing at least one toolkit per jurisdiction, and delivering at least one training per jurisdiction based on the use of that toolkit.
Outputs:	Development of administrative and legal preparedness toolkits for participating jurisdictions.
Budget Period Outcomes:	Solicitation of at least 5 jurisdictions to serve as year-1 jurisdictions. Identification of administrative and legal preparedness toolkit priority areas for each year-1 jurisdiction. Development of a draft administrative and legal preparedness toolkit for each year-1 jurisdiction for use in at least one training per jurisdiction. Delivery of a final administrative and legal preparedness toolkit for each year-1 jurisdiction.
Outcome Measures:	Incorporation of toolkit into health department standard operating procedures, preparedness plans, and workforce development materials for staff.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Solicitation of target jurisdictions. Identification of administrative and legal preparedness training priorities for target jurisdictions. Development of administrative and legal preparedness training materials for target jurisdictions. Delivery of administrative and legal preparedness training for target jurisdictions.
Process Measures:	The recipient will track progress in recruiting jurisdictions, developing at least one training per jurisdiction, and delivering at least one training per jurisdiction.
Outputs:	Development of jurisdiction-specific administrative and legal preparedness training materials. Delivery of jurisdiction-specific administrative and legal preparedness training.
Budget Period Outcomes:	Solicitation of at least 5 jurisdictions to serve as year-1 jurisdictions. Identification of administrative and legal preparedness training goals for year-1 jurisdictions. Development of administrative and legal preparedness training materials for year-1 jurisdictions. Delivery of administrative and legal preparedness training for year-1 jurisdictions.

Outcome Measures:	A majority of training attendees report having a better understanding of the administrative and legal procedures impacting their jurisdictions' capacity to respond to public health threats. A majority of training attendees report learning new skills to improve administrative and legal preparedness capabilities.

Project Title:	**Mobilizing for Action through Planning and Partnership National Training and TA Capacity Building for Public Health Practitioners**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health department staff responsible for and involved in conducting health assessments and health improvement planning, community-driven strategic planning, cross-sector planning, building cross-sector partnership, community engagement, advancing equity, addressing SDOH, and collective action development.**
Project Plan Details	
Project Purpose:	Mobilizing for Action through Planning and Partnership (MAPP) is one of the most widely used and reputable community health improvement (CHI) frameworks in the field. MAPP is a community-driven strategic planning process that helps communities assess their public health needs and resources, navigate cross-sector partnerships, engage community members, address social and structural determinants of health, prioritize health issues, develop strategies to improve the health and well-being of their populations through a shared community health improvement plan, and take collective action. MAPP works to elevate community voice and power and centers equity in all phases. This capacity building project will support public health practitioners responsible for and involved in community health improvement and related activities receiving the needed training and TA in MAPP, as well as increase the community of public health practitioners that provide and receive formal and informal peer support, as well as develop a MAPP train-the-trainer curriculum and program to expand the reach and consistency of MAPP training delivered nationwide. This project will also prioritize the development and delivery of culturally relevant and responsive TA and training for both public health practitioners and populations being served.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$750,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Successful applicant should have capacity to support public health infrastructure and capacity building activities for state, Tribal, local, and territorial governmental public health departments and systems, in particular, collaboration/partnership development and systems/performance improvement, health assessment and improvement planning, strategic planning, health equity planning, organizational assessment planning, foundational planning, community engagement, cross-sector planning, collective action planning, etc . Applicant should have broad reach and a high level of expertise to engage state, Tribal, local, and territorial governmental public health departments nationwide and across jurisdictions. Applicants should have demonstrated capacity to develop and deliver high quality culturally relevant and responsive training and learning products and resources, deliver national training, manage learning cohorts, communities of practice, learning communities, facilitate meaningful peer-to-peer networking, relationship building, etc…in-person and virtually.

Recipient Program Experience:	Successful applicants will have in depth knowledge and experience working with state, Tribal. Local, and territorial governmental public health agencies, departments, and systems. They will have a history of positive engagement with state, Tribal, local, and territorial governmental public health and local public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities, in particular, systems and performance improvement. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement. Applicants should have the ability to use adult learning and instructional design models and principles in developing training. Applicants should have experience and demonstrated ability to conduct evaluation of adult learning and adult training activities.
Expectations for Collaboration:	All activities will be conducted in collaboration with CDC to develop and refine strategies and activities of the workplan, as well as work with other national partners, subject matter experts, and interested parties/groups as appropriate. Regular check-in calls, review of materials, and more will occur. Awardee will disseminate findings to national partners and other interested/impacted parties. Applicants funded under this cooperative agreement will be expected to proactively collaborate, coordinate, and synergize activities with each other where and when it makes sense to advance mutual goals, project objectives, and to provide coordinated support to governmental public health departments and their cross-sector partnerships.
Expected Subcontractual Work and Criteria:	None explicitly required, but applicants may propose sub-contract work as appropriate to advance the project objectives. Subcontracting with organizations and community-based organizations that are representative of awardees/TA recipients/populations served to develop and provide relevant and responsive TA and resources should be considered and discussed with CDC.
General Instructions for Use of Funds:	Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Can include, but are not limited to: • Convening and facilitating a planning workgroup of public health partners to develop MAPP training and TA plans • Conduct an environmental scan, needs assessment, etc…on MAPP training and TA needs • Deliver multiple culturally relevant and responsive MAPP trainings nationwide (this can include population-specific, focus-area specific, geographically-specific, etc..) • Deliver ad-hoc, planned, cohort-based, and national MAPP TA • Develop a culturally and skill-building relevant and responsive MAPP train-the-trainer plan • Developing training agendas, with learning outcomes and objectives aligned to the public health performance improvement competencies. • Conducting the logistics associated with a national training, including but not limited to: registration, venue negotiation and contracts, and on-site staffing an coordination. • Conducting an annual evaluation of the training(s)
Process Measures:	Can include, but are not limited to: • Number of training attendees • Demographics and characteristics of training attendees • Number of priority population training attendees • Number and type of HD/Sites selected for TA and training • Number of examples/best practices shared • Number of webinars and trainings delivered • Number of in-person/virtual convenings held • Number of peer-to-peer engagements held/facilitated • Tracking of TA requests • Tracking of TA delivery • Number participation in webinars, training, events delivered • Dissemination of resources
Outputs:	Can include, but are not limited to: • Field needs assessment results/document • Plan to develop tools/resources • Plan to develop tools/resources • TA and training plan and or framework • Documentation of TA provided • Train-the-trainer plan • TA and training materials, plans, modules, etc… • Pre- and post-training and TA feedback • Success story and lesson learned plan, development, creation • National webinars • Annual convening(s) • Webinar and convening registration numbers and participant type • Peer-to-peer sharing calls • Peer-to-peer virtual community • Peer-to-peer community of practice

Budget Period Outcomes:	Can include, but are not limited to: • Identification and understanding of available resources, resource gaps, field needs • Potential Plan to develop resources to fill identified gaps • Increased number of practitioners are aware of available MAPP TA • Increased number of practitioners use/receive available MAPP TA • Practitioners are better prepared and skilled to conduct and participate in MAPP process • Practitioners completing community-driven strategic planning using MAPP TA resources • Movement along the partnership and collaboration spectrum within HDs and their cross-sector partners • Improved knowledge and skills among training attendees on how to use MAPP to advance cross-sector systems improvement, community-driven strategic planning, etc… • Attendees and awardees building and sustaining cross-sector partnerships to advance cross-sector systems improvement, improved community engagement/partnership, prioritization of key health needs. Improved collective action planning, etc… • Cadre of peer-trainers regionally/nationwide available to deliver MAPP training • Demonstrated value of cross-sector system improvement TA and training • Facilitated opportunity for communication across sectors on shared cross-sector systems improvement interests and responsibilities • Networking and collaboration opportunities across sectors and HDs • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Improved leadership capacity to identify and prioritize public health needs • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Increased leadership decision-making to address public health needs strategically and systematically • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	At least 90% of training participants/TA recipients report intent to apply new knowledge or skills from training in their work, partnerships, training development/delivery, and communities
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Can include, but are not limited to: • Convening and facilitating a planning workgroup of public health partners to develop MAPP training and TA plans • Conduct an environmental scan, needs assessment, etc…on MAPP training and TA needs • Deliver multiple culturally relevant and responsive MAPP trainings nationwide (this can include population-specific, focus-area specific, geographically-specific, etc..) • Deliver ad-hoc, planned, cohort-based, and national MAPP TA • Develop a culturally and skill-building relevant and responsive MAPP train-the-trainer plan • Developing training agendas, with learning outcomes and objectives aligned to the public health performance improvement competencies. • Conducting the logistics associated with a national training, including but not limited to: registration, venue negotiation and contracts, and on-site staffing an coordination. • Conducting an annual evaluation of the training(s)
Process Measures:	Can include, but are not limited to: • Number of training attendees • Demographics and characteristics of training attendees • Number of priority population training attendees • Number and type of HD/Sites selected for TA and training • Number of examples/best practices shared • Number of webinars and trainings delivered • Number of in-person/virtual convenings held • Number of peer-to-peer engagements held/facilitated • Tracking of TA requests • Tracking of TA delivery • Number participation in webinars, training, events delivered • Dissemination of resources •
Outputs:	Can include, but are not limited to: • Field needs assessment results/document • Plan to develop tools/resources • Plan to develop tools/resources • TA and training plan and or framework • Documentation of TA provided • Train-the-trainer plan • TA and training materials, plans, modules, etc. • Pre- and post-training and TA feedback • Success story and lesson learned plan, development, creation • National webinars • Annual convening(s) • Webinar and convening registration numbers and participant type • Peer-to-peer sharing calls • Peer-to-peer virtual community • Peer-to-peer community of practice

Budget Period Outcomes:	Can include, but are not limited to: • Identification and understanding of available resources, resource gaps, field needs • Potential Plan to develop resources to fill identified gaps • Increased number of practitioners are aware of available MAPP TA • Increased number of practitioners use/receive available MAPP TA • Practitioners are better prepared and skilled to conduct and participate in MAPP process • Practitioners completing community-driven strategic planning using MAPP TA resources • Movement along the partnership and collaboration spectrum within HDs and their cross-sector partners • Improved knowledge and skills among training attendees on how to use MAPP to advance cross-sector systems improvement, community-driven strategic planning, etc… • Attendees and awardees building and sustaining cross-sector partnerships to advance cross-sector systems improvement, improved community engagement/partnership, prioritization of key health needs. Improved collective action planning, etc… • Cadre of peer-trainers regionally/nationwide available to deliver MAPP training • Demonstrated value of cross-sector system improvement TA and training • Facilitated opportunity for communication across sectors on shared cross-sector systems improvement interests and responsibilities • Networking and collaboration opportunities across sectors and HDs • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Improved leadership capacity to identify and prioritize public health needs • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Increased leadership decision-making to address public health needs strategically and systematically • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	At least 90% of training participants/TA recipients report intent to apply new knowledge or skills from training in their work, partnerships, training development/delivery, and communities
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Can include, but are not limited to: • Convening and facilitating a planning workgroup of public health partners to develop MAPP training and TA plans • Conduct an environmental scan, needs assessment, etc…on MAPP training and TA needs • Deliver multiple culturally relevant and responsive MAPP trainings nationwide (this can include population-specific, focus-area specific, geographically-specific, etc..) • Deliver ad-hoc, planned, cohort-based, and national MAPP TA • Develop a culturally and skill-building relevant and responsive MAPP train-the-trainer plan • Developing training agendas, with learning outcomes and objectives aligned to the public health performance improvement competencies. • Conducting the logistics associated with a national training, including but not limited to: registration, venue negotiation and contracts, and on-site staffing an coordination. • Conducting an annual evaluation of the training(s)
Process Measures:	Can include, but are not limited to: • Number of training attendees • Demographics and characteristics of training attendees • Number of priority population training attendees • Number and type of HD/Sites selected for TA and training • Number of examples/best practices shared • Number of webinars and trainings delivered • Number of in-person/virtual convenings held • Number of peer-to-peer engagements held/facilitated • Tracking of TA requests • Tracking of TA delivery • Number participation in webinars, training, events delivered • Dissemination of resources •
Outputs:	Can include, but are not limited to: • Field needs assessment results/document • Plan to develop tools/resources • Plan to develop tools/resources • TA and training plan and or framework • Documentation of TA provided • Train-the-trainer plan • TA and training materials, plans, modules, etc… • Pre- and post-training and TA feedback • Success story and lesson learned plan, development, creation • National webinars • Annual convening(s) • Webinar and convening registration numbers and participant type • Peer-to-peer sharing calls • Peer-to-peer virtual community • Peer-to-peer community of practice

