CDC-RFA-OT18-18020101SUPP18

FY18 CIO Project Plans

Category B

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

You can edit and save a draft of your plan by clicking the "Save and Close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the NOFO.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Building state workplace health program expertise and capacity using CDC tools and resources

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Population Health

4 CIO Point of Contact (POC) name(s):*
Jason Lang

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
bzl0@cdc.gov

CIO POC phone number(es):*
770-488-5597

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 20/25 words maximum
Public health, health promotion, and/or wellness professionals working in chronic disease prevention programs within state and local health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
992/1,000 words maximum

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. However, only 6.9% of employers offer a comprehensive worksite health promotion program, according to a 2004 national survey. Several studies have concluded that well designed worksite health promotion programs can improve the health of employees and save money for employers instituting these programs.

The goal of this effort is utilize CDC workplace health tools and resources to compliment, amplify, and/or expand state-based efforts to build effective, comprehensive evidence-based workplace health programs in private and public employers in states.

Proposed Activities:
Using CDC's workplace health model for program development (https://www.cdc.gov/workplacehealthpromotion/model/index.html), the recipient will engage and recruit employers in multiple states to build or expand evidence-based workplace health programs offered to employees with the expected outcome of improved worker health and well-being over time. The CDC Workplace Health Model emphasizes four main steps:

Step 1 – Workplace Health Assessment
An assessment should aim to capture a picture of the many factors that influence employee health including: individual level factors such as lifestyle choices, the work environment (e.g, physical working conditions and social support), and the organizational level (e.g.,

		CBA PROGRAM APPROACH – NOFO LOGIC MODEL
10	CBA Program Strategies (Check one or more):*	
	☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
		Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

- [x]
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 70/200 words maximum

Applicant should have organizational capacity to work with State Health Officials, State Health Departments, Local Health Departments, particularly chronic disease units as well as private non-profit organization. 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).

13 Applicant Program Experience:* 80/200 words maximum

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.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 28/200 words maximum

The activities will be carried out in close collaboration with the CDC Workplace Health Program, and partnership calls will be held at least monthly to discuss progress.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 127/200 words maximum
	State-based and local governmental public health agencies will develop knowledge and skill related to engaging public and private employers in workplace-based health promotion and disease prevention intervention strategies. Many of these interventions have been translated from other settings such as schools and the broader community offering opportunities to create synergy and leverage existing capacity. Partnership with private sector entities interested in health will be created broading the reach of the public health agency and creating additional channels to disseminate information. Staff will be exposed to a number of existing tools and resources to support employers in their states which can be leveraged to achieve state goals without a significant investment in infrastructure and resource development allowing for quicker implementation and additional investment in related activities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 50/100 words maximum
	The budget should adhere to OSTLTS and OFR requirements per the funding announcement. The organization should provide a qualified individual dedicated to lead this project. Cost will include staffing support, printing, mailing or other trainee and participant outreach, webinar hosting, evaluation data collection and analysis, training logistic support, travel.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/15/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/39

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Supporting the Growth of Walkability Action Institutes Across the Country

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Nutrition, Physical Activity, And Obesity

4 CIO Point of Contact (POC) name(s):*
Linda Barnes; Paulette Murphy; Kristine Day; Chris Kochtitzky

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lit2@cdc.gov; pem1@cdc.gov; knd8@cdc.gov; csk3@cdc.gov

CIO POC phone number(es):*
770-488-0545

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 9/25 words maximum
State, territorial and local Chronic Disease Specialists and staff

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
727/1,000 words maximum

The purpose of the Walkability Action Institute (WAI) Project is to create, support, and evaluate cross-disciplinary teams from across the country in geographic areas represented 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 project should 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 National Physical Activity Guidelines.

Newly formed teams should represent cross-disciplinary fields with an interest in promoting policy, system, and environmental supports for environments supporting walking and other forms of active living. 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 development, planning, parks and recreation, among others, but each member must have the authority and expertise to support the purpose of the project.

This year's project has two parts. Part one involves creating a plan for evaluating key success elements from Walkability Institutes held in previous years and developing strategies to scale up the scope and reach of the Institute in future years. Part two involves recruiting another cohort of teams, as described above, to participate in a 2019 Walkability Action Institute.

Part 1. This project element involves creating a plan to scale up the scope and reach of the Walkability Action Institute concept. It must build upon the experiences of the previous four rounds of Institutes to:
• Identify all of the primary and secondary positive impacts of the previous Institutes, including elements such as, but not limited to:
o the individual members of multiple workforces trained in walkable community best practices
o the creation of a proven and replicable curriculum
o the creation of a cadre of faculty who have experience teaching within an Institute
o the number of policies (complete streets, master plans, etc.), systems (safe routes to school, transit improvements, etc.) and environmental improvements (sidewalks, bike lanes, traffic calming, etc.) created or implemented.
• Document the critical elements that led to these positive impacts
• Create a plan to expand the scale and scope of the WAI concept to efficiently and effectively reach more individuals and to cover more of the country without losing the quality of outcome and impact previously demonstrated.