Budget Period Outcomes:	Can include, but are not limited to: • Identification and understanding of available resources, resource gaps, field needs • Potential Plan to develop resources to fill identified gaps • Increased number of practitioners are aware of available MAPP TA • Increased number of practitioners use/receive available MAPP TA • Practitioners are better prepared and skilled to conduct and participate in MAPP process • Practitioners completing community-driven strategic planning using MAPP TA resources • Movement along the partnership and collaboration spectrum within HDs and their cross-sector partners • Improved knowledge and skills among training attendees on how to use MAPP to advance cross-sector systems improvement, community-driven strategic planning, etc… • Attendees and awardees building and sustaining cross-sector partnerships to advance cross-sector systems improvement, improved community engagement/partnership, prioritization of key health needs. Improved collective action planning, etc… • Cadre of peer-trainers regionally/nationwide available to deliver MAPP training • Demonstrated value of cross-sector system improvement TA and training • Facilitated opportunity for communication across sectors on shared cross-sector systems improvement interests and responsibilities • Networking and collaboration opportunities across sectors and HDs • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Improved leadership capacity to identify and prioritize public health needs • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Increased leadership decision-making to address public health needs strategically and systematically • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	At least 90% of training participants/TA recipients report intent to apply new knowledge or skills from training in their work, partnerships, training development/delivery, and communities

Project Title:	**Supporting Statewide Training and Technical Assistance Priorities for Systems Improvement and Capacity Building for Local Health Departments**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	This project will provide subject matter expertise, technical assistance, and mini grants to statewide associations and coalitions to support LHD their public health system improvement needs and interests through statewide efforts. Experience and evidence show that LHDs supported through statewide settings and efforts yield stronger awareness, greater uptake, stronger relationships, as well as better networks and infrastructure. Individual organizations and coalitions operating at the statewide level often lack the resources and capacity to provide the support needed and requested by LHDs. This project seeks to bridge that gap, build the bridge, infrastructure and support for statewide reach and impact of systems improvement training and TA. This project will support statewide organizations/coalitions (like SACCHOs, SALBOHs, state public health associations, and others) that have identified priority areas for engagement, training, and the delivery of customized, relevant, and responsive TA to LHDs in their state or region.
CIO:	NCSTLTPHIW
Division/Branch/Office /Unit:	Division of Partnership Support (DPS)
Proposed FY24 Project Funding Total:	$500,000.00
Funding Appropriation:	
Funding Statutory Authority:	
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Successful applicant should have capacity to support public health infrastructure and capacity building activities for local governmental public health departments and systems, in particular, collaboration/partnership development and systems/performance improvement. Applicant should have broad reach and a high level of understanding and expertise to engage local governmental public health departments nationwide and across jurisdictions. Applicant should also have in-depth knowledge and experience working with statewide associations and coalitions.
Recipient Program Experience:	Successful applicants will have in depth knowledge and experience working with local governmental public health agencies, departments, and systems. They will have a history of positive engagement with local governmental public health and local public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities, in particular, systems and performance improvement. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement.

Expectations for Collaboration:	All activities will be conducted in collaboration with CDC to develop and refine strategies and activities of the workplan, as well as work with other national partners, subject matter experts, and interested parties/groups as appropriate. Regular check-in calls, review of materials, and more will occur. Awardee will disseminate findings to national partners and other interested/impacted parties. Applicants funded under this cooperative agreement will be expected to proactively collaborate, coordinate, and synergize activities with each other where and when it makes sense to advance mutual goals, project objectives, and to provide coordinated support to governmental public health departments and their systems improvement needs.
Expected Subcontractual Work and Criteria:	None explicitly required, but applicants may propose sub-contract work as appropriate to advance the project objectives. Subcontracting with organizations and community-based organizations that are representative of awardees/TA recipients/populations served to develop and provide relevant and responsive TA and resources should be considered and discussed with CDC.
General Instructions for Use of Funds:	Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Can include, but are not limited to: • Establish a plan, process, and framework through which statewide organizations can request funding, training support and TA/SME support to deliver systems improvement TA to LHDs • Ensure that training and TA delivered by statewide association to LHD is relevant and responsive to documented, known, systems improvement needs • Establish process for continuous improvement of the model and process for training and TA delivery • Provide customized TA and subject matter expertise to address key needs in the field • Establish virtual community and/community of practice for statewide association awardees • Convene in-person meeting with statewide association awardees • Facilitate regular peer-to-peer networking, sharing, training events for statewide association cohort members • Develop resource of success stories, promising and best practices, lessons learned • Develop request for applications

Process Measures:	Can include, but are not limited to: • Number of statewide associations/organizations that apply for support Can include, but are not limited to: • Number of statewide associations/organizations that apply for support • Number of training and TA requests addressed • Number of channels through which information on about this training and TA opportunity is distributed/promoted • Number of peer-to-peer in-person, virtual, networking, and community of practice events held
Outputs:	• Process that fully scopes out the opportunity for statewide associations/organizations to request assistance (trainers, presenters, SME support, etc.) on topics that are within the scope of this project and are of interested/priority to statewide associations and the LHDs that they serve • RFA development and distribution documentation • Presentations, training materials, products, tools, and resources developed as part of this project • Networking events (in-person and virtual) • Statewide association training and TA events
Budget Period Outcomes:	Can include, but not limited to: • Improved connection, relationship, engagement, collaboration, communication, and support between statewide associations and LHDs • Improved statewide, regional, and national understanding of priority and emerging systems improvement needs • Improved infrastructure to meet customized and unique systems improvement needs at statewide and regional levels • Improved knowledge and skills among training attendees • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	Proportion of LHDs with improved capacity and ability to apply training and TA to their systems improvement efforts Percentage increase in stronger statewide infrastructure for supporting systems improvement efforts
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Can include, but are not limited to: • Establish a plan, process, and framework through which statewide organizations can request funding, training support and TA/SME support to deliver systems improvement TA to LHDs • Ensure that training and TA delivered by statewide association to LHD is relevant and responsive to documented, known, systems improvement needs • Establish process for continuous improvement of the model and process for training and TA delivery • Provide customized TA and subject matter expertise to address key needs in the field • Establish virtual community and/community of practice for statewide association awardees • Convene in-person meeting with statewide association awardees • Facilitate regular peer-to-peer networking, sharing, training events for statewide association cohort members • Develop resource of success stories, promising and best practices, lessons learned • Develop request for applications
Process Measures:	Can include, but are not limited to: • Number of statewide associations/organizations that apply for support • Number of training and TA requests addressed • Number of channels through which information on about this training and TA opportunity is distributed/promoted • Number of peer-to-peer in-person, virtual, networking, and community of practice events held
Outputs:	Can include, but not limited to: • Process that fully scopes out the opportunity for statewide associations/organizations to request assistance (trainers, presenters, SME support, etc.) on topics that are within the scope of this project and are of interested/priority to statewide associations and the LHDs that they serve • RFA development and distribution documentation • Presentations, training materials, products, tools, and resources developed as part of this project • Networking events (in-person and virtual) • Statewide association training and TA events
Budget Period Outcomes:	Can include, but not limited to: • Improved connection, relationship, engagement, collaboration, communication, and support between statewide associations and LHDs • Improved statewide, regional, and national understanding of priority and emerging systems improvement needs • Improved infrastructure to meet customized and unique systems improvement needs at statewide and regional levels • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	Proportion of LHDs with improved capacity and ability to apply training and TA to their systems improvement efforts Percentage increase in stronger statewide infrastructure for supporting systems improvement efforts

Strategic Area:	Policy and Programs
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Can include, but are not limited to: • Establish a plan, process, and framework through which statewide organizations can request funding, training support and TA/SME support to deliver systems improvement TA to LHDs • Ensure that training and TA delivered by statewide association to LHD is relevant and responsive to documented, known, systems improvement needs • Establish process for continuous improvement of the model and process for training and TA delivery • Provide customized TA and subject matter expertise to address key needs in the field • Establish virtual community and/community of practice for statewide association awardees • Convene in-person meeting with statewide association awardees • Facilitate regular peer-to-peer networking, sharing, training events for statewide association cohort members • Develop resource of success stories, promising and best practices, lessons learned • Develop request for applications
Process Measures:	Can include, but are not limited to: • Number of statewide associations/organizations that apply for support Can include, but are not limited to: • Number of statewide associations/organizations that apply for support • Number of training and TA requests addressed • Number of channels through which information on about this training and TA opportunity is distributed/promoted • Number of peer-to-peer in-person, virtual, networking, and community of practice events held
Outputs:	Can include, but not limited to: • Process that fully scopes out the opportunity for statewide associations/organizations to request assistance (trainers, presenters, SME support, etc.) on topics that are within the scope of this project and are of interested/priority to statewide associations and the LHDs that they serve • RFA development and distribution documentation • Presentations, training materials, products, tools, and resources developed as part of this project • Networking events (in-person and virtual) • Statewide association training and TA events

Budget Period Outcomes:	Can include, but not limited to: • Improved connection, relationship, engagement, collaboration, communication, and support between statewide associations and LHDs • Improved statewide, regional, and national understanding of priority and emerging systems improvement needs • Improved infrastructure to meet customized and unique systems improvement needs at statewide and regional levels • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • Strengthened capability of public health workforce to deliver essential public health services • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures:	Proportion of LHDs with improved capacity and ability to apply training and TA to their systems improvement efforts Percentage increase in stronger statewide infrastructure for supporting systems improvement efforts

Project Title:	**The Power of Partnerships Health Equity Alliance**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health agencies and their staff working in programs impacting disproportionately affected populations such as: a) racial and ethnic minority groups, b) people with lower socioeconomic status, c) underserved rural communities, d) people with disabilities, e) sexual and gender minority groups, f) pregnant women, young families, and children.**
Project Plan Details	
Project Purpose:	The Alliance was formed in 2023, to enhance communications and to build trust among CDC and disproportionate affected communities throughout the U.S. This project aims to bolster meaningful engagements by building structural competencies and creating social networks, as well as working with communities during day-to-day situations and especially during emergencies. Currently, the Alliance consists of state, territorial, and local offices of health equity (OHEs), offices of minority health (OMHs), offices of women's health (OWHs), offices of maternal and child health (OMCHs), community- based organizations (CBOs), non-governmental organizations (NGOs), and trusted (community) leaders. The Alliance is a mechanism for the members to network and interact with each other.
CIO:	OHE
Division/Branch/Office /Unit:	No Division
Proposed FY24 Project Funding Total:	$350,000.00
Funding Appropriation:	Depending Availability of Fuds
Funding Statutory Authority:	
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The organizational capacities needed for this project are as follows: a) Skills to effectively mobilize, harness, and amplify collective power and social capital of the Power of Partnerships Health Equity Alliance (Alliance) members, who are well-connected collaborators. b) Establish peer-to-peer arrangements to connect new and existing Alliance members to share insights and lessons learned, to offer new and critical perspectives that could be used to update and encourage innovation within the Alliance. c) Expand and strengthen the Alliance to promote urgent public heath actions and risk communications that are timely, readily understood, relevant, science-based, and designed to equitably benefit all populations. d) Establish a communication platform with the capacity of having readily available structures, emerging communication channels, and systems for timely and wide-spread dissemination of information, with real-time information gathering. e) Establish anticipated approaches to better understand anticipated approaches to socialization that equitably benefit all populations.

Recipient Program Experience:	The recipient program experience should be as follows: a) Experience in expanding an existing partnership organizations' membership and infrastructure, which will position CDC to meaningfully engage with the Alliance and to interact as partners serving disproportionately affected communities. b) Assist with implementing equity-focused scenario-based exercises with meaningful engagement to enhance the Alliance's capacity during emergencies to reach local communities and establish bi-directional information sharing. c) Develop an internet-based communications platform(s) to track outreach metrics by populations of focus, demographics, and access to or use of satellite communications. d) Build activities to empower steering committee leads to lead the Alliance with support from CDC.
Expectations for Collaboration:	Collaboration activities are as follows a) Ability work in collaboration with the state, territorial, and local health departments mentioned in this project plan, as well as their partners and the CDC. b) Ability to foster and work with disadvantaged populations. c) Ability to work with a trained network of partnership experts to reach disadvantaged populations within communities during day-to-day situations and especially during emergency situations. d) Ability to initiate a communications platform for the Alliance members and the CDC to interact directly with each other, as well as with partners to strengthen readiness and response capabilities, to address the needs of disproportionately affected populations across the country in a more direct way.
Expected Subcontractual Work and Criteria:	Subcontractual work is not anticipated for this project.
General Instructions for Use of Funds:	Funds for this project will be used for the following purposes: a) To support the growth of the Alliance membership. b) For travel used to convene the Alliance steering committee meetings and the general Alliance meetings each year to support cohesion building and to gain visibility. c) Funds will be used for a modern upscale communications network platform to better communicate with the Alliance, partners of the Alliance, the communities, and CDC. d) fund will also be used to determine health equity strategies used by the Alliance members and to possibly help scale up these strategies.
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products
Activities:	To develop a more robust innovative communications and technology platform platform to amplify CDC's preparedness, readiness, and response strategies and practices.
Process Measures:	Build capacity among readily available structures, emerging communication channels, and systems for timely and wide-spread dissemination of information gathering, and a better understanding of anticipating approaches to socialization of social variables, influences, dynamics, and implications for public health practice.

Outputs:	To increase the Alliance's ability to network through utilization of innovative communication and technology platforms, to enhance knowledge sharing access to resources, and to support opportunities for cross-collaboration. Development of a more efficient means of communicating in real-time, to rapidly mobilize local networks and more expeditiously disseminate information to Alliance members.
Budget Period Outcomes:	By the end of the budget period, the communications' channels through mobile networks, satellite communications, and internet-based platforms will be mobilized to ensure quick and efficient response times, better coordination, and access to data from different sources.
Outcome Measures:	At least 90% of the Alliance members have reported increased productivity with the new established communication's platform.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products
Activities:	To develop a more robust innovative communications and technology platform to amplify CDC's preparedness, readiness, and response strategies and practices.
Process Measures:	Build capacity among readily available structures, emerging communication channels, and systems for timely and wide-spread dissemination of information gathering, and a better understanding of anticipated approaches to socialization of social variables, influences, dynamics, and implications for public health practice.
Outputs:	To increase the Alliance's ability to network through utilization of innovative communications and technology platforms, to enhance knowledge sharing, access to resources, and to support opportunities for cross-collaborations. Development of a more efficient means of communicating in real-time to rapidly mobilize local networks and more expeditiously disseminate information to Alliance members.
Budget Period Outcomes:	By the end of the budget period, the communications' channels through mobile networks, satellite communications, and internet-based platforms will be mobilized to ensure quick and efficient response times, better coordination, and access to data from different sources.
Outcome Measures:	At least 90% of the Alliance members have reported increased productivity with the new established communication's platform.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Convene a networking campaign to increase the number and optimize the alignment of Alliance members representing various state, territorial, and local health departments. This activity will also increase community-reach and capabilities during a public health emergency.
Process Measures:	Test the capabilities of the Alliance as a readily available network to engage during state, territorial, local and regional emergencies using an equity-focused scenario-based planning and injects.
Outputs:	Develop an action plan and showcase, invite other CDC, state, regional, and local liaisons to provide technical assistance to the Alliance to help recruit non-participants to join the Alliance .

Budget Period Outcomes:	By the end of the budget period, the number of Alliance members will have increased by 60% of state, territorial, local offices as well as CBOs, NGOs and trusted leaders.
Outcome Measures:	The Alliance membership will have increased by 60%, to enhance the community reach during an emergency response.

Project Title:	**Transforming surveillance and informatics for big city public health agencies.**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Big City Health Departments**
Project Plan Details	
Project Purpose:	The primary purpose of this project is to strengthen the capacity of large local public health agencies (PHA) capacity to collect, manage, and use data for public health action and response in line with CDC's Public Health Data Strategy (PHDS) and data modernization efforts. This project will establish and maintain services needed to support rapid, consistent, and inclusive exchange of critical information and capacity building among large city and county PHA related to core data streams for public health and the associated technology, products, policies, and best practices for collecting, exchanging, using, and disseminating data. This project will build capacity and skills to manage and use public health data among large city and county PHA epidemiologists, analysts, and other workforce members. It will strengthen the necessary infrastructure and resources to support public health data, surveillance, and informatics through technical assistance, training, information sharing, technology transfer, or materials development. This project will ensure large city and county PHA have up to date information, facilitate peer-to-peer sharing, build competency across large local PHA and with other STLT, and organize STLT public health input on surveillance processes, standards, and policies.
CIO:	OPHDST
Division/Branch/Office /Unit:	No Division
Proposed FY24 Project Funding Total:	$500,000.00
Funding Appropriation:	75-24-0959 - Public Health Scientific Services
Funding Statutory Authority:	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Organization should have the capacity to engage and convene local health departments serving large US cities. They should have established committees, workgroups, and communication channels reaching large local health departments. They should an established leader and partner for local health departments
Recipient Program Experience:	Organization should have experience and expertise in convening and organizing local health departments serving large US cities. They should have expertise in surveillance and informatics needs of a variety of large local health departments.
Expectations for Collaboration:	Recipient would be expected to work very collaboratively with OPDHST leadership and divisions, ensuring consistency and efficiency in activities, messaging, and delivery of services
Expected Subcontractual Work and Criteria:	
General Instructions for Use of Funds:	

Strategic Area:	Data Modernization, Informatics, and Information Technology
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Ensure large local public health agencies (PHA) are informed of and engaged with national efforts to improve STLT capacity to address public health threats through transformed surveillance and data exchange, using existing structures such as committees, workgroups, meetings, webinars, and other communication channels Plan and host virtual and in-person roundtables and panels to with representatives from large local PHAs to facilitate development, design, and testing of technology, processes, and solutions for surveillance and data exchange across STLTs and with CDC across all public health domains Engage large local PHAs to define and implement end-to-end solutions for data exchange between healthcare, STLTs, CDC, and associated partners; thereby, increasing STLT capacity to address public health threats. Educate large local PHA workforce to enhance knowledge, skills and abilities for interoperability policy, and participate in standards advancement in public health Engage in efforts to cultivate surveillance and data exchange technical, policy, and process connections between state PHAs and local and tribal PHAs to ensure easy, secure data exchange and surveillance collaboration
Process Measures:	Number of attendees at virtual meetings, webinars, and in-person sessions Percent of attendees reporting increased awareness, understanding, and knowledge based on surveys delivered
Outputs:	Virtual repository of meeting minutes, slides, and other content or resources accessible by local PHAs workforce Timely, written synthesized results from meetings, evaluations, consultations, or other activity
Budget Period Outcomes:	Large local PHAs will have received and have access to critical information about national strategy, activities, and progress related to but not limited to PHDS, modernization, and case surveillance Large local PHAs capacity needs, challenges, and successes related to surveillance and informatics will inform national strategy to allocate public health resources, including but not limited to funding, technical assistance, and upskilling/training-in-place opportunities
Outcome Measures:	Large local PHA workforce have an increased awareness, engagement, and capacity to support the development and implementation of national strategy, activities, and progress related to surveillance and data exchange

Project Title:	**Guidance to Accelerate Tribal Public Health Data Access and Use**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Tribal health departments**
Project Plan Details	
Project Purpose:	The purpose of this project is to identify legal and policy approaches that can accelerate exchange of public health data with tribal public health authorities, American Indian/ Alaska Natives nations, and tribal governments. This capacity building project will enhance the ability of federally recognized tribes to implement data sharing agreements, increase the speed of data exchange through policy approaches, and implement governance processes that allow for use of advanced technologies (such as cloud hosted tools, and trusted exchange frameworks).
CIO:	OPHDST
Division/Branch/Office /Unit:	All Divisions
Proposed FY24 Project Funding Total:	$750,000.00
Funding Appropriation:	75-24-0959 - Public Health Scientific Services
Funding Statutory Authority:	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The organization should have the skills and organizational reach to effectively engage with complex legal and policy issues, including legal analytic skills and inclusive, partnership-oriented organizational reach. The organization should have organizational reach to engage many federally recognized tribes, work with tribal epidemiology centers (TECs), and work with other state, territorial, and local health departments. In addition, the partner should have project management technology to ensure accurate reporting and tracking to CDC, and should have the needed infrastructure to manage funds effectively,
Recipient Program Experience:	The recipient should have experience developing policy and guidance for legal practitioners who support AI/AN populations. The recipient should demonstrate experience with convening across populations, and experience producing tools and guidance documents that can support data exchange across tribal and other governments at federal, state, and local level.
Expectations for Collaboration:	The expectation is that this will be a collaborative project, bringing together policy guidance for legal counsel and epidemiologists across both AI/AN governments AND state, local, and territorial governments. Therefore, collaboration is expected with a range of health departments, non-governmental representative organizations, as well as organizations that operate technology used to exchange data.
Expected Subcontractual Work and Criteria:	The recipient may subcontract components of work, including material development to support data exchange for AI/AN population, or analytics for particular technology tools. Subcontracting should be executed within the period of performance of the cooperative agreement project.

General Instructions for Use of Funds:	Ensuring opportunities for engagement with many important communities will be critical, but this cooperative agreement project is not intended to support in person convening, a conference, or an in-person workshop. In addition, funds for this project should not be used to build any technology system or data exchange technology product.
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Plan engagement for tribes and tribal serving organizations on national data policy initiatives, including TEFCATrusted Exchange Framework and Common Agreement, shared data platforms, or other strategic activities with a legal or policy component. Gather feedback and address needs for guidance on guidance specific to tribes and tribal serving organizations to help tribes engage as participants in national public health data exchange efforts. Engage federally recognized tribes, tribal serving organizations, and national partners in developing and implementing policies, processes, and governance for improved data exchange with other public health authorities. Analyze legal and policy documents (guidance, agreements, etc.) associated with advanced technologies and with interoperability approaches, and develop guidance to support tribal public health authorities to utilize these tools.
Process Measures:	Engagement and convening with at least ten (10) federally recognized tribes and five (5) tribal supporting organizations (e.g., nationwide supporting organizations, TECs, etc.) regarding tribal data exchange, tribal data policy needs, and opportunities in technology and interoperability initiatives
Outputs:	Guidance document outlining opportunities to increase collaboration between federally recognized tribes and tribal serving organizations on data exchange pathways. Proposed shared governance and communications plans for data sharing across federally recognized tribes and tribal serving organizations engaged in national public health data exchange efforts. Key provisions and language that should be contained within data sharing arrangements between i public health authorities to support efficient data exchange with tribes. Identified policy barriers and multiple solutions for many of the common challenges, that prevent tribes from easily exchanging data.

Budget Period Outcomes:	Improved ability for public health law and policy practitioners serving tribal public health authorities to enable data sharing activities. Improved ability for tribal public health departments to participate in data modernization efforts, including leverage TEFCA or other modern technology approaches
Outcome Measures:	At least 10 tribal public health lawyers and policy practitioners who have access to guidance, communications, and governance planning for tribal public health data. At least 5 federally recognized tribes or tribal serving organizations reporting implementing with new data sharing agreements, pathways, or activities.

Project Title:	**Expanding Electronic Case Reporting (eCR) to Benefit Urban Tribal Populations**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments in cities with Urban Indian Organizations that provide healthcare services to AI/AN people**
Project Plan Details	
Project Purpose:	To increase the number of Urban Indian Organizations sending case report data from their Electronic Health Record (EHR) software to public health agencies through eCR, reducing the reporting burden for healthcare providers and providing better and faster data to public health agencies. This project will support partnership with urban Indian healthcare organizations to enable them to generate and transmit electronic case reports through a shared services platform to increase the timeliness and completeness of mandated case reports to Tribal and other public health authorities.
CIO:	OPHDST
Division/Branch/Office /Unit:	All Divisions
Proposed FY24 Project Funding Total:	$500,000.00
Funding Appropriation:	75-24-0959 - Public Health Scientific Services
Funding Statutory Authority:	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
Expected Project Length:	1 Year
Recipient Organizational Capacity:	Recipient organization has strong knowledge of and relationships with Tribal governments, Tribal-serving organizations, and Urban Indian Organizations. Recipient should have organizational capacity to understand technological barriers to Tribal data modernization. Recipient should have the organizational capacity to effectively coordinate culturally appropriate communications.
Recipient Program Experience:	The recipient organization should have expertise working with Urban Indian Organizations and have familiarity with Electronic Health Record products.
Expectations for Collaboration:	Recipient is expected to collaborate with the eCR partner organizations as needed.
Expected Subcontractual Work and Criteria:	To increase the number of Urban Indian Organization sending reports with eCR, subcontracting with Urban Indian Organizations (UIOs) may be needed. The number of subcontracted organizations should be reflected in the workplan and accomplishments anticipated. Suggest a minimum subaward of $80,000 over 8 months to at least 3 UIOs. Selection criteria should include interest, technical capacity including using an EHR product with eCR capabilities, and support from Urban Indian Organization leadership. Activities suggested include learning about eCR, connecting to the eCR infrastructure, and addressing data quality issues noted in the data quality report that will be provided by the eCR team during onboarding.
General Instructions for Use of Funds:	Funds should be used to support Urban Indian Organizations interested in automated case reporting using eCR
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Acquire and maintain information about EHR software used by Urban Indian Organizations Provide information about the current eCR capabilities of their EHR software to Urban Indian Organizations (technical monitor will assist with acquiring this information if needed)
Process Measures:	Updated EHR information has been requested from at least 75% of Urban Indian Organizations
Outputs:	Written documentation of EHR software used by Urban Indian Organizations, including any planned changes if known
Budget Period Outcomes:	Urban Indian Organizations have better awareness of the eCR capability of their EHR product
Outcome Measures:	For Urban Indian Organizations not yet engaged in eCR, at least 80% are aware of their EHR products' current eCR capabilities.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Conduct outreach to Urban Indian Organizations to share information about eCR. Connect Urban Indian Organizations to the eCR healthcare organization onboarding resources.
Process Measures:	At least 20 Urban Indian Organizations not yet engaged in eCR receive information about eCR.
Outputs:	At least one new resource about eCR developed for Urban Indian Organizations such as a web page, fact sheet, or webinar.
Budget Period Outcomes:	Increased number of Urban Indian Organizations planning for or engaged in eCR
Outcome Measures:	At least 2 additional Urban Indian Organizations begin onboarding their healthcare facilities to eCR
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Serve as a resource for Urban Indian Organizations through the process of connecting to the eCR infrastructure, including acting as a liaison between Urban Indian Organizations and the national eCR team. Communicate about Urban Indian Organization engagement in eCR with Tribal nations, Tribal-serving organizations, or other appropriate partner organizations
Process Measures:	Recipient organization connects and facilitates meetings between the eCR onboarding team and at least 4 Urban Indian Organizations interested in eCR onboarding.
Outputs:	At least 3 communications about Urban Indian Organization eCR engagement are created and delivered to Tribal nations or appropriate partner organizations. These communications can be, but are not limited to, emails, conference presentations, or meetings.
Budget Period Outcomes:	Urban Indian Organizations are connected to effective resources for eCR onboarding Tribal Nations and partner organizations are better informed about Urban Indian Organization data modernization needs and use of eCR
Outcome Measures:	At least 4 Urban Indian Organizations report increased engagement in eCR onboarding as a result of support from the recipient organization