Part 2. This project element will build on the success of the previous WAI cohorts by bringing together at least 8 new teams (described above) from geographic areas representing metropolitan or other regional planning organizations. The applicant will be responsible for soliciting applications and managing a competitive selction process, as well as be responsible for planning, implementing, and evaluating a minimum of a three day training for teams of 4-6 people. The applicant 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 Regional Planning Organization that has the authority and expertise to support the purpose of the project. Each team will be expected to develop action plans no more than 30 days after the completion of the training. 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 field of walking and walkability, transportation engineering, active transportation planning, active living environments, integrating health into metropolitan planning, metropolitan planning professional organizations and possibly other active living fields including bicycling, public transit and smart growth communities.

The project will support the completion of action plans from all the teams, facilitate ongoing communication between the teams, organize peer learning opportunities, monitor progress on implementing action plans, and the development of success stories resulting from the project. In addition, the project may include in person technical assistance or follow-up in person sessions as resources allow as well as the creation of communities of practice created from all of the action teams trained. At the end of the project period, the project should yield action plans from the teams, a short report on the progress teams have made accomplishing their plans, a report on a small set of evaluation measures, and at least one success story resulting from the project.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

	☐ Improved operational capacity to evaluate, manage, and improve public health systems
	☑ Improved leadership capacity to identify and prioritize public health needs
	☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☐ Improved communication and information technology 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
	☐ Increased capacity to evaluate laws and policies to affect health
	☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☐ Increased capability of public health systems to achieve nationally established standards
	☑ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 139/200 words maximum
	The project requires the capacity to bring teams of cross-disciplinary fields together. The grantee should have the capacity to reach out to a diverse group of stakeholders, plan, support and evaluate trainings described above, and draft success stories. The organization should have credibility among public health professionals with experience working with other sectors. The grantee should have a proven track record 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.
13	Applicant Program Experience:* 199/200 words maximum
	This work requires extensive knowledge and expertise about the public health workforce, especially about how chronic disease programs are addressing active living environments that support 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 in order 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 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 health interventions and approaches. The applicant should also be knowledgeable in program impact evaluation and the use of evaluation results in program development.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 144/200 words maximum
	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 the areas of walking and walkability, active transportation planning, active living environments, planning efforts to integrate health into metropolitan transportation planning, and possibly others including bicycling, public transit and smart growth planning strategies. These experts should have experience in providing expert assistance to a variety of fields for policy, system and environmental supports for active living environments supporting physical activity. In addition, the applicant should have identified available resources such as clearinghouses, 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.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 58/200 words maximum

	To the degree that specific content expertise required to effectively conduct the work described above does not exist within applicant's organization, sub-contractual activates are allowed. It is expected sub-contractual activities will be limited to such areas as additional subject matter experts to conduct training or develop webinars and other resources to support WAIs (e.g. web-based trainings).
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 58/200 words maximum This project will increase the capacity of local health departments and other allied departments, decision-makers, and NGOs to effectively collaborate on increasing walkability and levels of walking. 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.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 62/100 words maximum
	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 work plan. Funds may be used for necessary labor, materials, travel, subcontracts and other appropriate direct and indirect costs associated with the project and project outcomes.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/88

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Supporting Caregiving in the US: Moving the National Agenda Forward

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Population Health

4 CIO Point of Contact (POC) name(s):*
Lisa Garbarino

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lgt1@cdc.gov

CIO POC phone number(es):*
770-488-1496

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 18/25 words maximum
Public health professionals working in chronic disease prevention programs within state, local and other health department types

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$250,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
324/1,000 words maximum

The Centers for Disease Control and Prevention (CDC) Alzheimer's Disease and Healthy Aging Program defines "Healthy aging" as the development and maintenance of physical, mental, and social well-being and function in older adults. Healthy aging is most likely to be achieved in physical environments and communities that are safe and support adopting and maintaining attitudes and behaviors known to promote health and well-being, as well as through the effective use of health services and community programs to prevent or minimize the impacts of acute and chronic disease, including Alzheimer's Disease and other dementias.
The Alzheimer's Association and the Centers for Disease Control and Prevention (CDC) have developed the third in a series of road maps to advance cognitive health as an integral component of public health. The Healthy Brain Initiative's State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map), outlines how state and local public health agencies and their partners can continue to promote cognitive health, address cognitive impairment for people living in the community, and help meet the needs of caregivers.