Project Title:	**Technology Policy and Interoperability Policy Capacity Building**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	Public health authorities have many opportunities to leverage new technologies, including data exchange intermediaries, and new interoperability approaches, such as trust frameworks, to exchange data. These frameworks show promise for improving the availability of tools (such as cloud hosted, reusable technology products), but scientists must navigate jurisdictional law, agency policy, and security to effectively participate in these initiatives. Public health scientists need capacity building assistance to effectively utilize these more advanced technology and interoperability approaches. This project purpose is to provide legal technical assistance to jurisdictions who are early adopters of advanced technology and interoperability approaches.
CIO:	OPHDST
Division/Branch/Office /Unit:	All Divisions
Proposed FY24 Project Funding Total:	$600,000.00
Funding Appropriation:	75-24-0959 - Public Health Scientific Services
Funding Statutory Authority:	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
Expected Project Length:	3 Years
Recipient Organizational Capacity:	The recipient should demonstrate the skills and reach to support many STLT health departments, including at the state, territorial, tribal and local level. In addition, the recipient should have reach to work with public health lawyers, the intended capacity building audience, but also the epidemiologists and data stewards who manage the data that will be covered by data use agreements or other legal agreements. The recipient should have the organizational capacity to understand use cases and workflows using modern technology approaches, and data exchange pathways through intermediaries.
Recipient Program Experience:	The recipient should have previous experience identifying legal barriers to data exchange, and providing capacity building experience to public health lawyers, and other public health department staff implementing data use agreements to release data. The recipient should have experience with interoperability projects, and with implementations for data modernization.
Expectations for Collaboration:	Collaboration with the target population, including public health in state, local, tribal and territorial public health authorities is crucial. Collaboration with other professional organizations, including public health epidemiologists, informaticians, and agency leadership, will also be beneficial.
Expected Subcontractual Work and Criteria:	Subcontracting is at the discretion of the recipient organization.
General Instructions for Use of Funds:	Funds are not intended to be used for in person convening, including workshops or conferences.
Strategic Area:	**Data Modernization, Informatics, and Information Technology**

Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	1. Provide legal and policy technical assistance to early adopter jurisdictions (jurisdictions participating as one of first 10 jurisdictions in a new use of a technology, analytics capability, or interoperability policy framework). 2. Increase STLT engagement in discussing and identifying strategic approaches to participating in the use of trust frameworks, and use of advanced technologies
Process Measures:	1. Number of jurisdictions (at least 5) receiving technical assistance. 2. Number of community roundtables to support additional jurisdictions interested in participating in advanced technologies or trust frameworks.
Outputs:	1. Jurisdictions receiving technical assistance can join a TEFCA QHIN or develop internal policy infrastructures allowing them to utilize cloud hosted stared tools to support data exchange. 2. Best practice tools for jurisdictions also interested in adopting modern technologies.
Budget Period Outcomes:	1. Increased adoption of technology and interoperability approaches, through effective navigation of legal and policy barriers
Outcome Measures:	1. At least 5 jurisdictions who receive technical assistance have a policy approach in place to use advanced technology

Project Title:	**Transforming surveillance and informatics for local public health agencies.**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local health departments**
Project Plan Details	
Project Purpose:	The primary purpose of this project is to strengthen the capacity of all local city and county public health agencies (PHA) capacity to collect, manage, and use data for public health action and response in line with data modernization efforts. This project will establish and maintain services needed to support rapid, consistent, and inclusive exchange of critical information and capacity building among local PHA related to core data streams for public health and the associated technology, products, policies, and best practices for collecting, exchanging, using, and disseminating data. This project will build capacity and skills to manage and use public health data among local PHA epidemiologists, analysts, and other workforce members. It will strengthen the necessary infrastructure and resources to support public health data, surveillance, and informatics through technical assistance, training, information sharing, technology transfer, or materials development. This project will ensure local PHA have up to date information, facilitate peer-to-peer sharing, build competency across local PHA and with other STLT, and organize STLT public health input on surveillance processes, standards, and policies.
CIO:	OPHDST
Division/Branch/Office /Unit:	No Division
Proposed FY24 Project Funding Total:	$500,000.00
Funding Appropriation:	75-24-0959 - Public Health Scientific Services
Funding Statutory Authority:	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Organization should have the capacity to engage and convene local county and city health departments from across the United States. They should have established committees, workgroups, and communication channels reaching local health departments. They should an established leader and partner for local health departments.
Recipient Program Experience:	Organization should have experience and expertise in convening and organizing local health departments. They should have expertise in surveillance and informatics needs, challenges, and successes of a variety of local health departments
Expectations for Collaboration:	Recipient would be expected to work very collaboratively with OPDHST leadership and divisions, ensuring consistency and efficiency in activities, messaging, and delivery of services
Expected Subcontractual Work and Criteria:	
General Instructions for Use of Funds:	
Strategic Area:	**Data Modernization, Informatics, and Information Technology**

Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
Activities:	Ensure all local city and county public health agencies (PHA) are informed of and engaged with national efforts to improve STLT capacity to address public health threats through transformed surveillance and data exchange, using existing structures such as committees, workgroups, meetings, webinars, and other communication channels Plan and host virtual and in-person roundtables and panels with representatives from all local city and county PHAs to facilitate development, design, and testing of technology, processes, and solutions for surveillance and data exchange across STLTs and with CDC across all public health domains Engage all local city and county PHAs to define and implement end-to-end solutions for data exchange between healthcare, STLTs, CDC, and associated partners; thereby, increasing STLT capacity to address public health threats. Educate all local city and county PHA workforce to enhance knowledge, skills and abilities for interoperability policy, and participate in standards advancement in public health Engage in efforts to cultivate surveillance and data exchange technical, policy, and process connections between state PHAs and local and tribal PHAs to ensure easy, secure data exchange, and surveillance collaboration
Process Measures:	Number of attendees at virtual meetings, webinars, and in-person sessions Percent of attendees reporting increased awareness, understanding, and knowledge based on surveys delivered
Outputs:	Virtual repository of meeting minutes, slides, and other content or resources accessible by local PHAs workforce Timely, written synthesized results from meetings, evaluations, consultations, or other activity
Budget Period Outcomes:	Local city and county PHAs will have received and have access to critical information about national strategy, activities, and progress related to but not limited to PHDS, modernization, and case surveillance Local city and county PHAs capacity needs, challenges, and successes related to surveillance and informatics will inform national strategy to allocate public health resources, including but not limited to funding, technical assistance, and upskilling opportunities
Outcome Measures:	Local city and county PHA workforce have an increased awareness, engagement, and capacity to support the development and implementation of national strategy, activities, and progress related to surveillance and data exchange

Project Title:	Improving Tribal Access to Electronic Case Reporting (eCR) Data
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Tribal health departments**
Project Plan Details	
Project Purpose:	To increase Tribal public health access to automated case report data through eCR by partnering with organizations that will assist Tribal nations or organizations designated by Tribal nations to receive eCR data. Recipient will work with Tribes to ensure that they can receive eCR data directly by ensuring: (1) Documented case reporting laws, codes, or resolutions; (2) IT and informatics support to enable them to receive and use eCR documents; and (3) Epidemiology expertise to ensure they can enter and update their reporting criteria for reportable conditions. Recipient will also support Tribal nations in partnering with state and local public health departments to facilitate Tribal access to eCR data about their members or people living on Tribal lands.
CIO:	OPHDST
Division/Branch/Office /Unit:	All Divisions
Proposed FY24 Project Funding Total:	
Funding Appropriation:	1,000,000
Funding Statutory Authority:	75-24-0959 - Public Health Scientific Services
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Recipient organization has strong knowledge of and relationships with Tribal nations and Tribal-serving organizations and has existing knowledge of Tribal public health infrastructure and legal and policy factors relevant to Tribal data sovereignty and data access. Recipient should have organizational capacity to understand potential technological barriers to data modernization. Recipient should have the organizational capacity to effectively coordinate communications nationally with Tribal public health departments and Tribal-serving organizations.
Recipient Program Experience:	The recipient organization should have significant previous experience working with Tribal nations to support surveillance and informatics capacity building in Tribal public health departments.
Expectations for Collaboration:	Recipient is expected to collaborate with the national eCR team and with other partner organizations as needed. Technical Monitor will facilitate these relationships as necessary after award.
Expected Subcontractual Work and Criteria:	Recommend subcontracting with at least 6 Tribal nations or organizations designated by Tribal nations to receive data on their behalf as needed. The number of subcontracted organizations should be reflected in the workplan and accomplishments anticipated. Recommend a minimum of 2 but up to 4 awards of at least $200,000 to support Tribes beginning to receive eCR data directly and a minimum of 2 but up to 4 awards of at least $75,000 to Tribes receiving eCR data indirectly in partnership with a state or local health department, over a period of 8 months. Suggested selection criteria should include meaningful proposed use of eCR data, informatics capacity, public health capacity, and support from Tribal leadership. Activities suggested are connecting to the eCR infrastructure, authoring criteria for reportable conditions, and using and analyzing eCR data.

General Instructions for Use of Funds:	Funds should be used to support Tribal nations interested in eCR or organizations designated by Tribal nations to receive eCR data on their behalf.
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Share information with Tribal nations about the how eCR fits into data modernization through webinars or other community events. Share up-to-date information about technical and other requirements for connecting to the eCR infrastructure with Tribal nations through meetings, phone calls, or written communications (CDC will assist with acquiring this information if needed).
Process Measures:	At least 4 Tribal Nations request and receive information about technical and other requirements for connecting to the eCR infrastructure.
Outputs:	Written documentation (such as a fact sheet or web page) of the technical and other requirements for Tribal nations interested in connecting to the eCR infrastructure, including up-to-date resources and information.
Budget Period Outcomes:	Tribal nations have better understanding of the requirements for connecting to the eCR infrastructure to receive data.
Outcome Measures:	At least 20 Tribal nations not currently engaged in eCR report an increased knowledge of eCR as a component of data modernization.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Conduct outreach to Tribal nations to share information about eCR. Connect Tribal nations to the eCR resources. Serve as a resource for Tribal nations during the process of connecting to the eCR infrastructure.
Process Measures:	At least 50 Tribal nations not yet engaged in eCR receive information about eCR. Representatives of at least 25 Tribal nations not yet engaged in eCR attend an informational event such as a webinar or conference session

Outputs:	At least one new resource about eCR developed for Tribal nations such as a web page, fact sheet, or webinar
Budget Period Outcomes:	Increased number of Tribal nations engaged in eCR activities
Outcome Measures:	At least two new Tribal nations or organizations designated by Tribes to receive their data connect to the eCR infrastructure OBJ At least two new Tribal nations or organizations designated by Tribes receiving eCR data indirectly in partnership with a state or local public health agency develop a new dashboard, analysis, or other meaningful project using eCR data
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	Facilitate partnerships between Tribal nations and state and local public health agencies related to eCR data, including supporting Tribes receiving eCR data from state or local public health agencies. Facilitate partnerships between Tribal nations interested in eCR and national organizations involved in eCR.
Process Measures:	Recipient organization facilitates at least two meetings between a state or local public health agency and one or more Tribal nations related to eCR data use. Recipient organization connects at least two Tribal nations to eCR resources developed by organizations involved in eCR.
Outputs:	Tribal nations are using eCR data and/or eCR resources hosted by partner organizations. At least one Tribal nation has developed a new data visualization or analysis using eCR data received from a state or local public health agency.
Budget Period Outcomes:	More Tribal nations are using eCR resources developed by partner organizations involved in eCR. Increased partnership between Tribal public health departments and state or local public health departments related to eCR data.
Outcome Measures:	At least two Tribal public health departments report increased ability to receive or use eCR data as a result of strengthened partnership with a state or local health agency.

Project Title:	**Operationalizing FHIR in Public Health Data Exchange**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	Fast Healthcare Interoperable Resources (FHIR) presents an opportunity for the State, Tribal, Local, or Territorial (STLT) community to identify key implementation challenges within and across public health, as well as provide training and learning opportunities /solutions that demonstrate small scale impact before wide adoption. The goal of this project is to accelerate FHIR maturity and advocate for FHIR standard development and support wide-spread adoption of interoperable data exchange in public health through live FHIR-based connections. Connections can be Public Health to Public Health, but also should consider other integrations, such as Healthcare to Public Health.
CIO:	OPHDST
Division/Branch/Office /Unit:	All Divisions
Proposed FY24 Project Funding Total:	$750,000.00
Funding Appropriation:	75-24-0959 - Public Health Scientific Services
Funding Statutory Authority:	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
Expected Project Length:	5 Years
Recipient Organizational Capacity:	Recipient program should have expertise to operate FHIR implementation(s), including facilitating pilot demonstrations. These pilot demonstrations shall include diverse representatives, and key partner organizations focused on improving interoperability in the public health sector. The recipient shall provide training, show small-scale impacts, help guide decisions, discuss lessons learned, provide feedback on needs for FHIR maturity as it pertains to public health for state, territorial, and local health departments, and integrate best practices for FHIR-based public health data exchange. The organizational reach should include established partnerships with STLT public health departments, effective engagement strategies for various stakeholders, reliable communication channels to disseminate update and gather feedback. Recipient must demonstrate knowledge of HL7 standards and have the capacity to engage with standard development organizations. In addition, the recipient should have expertise in varying types of healthcare and public health data collection.
Recipient Program Experience:	The program recipient should have expertise in implementing FHIR and operating FHIR based pilots, facilitating workgroups focused on transforming data exchange, and working knowledge of current public health workflows and surveillance systems. In addition, the recipient should have experience in running evaluations to identify lessons learned from the pilot participants that can drive future adoption of FHIR in public health as well as inform broader FHIR development needs that can be shared with HL7 FHIR workgroups to drive FHIR maturity in public health.

Expectations for Collaboration:	The recipient is expected to collaborate, support and fund the STLT governments to execute FHIR implementations and to identify best practices for broader dissemination to support widespread adoption of FHIR standards and general data modernization initiatives. Public health also interacts with healthcare and other state programs and systems, depending on the nature of the proposed FHIR implementations, the recipient is expected to collaborate with other applicable public health partners or vendors.
Expected Subcontractual Work and Criteria:	The recipient may subcontract this work. Criteria would be experience with standards (specifically HL7), technical implementations, and with public health and public health partners. In addition, sub-contractors should have effective skills at mediating workgroups to ensure input and engagement across various levels of public health.
General Instructions for Use of Funds:	Funds should be used to pay for travel, personnel, equipment or any other cost the participating recipients, and STLT deems necessary to successfully implement a FHIR-based integration and provide lessons learned to the wider public health community.
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

Activities:	1. Add new pilot participants. Select, in partnership with CDC and in consultation with the Helios HL7 FHIR Accelerator for public health, at least one new pair of pilot participants for integration projects. Ideally, this should include a STLT that has different characteristics and technical abilities than the previous three pilot pairs (i.e., WA and Seattle King County, Minnesota and Hennepin County, Virginia and Fairfax County). STLTs may integrate with other public health authorities but should consider integration with health care facilities, providers, and other public health partners (i.e., registries) to expand previous scope. 2. Expand existing pilot participants. Expand at least one of each of the members of the existing pilot participants (i.e., WA and Seattle King County, Minnesota and Hennepin County, Virginia and Fairfax County) with at least one new or expanded FHIR-enabled use case. The new integration could be STLT to STLT but should consider integration with health care facilities, providers, and other public health partners (i.e., registries). 3. Create a project plan with the new and existing pilot participants for the new FHIR-based implementations. Project plan for each should include a value measure that would be improved by a potential FHIR-based integration. 4. Provide technical assistance (e.g., project and engineering) and coordination (e.g., project management) to jurisdictions engaged in FHIR implementations to ensure they are able to launch FHIR-based integrations to production during the contract period. 5. Assign all pilot sites to participate within the appropriate Helios FHIR Accelerator track. 6. Continue to develop and contribute to a knowledge base, including but not limited to the FHIR playbook, of lessons learned for future work. 7. Share findings and lessons learned in thought leadership publications or presentations with the CDC, the broader FHIR and the public health community. 8. Fund Pilot participants in conference-related costs for transportation, lodging, and other expenses regarding their FHIR projects. 9. Fund STLT pilot participants technical development, coordination or vendor costs required to ensure they are able to launch FHIR-based integrations to production during the contract period.
Process Measures:	1. Number of STLTs supported through technical assistance. Relates to activity 1, 2. 2. Number of health care providers or other public health partners included as pilot participants. Relates to activity 1, 2. 3. Number of STLTs demonstrating new public health workflow project plans, leveraging FHIR. Relates to activity 3, 4, 9. 4. Number of STLTs that attended Helios calls on a weekly basis. Relates to activity 5, 6. 5. Number of STLTs who presented at conferences or participated in Connectathons. Relates to activity 7, 8.

Outputs:	1. For each pilot participant, a project plan for implementation, detailing transition steps from current state (start of project) to future state (end of project or beyond) utilizing FHIR. Relates to activity 3, 4. 2. For each pilot participant, a project plan including documentation about how the project will align to the Helios Accelerators. Relates to activity 3, 5. 3. For each pilot participant, a project plan including consideration of integration with TEFCA network. TEFCA network integration is not required, but an assessment of the benefits and challenges of using for the project is required. Relates to activity 3, 4. 4. For each pilot participant, a project plan for new integration that did not exist before the performance period, which uses the FHIR standard to transmit data useful for public health action. Relates to activity 3, 4, 9. 5. For each pilot participant, a value measure (e.g., time spent, dollars saved, quality improved) that is set as a baseline in the first month of the project, and results are reported in the last month of the project. Relates to activity 1, 2, 3. 6. For each pilot participant, a thought leadership publication or presentation of the results of the implementation, including benefits to public heath outcomes, public health costs or other measurable benefit. Relates to activity 1, 2, 7, 8. 7. Meaningful contribution to a knowledge base (e.g., FHIR Playbook) of lessons learned for future work. Relates to activity 6.
Budget Period Outcomes:	1. There are four (4) Pilot participants (e.g., STLT <> STLT partnerships) supported in FHIR-based implementations, three (3) existing Pilot participants (i.e., WA and Seattle King County, Minnesota and Hennepin County, Virginia and Fairfax County) and one (1) new Pilot participant. Relates to activity 1, 2. 2. A project plan for each pilot participant pair about their FHIR-based implementation. Relates to activity 3, 4. 3. Presentation to OPHDST including a demo of the transactions and outcomes from the implementation. Relates to activity 7. 4. A thought leadership publication or presentation of the scope and the outcomes of the implementation. Related to activity 7, 8.
Outcome Measures:	1. There are three (3) existing pilot pair participants (i.e., WA and Seattle King County, Minnesota and Hennepin County, Virginia and Fairfax County) and at least one (1) new pilot pair participant 2. 100% of implementation participants have started implementation on a scalable FHIR solution for a public health use case. Relates to activity 1, 2, 3, 4, 5, 9. 3. 100% of implementation participants have sent a representative to two conferences to speak to project goals and outcomes. Relates to activity 7, 8. 4. 100% of implementation participants have published or presented the outcomes of their work. Relates to activity 6, 7, 8. 5. 100% of implementation participants have presented the outcomes of their work to OPHDST leadership. Relates to activity 7. 6. 100% of implementation participants have provided project plans. Relates to activity 1, 2, 3, 4, 5, 9.

Project Title:	**Innovations in building strategic partnerships and public health guidance in public health practice**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health Agencies**
Project Plan Details	
Project Purpose:	The purpose of this activity is to build capacity with STLT health departments on using innovative tools and strategies when developing partnerships and public health guidance. Additionally, this project is intended to create channels for STLTS to connect with other STLTS to help identify needs and best practices from the field to inform the development of national partnership strategies and public health guidance development practices. STLT health department staff will learn about techniques to build forward thinking adaptive strategies, anticipate emerging events and trends, develop planning tools to mitigate public health system impact, and integrate strategic engagements to enhance guidance development. The project will work to inform public health practitioners on methods for developing policy options for decision-makers and to strategically develop partnerships with community, private sector and governmental agencies that are critical to an adaptive and agile public health workforce. Additionally, they will have opportunities to practice these methods of engaging partners to work collaboratively toward developing practical public health guidance.
CIO:	OPPE
Division/Branch/Office /Unit:	All Divisions
Proposed FY24 Project Funding Total:	$1,000,000.00
Funding Appropriation:	75-24-0959 Policy Analysis and Engagement Office
Funding Statutory Authority:	N/A
Expected Project Length:	5 Years
Recipient Organizational Capacity:	The ideal organization should have strong relationships with policy experts in the state executive and legislative branches, health department staff at all levels, and community policy experts and should be able to help these collaborators develop and implement programs and policies in public health priority areas related to policy interventions. The organization should be familiar with strategic planning, trend spotting and analysis, scenario-based planning, partnership and guidance criteria development, adaptive actions, continuous improvement, UAF-based approaches (understandable, acceptable, feasible), and other methods to engage individuals in planning for future needs, and the applicability to develop strategic partnerships and inform public health guidance development. The organization should be able to facilitate collection of relevant information and sharing of ideas and experiences, create dialogue with outside organizations, and identify best practices in public health.

Recipient Program Experience:	The ideal organization should have demonstrated experience collaborating with both legislative and executive branches and health department staff at all levels and be familiar with workforce capacity building and conducting needs assessments. An ideal organization should have experience in training and technical assistance in the areas of engaging state and local leadership, introducing new modes and methods of learning and approaches to public health leadership capacity, and creating useful and sustainable tools is desired.
Expectations for Collaboration:	Seeking an organization to work collaboratively to fulfill that vision. Recipient should have existing relationships with training institutions and partners experienced with delivering workforce capacity building training in virtual settings and ability to reach to them on this project.
Expected Subcontractual Work and Criteria:	The expectation is that applicants will have the reach, relationships, capacities, and competencies listed above. If the applicant does not have these, it is expected that the applicant will subcontract appropriately.
General Instructions for Use of Funds:	Assessments of state health department needs to support upskilling of STLT health department staff in trend spotting and analysis, adaptive planning, strategic planning, strategic partnership engagement and public health guidance development.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

Activities:	Build a community of practice for STLT to share learning on partnership and public health guidance development practices. - Use environmental scanning techniques to identify weak and emerging signals, assess potential trends, engage in sense-making opportunities, and apply the findings into the communications, policy, and science of public health practice. - Create technical assistance opportunities and services for public health department staff incorporating trend analysis, strategic public health planning, partnership development, and public health guidance development. Develop partner engagement and guidance development model practices. - Explore, catalog, and promulgate new approaches, models, effective practices, and innovations in strategic partnerships and guidance development occurring in and/or with STLT health departments. - Design communication tools and channels for STLTs to share practices around partnership engagement and guidance development that incorporate trend spotting and analysis, sense-making, are strategic and forward thinking, adaptive to respond to evolutionary needs for public health guidance, address UAF-based approaches (understandable, acceptable, feasible), and innovative partner engagement and modern messaging around science, and policy to move public health initiatives forward. - Draft materials to inform development of more enduring materials. Train health department staff and/or leadership on innovative and strategic partnership engagement and public health guidance development practices - Develop opportunities to provide fellowship-like training for trend spotting, analysis, sense-making, scenario planning and strategic planning, options development, UAF-based approaches (understandable, acceptable, feasible), knowledge sharing, continuous improvement for public health practitioners at state, tribal, local, and territorial health departments - Apply learnings to create decision support tools for state and local health departments, their partners, and policy decision-makers at a variety of levels in the public health ecosystem. - Use learnings to inform more enduring materials for skill building.
Process Measures:	Tracking and completion of major milestones/activities. - Community of Practice established - Partner engagement begun with guidance drafted
Outputs:	- Cohort of trained public health practitioners in state health departments, and their counterparts in tribal, local, and territorial health departments, skilled with scenario planning, use of partnership development, tools and strategy development, adaptive methods for developing public health guidance. - Technical assistance roadmap and services to support the uptake and utility of these skills in STLT health departments. - Strategic curriculum that is adapted for adult learning principles, drafted for virtual delivery that incorporates public health narratives to facilitate real-world applicability. - Journal article drafted on innovation and emerging practices in partnerships models and strategies in STLT health departments.
Budget Period Outcomes:	- Minimum of one cohort of public health practitioners trained in using the strategic partnership development and public health guidance planning tools described in the learning content by end of budget period. - Increased number of frontline public health practitioners establishing new, or strengthening existing, partnerships to inform public health guidance.

Outcome Measures:	- All resulting training tools and products should be consistent with national and local public health priorities resulting in policy options that are considered both viable and relevant for increasing partnership engagement and improving public health guidance planning. - More than 50% of participants report increased number of strategic and forward-thinking partnership engagements and collaborative public health guidance development utilizing the tools and training principles outlined in the learning content above.

Project Title:	**Emergency Readiness and Response: Engaging communities and integrating health equity**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**The population and sub-populations that will benefit from the CBA services are state and local Health Departments (HDs) and the Community Based Organizations (CBOs) they work with that support disproportionately affected populations (e.g., those with disabilities, incarcerated, homeless individuals, from marginalized communities, and more) before, during, and after emergencies.**
Project Plan Details	
Project Purpose:	Build and strengthen the capacity of health departments to engage and coordinate with at-risk populations and organizations that work closely with these populations to 1) integrate health equity and 2) strengthen adherence to mitigation recommendations as part of emergency readiness and response efforts.
CIO:	ORR
Division/Branch/Office /Unit:	All Divisions
Proposed FY24 Project Funding Total:	$125,000.00
Funding Appropriation:	75-24-0956 All Other CDC Preparedness
Funding Statutory Authority:	Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241 (a); 42 U.S.C. 247b-12
Expected Project Length:	1 Year
Recipient Organizational Capacity:	• Adequate physical and virtual infrastructure to support project activities, including meeting rooms, and technology equipment. • Tools and platforms to create online interactive resources that partners and communities can access and use • Technical knowledge of using and creating online platforms • Network of partners to pilot resources and materials
Recipient Program Experience:	To effectively conduct the project, an understanding of emergency readiness and response, health equity, and community engagement is needed. Prior experience creating assessment tools and resources as well as expertise in community engagement principles and health equity science are essential to design tailored a capacity assessment tool that can be used by health department staff and their partner organizations. Experience in building interactive tool that are accessible online will be needed.
Expectations for Collaboration:	• Interaction with at-risk communities and partners who serve these populations to determine components needed in a capacity assessment tool • Ongoing coordination with partners to gather feedback on tools, resources, and communication materials developed to ensure effectiveness • Collaborate with internal and external partners to assess current efforts and needs regarding integration of health equity in emergency readiness and response plans
Expected Subcontractual Work and Criteria:	NA
General Instructions for Use of Funds:	Funds are to support creation of the capacity assessment tool (CAT) and online interactive platform needed for using/sharing the CAT

Strategic Area:	Partnership Development and Engagement
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Create a capacity assessment tool that organizations and/or individual staff can use to identify strengths and growth opportunities in integrating equity science into emergency readiness and response efforts. • Create an online template that enables users to incorporate findings from the capacity assessment tool (CAT) to develop an Equity Integration Action Plan for Emergency Readiness and Response
Process Measures:	Interactive/online capacity assessment tool that health departments and community-based partners can use to assess and address gaps in engaging at-risk communities and integrating equity in emergency readiness and response efforts. • Provides plan to conduct review of current equity initiatives with organizations emergency readiness and response plan • Provides draft of capacity assessment tool • Provides a demo of the pilot capacity assessment tool with partners
Outputs:	• Review of current equity initiatives with organizations emergency readiness and response plan • Draft of capacity assessment tool • Results of pilot of capacity assessment tool with partners • Provide final report and demonstration of capacity assessment tool
Budget Period Outcomes:	By the end of the budget period, develop an interactive/online capacity assessment tool for health departments and community-based partners.
Outcome Measures:	The outcome product will be an interactive/online capacity assessment tool for health departments and community-based partners. This tool will be piloted with at least 10 health departments or partners to assess and address gaps in engaging at-risk communities and integrating equity in emergency readiness and response efforts.

Project Title:	**Enhancing Territorial Public Health Emergency Preparedness and Response Capacity**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health officials, and PHEP-funded staff, within U.S. territories and freely associated states with primary responsibilities related to public health/medical emergency preparedness and response.**
Project Plan Details	
Project Purpose:	The purpose of this project is to advance public health emergency preparedness and response capacity according to priorities of U.S. territories and freely associated states (TFAS), as described within the Public Health Readiness Response Framework (RRF) and the Public Health Emergency Preparedness (PHEP) cooperative agreement. Strategies and activities provided support territorial and freely associated state jurisdictions to help them prepare for, respond to, and recover from public health threats, emergencies, and the public health consequences of disaster incidents through projects and initiatives that build sustainable preparedness, response, and recovery capacity. Funded projects will also improve organizational partnerships, identify evolving technical assistance needs, and promote dissemination of innovative tools, resources, and promising practices. Activities proposed include a wide range of undertakings that aim to influence decision-makers and develop practical solutions that support training, technical assistance, education, workforce development, and policy assistance across the TFAS. It is expected that activities will be accomplished in person, virtually, and/or via an established practice-sharing platform.
CIO:	ORR
Division/Branch/Office /Unit:	No Division
Proposed FY24 Project Funding Total:	$200,000.00
Funding Appropriation:	75-23-0956
Funding Statutory Authority:	Section 319C-1 of the Public Health Service (PHS) Act (title 42 United States Code (USC) § 247d-3b), as amended
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The overarching goals specific to this project reflect a need for a more prepared public health and healthcare system by targeting areas of greatest need. The applicant's organizational capacity must possess the most relevant skills, technology, organizational reach, cultural consideration, and infrastructure to improve the capacity of U.S. Territorial and Freely Associated States (TFAS) health officials, PHEP-funded staff, and policy makers to make informed policy and operational decisions; to develop greater efficiency and effectiveness of state and public health and healthcare preparedness programs; to promote collaboration between TFAS' health agencies and other stakeholders; and to develop overarching TFAS public health preparedness and response capacity.

Recipient Program Experience:	The applicant organization must possess solid experience and expertise in building the programmatic capacity of its members, and territorial public health officials representing the U.S. territories and freely associated states (TFAS). The organization should support state and TFAS efforts that protect the health of all people and engages in a wide range of scientific, educational, technical assistance, training, and policy activities on behalf of advancing public health preparedness and response capacity. The applicant must possess solid experience and expertise in working with PHEP programs located within the U.S. territories and Freely Associated States and be able to demonstrate established relationships with the directors in these jurisdictions.
Expectations for Collaboration:	The recipient will be expected to collaborate with other professional and non-profit organizations and associations that represent STLT public health.
Expected Subcontractual Work and Criteria:	
General Instructions for Use of Funds:	
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Assist with the implementation, development, and review of updated content to support the Response Readiness Framework (RRF) and related public health emergency preparedness capabilities. • Maintain a forum for territorial and freely associated states (TFAS) Directors of Public Health Preparedness (DPHPs) in collaboration with the Division of State and Local Readiness (DSLR). • Provide expert opinion and analysis of current technical assistance efforts, promising practices, research, and other topics of interest. • Increase TFAS all hazard planning and practices through promoting and disseminating innovative targeted training and support development/coordination of educational forums. • Advance the RRF framework and Public Health Emergency Preparedness (PHEP) capability development at the TFAS level (e.g., risk assessments, community partnership projects, STLT exercising, MCM planning, and specific planning for health equity (i.e., at-risk populations). • Assist with the implementation, development, and review of updated content to support the Response Readiness Framework (RRF) and related performance measures. • Implement a peer-to-peer mentoring and training program designed to help acclimate new Public Health Directors, Preparedness Coordinators, and territorial Health Officials to public health emergency and response, the RRF, and public health emergency preparedness capabilities.
Process Measures:	Recipient will report participation in at least 4 regularly scheduled meetings that result in tools and resources for technical assistance. Recipient will report the total number of meetings and the tools and resources provided per meeting.
Outputs:	Recipient will report the number of meetings hosted and the tools and resources that will be provided to TFAS for technical assistance.
Budget Period Outcomes:	Increased educational materials, technical assistance, and program evaluation tools in and around RRF topic areas and PHEP cooperative agreement program requirements provided to TFAS receiving PHEP funding.
Outcome Measures:	Recipient will produce an end of year report that describes the TA, collaboration, and assistance that was provided to jurisdictions throughout the year.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

Activities:	• Collaborate with national organizations that represents TFAS organizations to facilitate collaborative planning between local Public Health Emergency Preparedness (PHEP) program directors and other preparedness and response partners to advance preparedness and response program planning, development, and implementation, including implementing models that advance administrative readiness. • In conjunction with a national organization that represents local health officials, advance the RRF framework and Public Health Emergency Preparedness (PHEP) capability development at the TFAS level, to include coordination between PHEP recipients and local planning jurisdictions (as applicable) affiliated community partnership projects, jurisdictional exercising, MCM planning, and health equity initiatives, such as planning for populations that are disproportionately impacted by public health threats and emergencies. • Coordinate with other non-profit professional associations on topics of interest that represent public health and emergency management and other applicable federal agencies such as the Department of Homeland Security/Federal Emergency Management Agency, Department of Interior, and the Administration for Strategic Preparedness and Response to improve public health emergency preparedness and response.
Process Measures:	Recipient will participate in at minimum one joint/partner activity with applicable public health partners.
Outputs:	Development of tools, resources, policy statements, and positions resulting from partnership coordination and activities.
Budget Period Outcomes:	Increased partnership opportunities and shared resources.
Outcome Measures:	Increased coordination and collaboration resulting in improved tools and resources for TFAS PHEP recipients.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Promote and disseminate educational materials, training curricula, and program evaluation tools in and around RRF topical areas and PHEP Capabilities. • Implement a peer-to-peer mentoring and training program designed to help acclimate new Public Health Directors, Preparedness Coordinators, and TFAS Health Officials to public health emergency and response, the RRF, and public health emergency preparedness capabilities. • Plan and implement an in-person biennial forum (i.e., the PIPER Summit) for USAPI public health preparedness staff in collaboration with the Division of State and Local Readiness and other relevant USAPI non-profit organizations. • Collaborate with subject matter experts regarding public health emergency response and RRF competencies, training options, gaps, barriers, and facilitators. • Collaborate with subject matter experts regarding RRF competencies, training options, gaps, barriers, and facilitators.
Process Measures:	Recipient will host at least 2 regularly scheduled meetings that result in tools and resources for workforce development and/or technical assistance. Recipient will report number of meetings and the tools and resources provided per meeting.
Outputs:	TFAS communities of practice (CoPs) formally established and the total number of CoP meetings held throughout the project period.
Budget Period Outcomes:	TFAS PHEP Directors of Public Health Preparedness are effectively networked, sharing promising practices, and, as a peer-to-peer network, providing expert consultation to each other.
Outcome Measures:	100% of TFAS directors of public health preparedness are members of the community of practice.

Project Title:	**Enhancing Local Public Health Emergency Preparedness and Response Capacity**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Local Public Health Departments**
Project Plan Details	
Project Purpose:	The Enhancing Local Public Health Emergency Preparedness and Response Capacity project aims to provide support to local health departments (LHDs) in preparing for, responding to, and recovering from emergencies and disasters with initiatives that build sustainable capacity for emergency response, help foster partnerships with community organizations to plan and respond to emerging threats, provide technical assistance, develop innovative tools and resources, and disseminate promising practices. The goal of this project is to advance local public health emergency preparedness and response capacity according to priorities described within the Public Health Response Readiness Framework (RRF) and the Public Health Emergency Preparedness (PHEP) cooperative agreement. The activities proposed in this project include a range of activities that aim to provide training, technical assistance, education, workforce development, and policy assistance to local public health departments (LHDs) across the U.S., its territories, and freely associated states (TFAS). Activities also aim to influence preparedness programs and policy with decision-makers and develops practical solutions that help LHDs build resilient communities. Funding will be awarded to a national organization that represents local public health officials across the U.S., territories, and freely associated states.
CIO:	ORR
Division/Branch/Office /Unit:	No Division
Proposed FY24 Project Funding Total:	$1,069,500.00
Funding Appropriation:	75-23-0956
Funding Statutory Authority:	Section 319C-1 of the Public Health Service (PHS) Act (title 42 United States Code (USC) § 247d-3b), as amended.
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The overarching goals specific to this project support the need for a more prepared public health and healthcare system by targeting program areas of greatest need. The applicant's organizational capacity must possess the most relevant skills, technology, organizational reach, and infrastructure to improve the capacity of local health officials and policy makers to make informed policy and operational decisions; to develop greater efficiency and effectiveness of local and public health and healthcare preparedness programs; to promote collaboration between state and local public health agencies and other stakeholders; and to develop overarching state and local public health preparedness and response capacity.
Recipient Program Experience:	The applicant organization must possess solid experience and expertise in building the programmatic capacity of its members, the local health officials of the health agencies across the United States. The organization should support local efforts that protect the health of all people and engages in a wide range of scientific, educational, technical assistance, training and policy activities on behalf of advancing public health preparedness and response capacity.

Expectations for Collaboration:	The recipient will be expected to collaborate with other professional and non-profit organizations and associations that represent STLT public health emergency preparedness. Given the technical complexity of parts of the project, CDC understands that the applicant may need to subcontract some of the activities, specifically those related to risk communications.
Expected Subcontractual Work and Criteria:	
General Instructions for Use of Funds:	
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Support implementation of efficient LHD tracking and oversight systems (including promoting improved public health partnerships with fiscal and budget officials) to increase fiscal management capacity and reduce unobligated Public Health Emergency Preparedness (PHEP) preparedness funds remaining at the end of budget and project periods. • Activities to improve the use of communication and information technology to affect local health decisions and actions. • Support implementation of data modernization efforts in alignment with the six core capabilities aligned with the North Star Architecture and coordinate with a national organization representing public health laboratories to promote public health biological and chemical laboratory data sharing into state and territorial emergency preparedness and response exercises where applicable.
Process Measures:	Recipient will host at least four administrative preparedness trainings. Recipient will report the total number of trainings, and/or number of tools/resources provided at the end of the budget period.
Outputs:	Number of administrative preparedness trainings held and/or number of tools/resources provided.
Budget Period Outcomes:	PHEP recipients will have increased access to administrative preparedness resources.
Outcome Measures:	Recipient will provide an end of year report that describes the administrative preparedness trainings, tools, and resources they've provided to PHEP recipients. At least 65% of PHEP recipients should have access to said trainings, tools, and resources.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Assist with implementation, development, and review of the 10 priorities of the Response Readiness Framework (RRF) and related outcomes within the Public Health Emergency Preparedness cooperative agreement. Identify opportunities to promote technical assistance in support of PHEP cooperative agreement strategies and activities. • Broadly assist with the implementation, development, and review of updated initiatives that support the Response Readiness Framework (RRF) and related PHEP performance goals and measures. • Collaborate with LHD constituents to identify promising practices and model training resources among a sample of jurisdictions and conduct follow up review/evaluation. • In collaboration with DSLR, develop and implement a criteria-based training and recognition program that assesses LHD capacity and capability to plan for, respond to, and recover from public health emergencies. This recognition program must focus on protecting the public's health and strengthening the public health infrastructure by equipping LHDs with sustainable tools to plan, train, and exercise using a continuous quality improvement model. • Promote procedures for distributing funds to local levels in a timely and efficient manner as described in the PHEP cooperative agreement to assist in developing effective sub-awardee monitoring strategies that can reduce unobligated Public Health Emergency Preparedness (PHEP) preparedness funds remaining at the end of budget and project periods. • Provide expert opinion and analysis of current technical assistance efforts, promising practices, research, and other related content. • Develop a response operations plan in collaboration with other public health professional associations that effectively describes the roles and responsibilities when representing local public health agencies when responding to public health threats and emergencies. • Develop and implement a community of practice to coordinate guidance to assist LHDs with dispensing medical countermeasures during a public health emergency with special emphasis placed on local public health jurisdictions participating in the Cities Readiness Initiative (CRI) program. • Develop toolkit that will contain evidenced-based administrative preparedness (Admin Prep) best practices, planning templates/checklists, and Admin Prep-specific capability assessment tool(s) with metrics. Sections should describe key local considerations, the role(s) of local public health departments in Admin Prep, and data management strategies on collecting, recording, and reporting fiscal and administrative processes at the local level.

	• Assist in planning, coordination, and integration of information and activities at the Annual Preparedness Summit. • Convene and coordinate meetings and conference calls, as appropriate, to share findings and recommendations emerging from public opinion information with state public health communicators. This could include the development of, or participation in, a community of practice for public health emergency communicators. • Provide crisis emergency risk communication (CERC) training to SLTL public health communicators.
Process Measures:	Participation in at least four regularly scheduled meetings that result in tools and resources for technical assistance. Recipient will report number of meetings and the tools and resources provided per meeting.
Outputs:	Number of meetings hosted and the tools and resources that will be provided to LHDs for technical assistance.
Budget Period Outcomes:	Increased educational materials, training curricula, technical assistance, and program evaluation tools in and around RRF topic areas and PHEP cooperative agreement program requirements provided to LHDs receiving PHEP dollars.
Outcome Measures:	Recipient will produce an end of year report that describes the TA, collaboration, and assistance that was provided to LHDs and CRI jurisdictions throughout the project period.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Collaborate with a national organization that represents state and territorial organizations to facilitate collaborative planning between local Public Health Emergency Preparedness (PHEP) program directors and other preparedness and response partners to advance preparedness and response program planning, development, and implementation, including implementing models that advance STLT administrative readiness. • In conjunction with a national organization that represents state health officials, advance the RRF framework and Public Health Emergency Preparedness (PHEP) capability development at the local level, to include coordination between PHEP recipients and local planning jurisdictions affiliated with the Cities Readiness Initiative program, community partnership projects, jurisdictional exercising, MCM planning, and health equity initiatives, such as planning for populations that are disproportionately impacted by public health threats and emergencies • Coordinate activities representative of state and territorial public health emergency preparedness, response, and recovery at the Preparedness Summit. • Coordinate with other non-profit professional associations on topics of interest that represent public health and emergency management and other applicable federal agencies such as the Department of Homeland Security/Federal Emergency Management Agency, the National Emergency Management Association, the National Governors Association, and the Administration for Strategic Preparedness and Response to improve public health emergency preparedness and response.
Process Measures:	Recipient will host at least one joint partner activity with relevant public health partners.
Outputs:	Development of tools, resources, policy statements, and positions resulting from partnership coordination and activities.
Budget Period Outcomes:	Increased partnership opportunities and shared resources.
Outcome Measures:	Increased coordination and collaboration resulting in improved tools and resources for LHDs.
Strategic Area:	**Policy and Programs**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Participate in the development and implementation of strategic policy positions that advance state public health preparedness capability in coordination with other national organizations that represent STLT public health officials, emergency managers, and other key stakeholders. • Maintain a community of practice for LHD Preparedness Program Directors that includes supporting a preparedness policy advisory group in collaboration with the Division of State and Local Readiness (DSLR).

	• Maintain a public health preparedness policy advisory community of practice in collaboration with the Division of State and Local Readiness and assist in coordination and integration of public health emergency preparedness information and activities. • Conduct a national assessment of local health departments that gathers information about preparedness trends and emerging issues at LHDs that will inform priorities at the state, local, and national levels. This report should be produced at least twice throughout the project period and include topics in local preparedness such as administrative preparedness, training for staff, partnerships, and at-risk and vulnerable populations served in preparedness planning (i.e., health equity). • Develop and implement strategic policy positions that advance local Public Health Emergency Preparedness (PHEP) capabilities and the RRF in coordination with other national organizations that represent local health officials, emergency managers, state homeland security advisors, governors, and other key emergency preparedness and response stakeholders. • Maintain a forum for state health directors that includes supporting preparedness policies in collaboration with the Division of State and Local Readiness (DSLR). • Administer/participate in preparedness policy conference calls with the program directors of Public Health Emergency Preparedness (PHEP) and the Strategic National Stockpile (SNS) programs for all 50 states and 4 locally- PHEP funded jurisdictions with CDC's Division of State and Local Readiness (DSLR) and other key stakeholders. • Participate in a public health preparedness policy advisory group in collaboration with the Division of State and Local Readiness and assist in coordination and integration of information and activities on the DPHP Executive Committee and annual meeting. • Work with CDC, ASPR, and other public health agencies to strengthen response operations. Examples of these efforts include, but are not limited to: -- Working with CDC to ensure that STLT jurisdictions have a clearly defined understanding of federal agencies' roles and responsibilities during a biological event. This clarification of roles and responsibilities could result in a document(s) and/or training for STLTs, non-governmental partners, and other federal ESF-8 partners. -- Working with DSLR, ASPR, and other public health agencies to improve STLT regional footprints by developing and strengthening relationships with other preparedness-focused federal agencies. -- Providing surge capacity during CDC responses to assist local public health departments. This should include supporting local public health officials during public health emergency responses by providing forums for bidirectional communication between federal response agencies, information and resource sharing, and technical assistance on the epidemiological response to facilitate a more effective, coordinated national response.
Process Measures:	Recipient will host at least one regularly scheduled meeting that result in policy statements, program recommendations, and/or gaps in technical assistance needs.

Outputs:	Development of at five new public health emergency preparedness policy statements based on new and emerging public health issues that would benefit from a policy position from local public health leaders to ensure the PHEP LHD voice is heard.
Budget Period Outcomes:	Increased policy statements reflecting public health emergency preparedness and response issues representative of PHEP local Health leaders to inform ongoing public health preparedness and response initiatives.
Outcome Measures:	At least five new policy statements reflective of new/emerging topics in public health emergency preparedness in the project period.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Maintain a LHD Medical Countermeasure Dispensing and vaccine administration (MCM) community of practice that supports cross collaboration, sharing of innovative dispensing and vaccine administration models, policy decisions, exercising, and other targeted training and education deemed necessary. • Develop and implement a peer-to-peer mentoring and training program designed to help acclimate new Public Health Preparedness Directors, MCM Coordinators, and local health officials to public health emergency and response, the RRF, and the broader emergency preparedness, response, and recovery topics. This training program should incorporate mental health and well-being into its design. • Collaborate with subject matter experts regarding RRF competencies, training options, gaps, barriers, and facilitators. • Collaborate with constituents to develop training resources among a sample of local jurisdictions and conduct follow up evaluation. • Develop a response operations plan in collaboration with other public health professional associations that effectively describes the roles and responsibilities when representing state and territorial public health agencies during responses to public health threats and emergencies.
Process Measures:	Recipient will host at least four regularly scheduled meetings that result in tools and resources for workforce development and/or technical assistance. Recipient will report total number of meetings and the tools and resources provided per meeting.
Outputs:	Recipient will list the communities of practice formally established and the total number of CoP meetings held throughout the project period.

Budget Period Outcomes:	Local Directors of Public Health Preparedness and locally-based MCM Coordinators are effectively networked, sharing promising practices, and, as a peer-to-peer network, providing expert consultation.
Outcome Measures:	At least 50% of LHDs members take part in at least one community of practice.

Project Title:	**Enhancing State Public Health Emergency Preparedness and Response Capacity**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**State health officials with primary responsibilities related to public health/medical emergency preparedness and response.**
Project Plan Details	
Project Purpose:	The Enhancing State Public Health Emergency Preparedness and Response Capacity project's goal is to advance jurisdictional public health emergency preparedness and response according to priorities described within the Public Health Response Readiness Framework (RRF) and the Public Health Emergency Preparedness (PHEP) cooperative agreement. The strategies and activities set forth provide support to state, territorial, and freely associated state jurisdictions to prepare for, respond to, and recover from public health threats, emergencies, and the public health consequences of disaster incidents through projects and initiatives that build sustainable preparedness, response, and recovery capacity. Funding will be awarded to a national organization that represents state health officials across the U.S., territories, and freely associated states. Funded projects will improve organizational partnerships, identify evolving technical assistance needs, and promote dissemination of innovative tools, resources, and promising practices. The activities proposed in this project include a range of activities that aim to provide training, technical assistance, education, workforce development, and policy assistance to health departments across the U.S., its territories, and freely associated states (TFAS). Activities also aim to influence preparedness programs and policy with decision-makers and develops practical solutions that help state and territorial HDs build resilient communities.
CIO:	ORR
Division/Branch/Office /Unit:	No Division
Proposed FY24 Project Funding Total:	$462,500.00
Funding Appropriation:	75-23-0956
Funding Statutory Authority:	Section 319C-1 of the Public Health Service (PHS) Act (title 42 United States Code (USC) § 247d-3b), as amended.
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The overarching goals specific to this project support the need for a more prepared public health and healthcare system by targeting program areas of greatest need. The applicant's organizational capacity must possess the most relevant skills, technology, organizational reach, and infrastructure to improve the capacity of state health officials and policy makers to make informed policy and operational decisions; to develop greater efficiency and effectiveness of state and public health and healthcare preparedness programs; to promote collaboration between state public health agencies and other stakeholders; and to develop overarching state and territorial public health preparedness and response capacity.

Recipient Program Experience:	The applicant organization must possess solid experience and expertise in building the programmatic capacity of its members and state public health officials representing public health agencies in all 50 states, U.S. territories, freely associated states, and the District of Columbia. The organization should support state and territorial efforts that protect the health of all people and engage in a wide range of scientific, educational, technical assistance, training and policy activities on behalf of advancing public health preparedness and response capacity.
Expectations for Collaboration:	The recipient will be expected to collaborate with other professional and non-profit organizations and associations that represent STLT public health emergency preparedness. Given the technical complexity of parts of the project, CDC understands that the applicant may need to subcontract some of the activities, specifically those related to risk communications.
Expected Subcontractual Work and Criteria:	
General Instructions for Use of Funds:	
Strategic Area:	**Data Modernization, Informatics, and Information Technology**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	Improve administrative preparedness financial management systems to reduce unobligated Public Health Emergency Preparedness (PHEP) preparedness funds remaining at the end of budget and project periods by: • Training Public Health Emergency Preparedness (PHEP) recipients in the utilization of effective administrative preparedness practices and systems. • Training PHEP recipients via a readiness website, wherein subject matter experts share and explore new ways to meet today's public health challenges. This platform, which encourages a community of practice, should feature inspiring stories, practical resources, innovative practices, and strategies for use in readiness planning and implementation in and around the areas of the RRF. • Identifying and assisting states and territories with public health barriers and methods to enhance contracting, procurement, hiring, and financial systems including data modernization efforts; efforts should align with national programs (e.g., Readiness Response Framework and other applicable initiatives). • Supporting implementation of efficient state data tracking and oversight systems (including promoting improved public health partnerships with fiscal and budget officials) to improve fiscal management systems and reduce unobligated Public Health Emergency Preparedness (PHEP) preparedness funds remaining at the end of budget and project periods. • Supporting implementation of data modernization efforts in alignment with the six core capabilities aligned with the North Star Architecture and coordinate with a national organization representing public health laboratories to promote public health biological and chemical laboratory data sharing into state and territorial emergency preparedness and response exercises where applicable. • Promoting the ongoing development of state and territorial health alert systems, situational awareness data sharing, and modern use of technology for communicating public health risks and decisions to the public.
Process Measures:	Number of administrative preparedness trainings held and/or number of tools/resources provided.
Outputs:	Number of administrative preparedness trainings held and/or number of tools/resources provided. Percentage of PHEP recipients claiming increased knowledge post training or tool/resource delivery.
Budget Period Outcomes:	PHEP recipients will have increased access to administrative preparedness resources.
Outcome Measures:	Recipient will provide an end of year report that describes the administrative preparedness trainings, tools, and resources they've provided to PHEP recipients. The recipient should target 100% of PHEP recipients having access to said trainings, tools, and resources.
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	

Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

Activities:	• Assist with implementation, development, and review of the 10 priorities of the Response Readiness Framework (RRF) and related outcomes within the Public Health Emergency Preparedness cooperative agreement. Identify opportunities to promote technical assistance in support of PHEP cooperative agreement strategies and activities. • Promote procedures for distributing preparedness funds from state to local levels in a timely and efficient manner as described in the PHEP cooperative agreement and identify effective sub-awardee monitoring strategies that can reduce unobligated Public Health Emergency Preparedness (PHEP) preparedness funds remaining at the end of budget and project periods. • Collaborate with CDC to establish an intra-agency work group that is focused on assessing commonalities of STLT funding and streamlining preparedness funding for recipients. • Provide expert opinion and analysis of current technical assistance efforts, promising practices, research, and other related content. • Develop a response operations plan in collaboration with other public health professional associations that effectively describes the roles and responsibilities when representing state and territorial public health agencies during responses to public health threats and emergencies. • Promote and disseminate educational materials, training curricula, and program evaluation tools in and around RRF topic areas and PHEP cooperative agreement program requirements. Develop and promote toolkit(s) that contain administrative preparedness (Admin Prep) best practices, planning templates/checklists, and Admin Prep-specific capability assessment tool(s) with metrics. Sections should describe key local considerations, the role(s) of public health departments in Admin Prep, and management strategies for collecting, recording, and reporting fiscal and administrative processes. • Broadly assist with the implementation, development, and review of updated initiatives that support the Response Readiness Framework (RRF) and related performance goals and measures. • Promote and disseminate educational materials, training curricula, and program evaluation tools related to RRF topical areas. • Collaborate with constituents to identify promising practices and model training resources among a sample of state jurisdictions and conduct follow up review/evaluation. • Convene and coordinate meetings and conference calls, as appropriate, to share findings and recommendations emerging from public opinion information with state public health communicators. This could include the development of, or participation in, a community of practice for public health emergency communicators. • Provide crisis emergency risk communication (CERC) training to SLTL public health communicators.
Process Measures:	Number of meetings and a list of the tools and resources provided per meeting.
Outputs:	Number of meetings hosted and the tools and resources that will be provided to STLTs for technical assistance.

Budget Period Outcomes:	Increased access to technical assistance; improved collaboration with STLT jurisdictions and CDC IMS; improved preparedness and response capacity in STLTs; improved tools and resource utilization at the STLT level.
Outcome Measures:	Recipient will produce updated content that supports the technical assistance and program support for the RRF and capability development. Recipient will produce an end of year report that describes the TA, collaboration, and assistance that was provided to jurisdictions throughout the project period.
Strategic Area:	**Partnership Development and Engagement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Collaborate with a national organization that represents local public health departments organizations to facilitate collaborative planning between state and local Public Health Emergency Preparedness (PHEP) program directors and other preparedness and response partners to advance preparedness and response program planning, development and implementation, including collaborative models that advance S/T readiness. • In conjunction with a national organization that represents local health officials, advance the RRF framework and Public Health Emergency Preparedness (PHEP) capability development at the state level, to include coordination between PHEP recipients and local planning jurisdictions affiliated with the Cities Readiness Initiative program, community partnership projects, jurisdictional exercising, MCM planning, and health equity initiatives, such as planning for populations disproportionately impacted by public health threats and emergencies • In conjunction with a national organization that represents local health officials, coordinate activities representative of state and territorial public health emergency preparedness, response, and recovery at the Preparedness Summit. • Coordinate with other non-profit professional associations on topics of interest that represent public health and emergency management and other applicable federal agencies such as the Department of Homeland Security/Federal Emergency Management Agency, the National Emergency Management Association, the National Governors Association, and the Administration for Strategic Preparedness and Response to improve public health.
Process Measures:	Number of joint activities with relevant public health partners.
Outputs:	Development of tools, resources, policy statements, and recommendations resulting from partnership coordination and activities.
Budget Period Outcomes:	Increased partnership opportunities and shared resources.
Outcome Measures:	Increased coordination and collaboration resulting in improved tools and resources for PHEP recipients.
Strategic Area:	**Policy and Programs**
Strategic Area Details	

Outcomes:	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Develop and implement strategic policy positions that advance local Public Health Emergency Preparedness (PHEP) capabilities and the RRF in coordination with other national organizations that represent local health officials, emergency managers, state homeland security advisors, governors, and other key emergency preparedness and response stakeholders. • Maintain a forum for state health directors that includes supporting preparedness policies in collaboration with the Division of State and Local Readiness (DSLR). • Participate in the development and implementation of strategic policy positions that advance state public health preparedness capability in coordination with other national organizations that represent STLT public health officials, emergency managers, and other key stakeholders. • Administer/participate in preparedness policy conference calls with the program directors of Public Health Emergency Preparedness (PHEP) and the Strategic National Stockpile (SNS) programs for all 50 states and 4 locally- PHEP funded jurisdictions with CDC's Division of State and Local Readiness (DSLR) and other key stakeholders. • Participate in a public health preparedness policy advisory group in collaboration with the Division of State and Local Readiness and assist in coordination and integration of information and activities on the DPHP Executive Committee and annual meeting. • Work with CDC, ASPR, and other public health agencies to strengthen response operations. Examples of these efforts include, but are not limited to: -- Working with CDC to ensure that STLT jurisdictions have a clearly defined understanding of federal agencies' roles and responsibilities during a biological event. This clarification of roles and responsibilities could result in a document(s) and/or training for STLTs, non-governmental partners, and other federal ESF-8 partners. -- Working with DSLR, ASPR, and other public health agencies to improve STLT regional footprints by developing and strengthening relationships with other preparedness-focused federal agencies. -- Providing surge capacity during CDC responses to assist STLT and member populations. This should include supporting STLT public health officials during public health emergency responses by providing forums for bidirectional communication between federal response agencies, information and resource sharing, and technical assistance on the epidemiological response to facilitate a more effective, coordinated national response.
Process Measures:	Number of regularly scheduled and hosted meetings that result in policy statements, program recommendations, and/or gaps in technical assistance needs.

Outputs:	Development of at least five new public health emergency preparedness program policy statements informed by state and territorial public health leaders that focus on new and emerging public health emergency preparedness and response issues.
Budget Period Outcomes:	Increased policy statements reflecting public health emergency preparedness and response issues representative of PHEP State/Territorial Health leaders to inform ongoing public health preparedness and response initiatives.
Outcome Measures:	At least five new policy statements reflective of new/emerging public health preparedness and response topics during the project period.
Strategic Area:	**Workforce**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Maintain a national forum to support a Directors of Public Health Preparedness (DPHPs) community of practice in collaboration with the Division of State and Local Readiness (DSLR). -- Establish DPHP monthly meetings in coordination with DSLR. -- Convene a DPHP Executive Subcommittee consisting of state and territorial DPHP representatives. -- Host and organize a DPHP annual meeting for state and territorial public health officials in coordination with DSLR, to include priority topics of interest for DPHP members, policy updates, showcase promising practices, and other applicable topics of interest. • Maintain a state and territorial Medical Countermeasure Dispensing and vaccine administration (MCM) community of practice that supports cross collaboration, sharing of innovative dispensing and vaccine administration models, policy decisions, exercising, and other targeted training and education deemed necessary. -- Establish regularly scheduled state and territorial MCM Coordinator Meetings and forums. -- Establish a MCM Steering Committee consisting of state and territorial representatives. • Develop and implement a peer-to-peer mentoring and training program designed to help acclimate new Public Health Preparedness Directors, MCM Coordinators, and State Health Officials to public health emergency and response, the RRF, and broader emergency preparedness, response, and recovery topics. This training program should incorporate mental health and well-being into its design. • Collaborate with subject matter experts regarding RRF competencies, training options, gaps, barriers, and facilitate feedback from the DPHP and MCM communities of practice.

Process Measures:	Number of regularly scheduled and hosted meetings that result in tools and resources for workforce development and/or technical assistance. Recipient will report number of meetings and tools, resources and state and territorial recommendations provided per meeting.
Outputs:	DPHP, DPHP Executive Committee, and MCM communities of practice formally established and the total number of DPHP, DPHP Executive Committee, and MCM Committee meetings held throughout the project period.
Budget Period Outcomes:	State and territorial Directors of Public Health Preparedness and MCM Coordinators are effectively networked, sharing promising practices, and, as a peer-to-peer network, providing expert consultation to each other.
Outcome Measures:	100% of state and territories are members of the DPHP and MCM communities of practice.

Project Title:	**Enhancing Tribal Public Health Emergency Preparedness and Response Capacity**
Population of Focus:	**Category A: Governmental Public Health Departments**
Population of Focus Description:	**Federally recognized tribes and tribal entities with primary responsibilities related to public health emergency preparedness and response.**
Project Plan Details	
Project Purpose:	The purpose of this project is to advance public health emergency preparedness and response capacity according to the priorities of U.S. territories and freely associated states (TFAS), as described within the Public Health Readiness Response Framework (RRF) and the Public Health Emergency Preparedness (PHEP) cooperative agreement. Strategies and activities provided support to tribal jurisdictions to help them prepare for, respond to, and recover from public health threats, emergencies, and the public health consequences of disaster incidents through projects and initiatives that build sustainable preparedness, response, and recovery capacity. Funded projects will also improve organizational partnerships, identify evolving technical assistance needs, and promote the dissemination of innovative and culturally relevant tools, resources, and promising practices. Activities proposed aim to influence decision-makers and develop practical solutions that support training, technical assistance, education, workforce development, and policy assistance across the tribal entities. It is expected that activities will be accomplished in person, virtually, and/or via an established practice-sharing platform.
CIO:	ORR
Division/Branch/Office /Unit:	No Division
Proposed FY24 Project Funding Total:	$125,000.00
Funding Appropriation:	75-23-0956
Funding Statutory Authority:	Section 319C-1 of the Public Health Service (PHS) Act (title 42 United States Code (USC) § 247d-3b), as amended.
Expected Project Length:	1 Year
Recipient Organizational Capacity:	The applicant's organizational capacity must possess the most relevant skills, technology, organizational reach, cultural consideration, and infrastructure to improve the capacity of tribal entities; to develop greater efficiency and effectiveness of tribal public health and healthcare preparedness programs; to promote collaboration between tribal health agencies, STLTs, and other stakeholders; and to develop overarching tribal public health preparedness and response capacity. The applicant should represent, or otherwise have the capacity to reach and engage, tribal entities, tribal governments, tribal leaders, and tribal health departments.
Recipient Program Experience:	The applicant organization must possess solid experience and expertise in building the programmatic capacity of its members, tribal entities, tribal governments, and tribal leaders. The organization should support tribal and STLT efforts that protect the health of all people and engages in a wide range of scientific, educational, technical assistance, training, and policy activities on behalf of advancing public health preparedness and response capacity. The applicant must possess solid experience and expertise in working with PHEP programs located within the U.S. territories and Freely Associated States and be able to demonstrate established relationships with the directors in these jurisdictions.

Expectations for Collaboration:	The recipient will be expected to collaborate with other professional and non-profit organizations and associations that represent STLT public health.
Expected Subcontractual Work and Criteria:	
General Instructions for Use of Funds:	
Strategic Area:	**Organizational Capacity and Performance Improvement**
Strategic Area Details	
Outcomes:	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
Activities:	• Collaborate with Tribes, Area Health Boards, Tribal organizations, and Tribal Leaders to advance public health emergency preparedness programs in those jurisdictions. • Provide preparedness and response training, education, and technical assistance to tribes, tribal governments, and/or tribal health departments. • Develop strategies to increase understanding of Tribal public health emergency preparedness programs' technical assistance needs as it relates to Tribal Public Health Emergency Preparedness (TPHEP). • Provide technical assistance to tribal communities in their efforts to improve the tribal public health emergency preparedness programs/efforts in those jurisdictions by assisting with data needs through partnership development, community-based research, and education. • Maintain a forum for tribal leaders and directors that includes supporting preparedness policies in collaboration with the Division of State and Local Readiness (DSLR). • Identify opportunities to promote technical assistance in support of PHEP cooperative agreement strategies and activities. • Assist with implementation, development, and review of the 10 priorities of the Response Readiness Framework (RRF) and related outcomes within the Public Health Emergency Preparedness cooperative agreement. • Providing surge capacity during CDC responses to assist STLT and member populations. This should include supporting STLT public health officials during public health emergency responses by providing forums for bidirectional communication between federal response agencies, information and resource sharing, and technical assistance on the epidemiological response to facilitate a more effective, coordinated national response. • Promote and encourage ways to better integrate tribal training and exercise needs and information dissemination strategies into STLT operational activities, such as inclusion in exercise and drills. • Enhance surveillance systems and data sharing between states and Tribes.

Process Measures:	Recipient will report participation in at least 2 regularly scheduled meetings that result in tools and resources for technical assistance. Recipient will report number of meetings and the tools and resources provided per meeting.
Outputs:	Recipient will report the number of meetings hosted and the tools and resources that will be provided to tribes, tribal governments, and/or tribal health departments for technical assistance.
Budget Period Outcomes:	Increased educational and training materials. and technical assistance in and around RRF topical areas and PHEP cooperative agreement program requirements provided to tribes, tribal governments, and tribal health departments.
Outcome Measures:	Recipient will produce an end of year report that describes the TA, collaboration, and assistance that was provided to jurisdictions throughout the year.