The capacity for community care providers to provide adequate care and coordination of servives in tandem with health care providers varies widely within each state and across the nation. This project is intended to create a Road Map specifically for Caregiving aimed at providing suggested actions that would be most realistic and impactful in increasing the ability of State and Local health Departments to address this need.

CDC plans to work with a leading national organization to develop Caregiving Road Map for State and Local health departments and other supplemental materials based on The Healthy Brain Initiative's State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map) – to build capacity and support state and local governments and their partners to positively impact caregivers and their families (physical, health promotion for patient & caregivers, social, financial). Additionally, analytic support will secured for Healthy People 2020 analyses.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [x] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 49/200 words maximum

Applicant should have organizational capacity to work with State Health Officials, State Health Departments, particularly chronic disease units as well as private 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.

13 Applicant Program Experience:* 38/200 words maximum

Applicant should have proven successful ability to work and liaison with senior leadership within state health departments particularly chronic disease units and proven ability to mobilize these partnerships to address new or emerging areas of public health.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 84/200 words maximum

	In partnership with CDC's Alzheimer's disease and Healthy Aging Program, the applicant will: 1. In Partnership with CDC, create a Caregiver Road Map and other supplemental materials based on The Healthy Brain Initiative's State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map), specifically, aimed at providing suggested actions that would be most realistic and impactful in increasing the ability of State and Local health Departments. 2. Analyze data for Healthy People 2020 3. Partnership calls will be held monthly to discuss progress
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	TBD
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 29/200 words maximum The training and materials created by this project are instrumental in enabling public health agencies to better serve customers and provide essential public health services to their constituents
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 25/100 words maximum
	Cost will include staffing support including public health professionals, editors, production, printing, mailing, webinars, web page development, and full open access of the publications.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/48

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Implementing a Framing Approach to Increase Understanding of Tobacco-related Health Disparities

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Office On Smoking And Health

4 CIO Point of Contact (POC) name(s):*
Jane Mitchko, Pamela Cox

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
zlo5@cdc.gov; Pkc2@cdc.gov

CIO POC phone number(es):*
770-488-5752

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 11/25 words maximum
Public health lawyers in state and local public health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$75,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
361/1,000 words maximum

Purpose: The US has experienced tremendous success in reducing tobacco use over the past half century. For some populations, being exposed to tobacco use or second-hand smoke is a rare occurrence. However, for other populations this exposure is part of their daily life. There continues to be a lack of understanding of tobacco-related health disparities in the US.

In 2017/18, CDC's Office on Smoking and Health (OSH) had a cooperative agreement with ChangeLab Solutions to determine effective messages to increase public understanding of tobacco-related health disparities. ChangeLab Solutions contracted with Frameworks to develop a framing strategy, including message development and testing. An expert panel was established to inform a high-level summary of tobacco-related health disparities, which was supplemented by a literature search. Frameworks used this summary in combination with cultural models drawn from anthropology to identify gaps in understanding of these disparities between public health experts and the general population. Once these gaps were identified, message frames to increase public understanding of the disparities were be developed for pre-testing with the general population.

Both qualitative and quantitative data were analyzed to develop a summary of findings to include expressed values of the target audience, influential messengers/sources of information, and final message frame recommendations.

The next phase of the project would focus on implementation of the message frame and recommendations for communicating tobacco-related disparities in the 21st century. The grantee would develop a strategic implementation plan based on the final message frame recommendations. The implementation plan should include specific strategies for CDC to incorporate the message frames into its own tobacco control efforts, and strategies to disseminate and train its grantees, partners and other stakeholders on how to incorporate it into their work.

The grantee would convene stakeholders to discuss how best to implement the final message frame recommendations to key tobacco stakeholders, including national partners, and state and local health departments.

Proposed Activities:
Convene stakeholders to discuss implementation strategies
Develop a final strategic implementation plan
Disseminate and train grantees, partners on how to incorporate the message frame recommendations

Expected Outputs:
Develop a strategic plan including strategies for implementing message frame recommendations

Expected Outcomes:
Guide tobacco control efforts needed to reach underserved populations

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 64/200 words maximum

Applicant must have:
1. Extensive knowledge of and experience in advancing the role of public health in addressing tobacco prevention and control
2. Extensive experience in researching, analyzing, and developing tobacco prevention and control laws and policies
3. Extensive knowledge of tobacco prevention and control communication messages and strategies
4. Ability to subcontract with diverse experts in a manner that maximizes their contribution to the project

13 Applicant Program Experience:* 46/200 words maximum

Recipient Program Experience (200 word limit):*
Applicant must have experience developing tools in various tobacco prevention and control topics/areas:
1. Tobacco Prevention and Control in general
2. Emerging Tobacco Products such as e-cigarettes
3. Model Policies
4. Tobacco Marketing and Advertising
5. Smoke free Housing
6. Smoke free Workplaces and Outdoor Areas

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 26/200 words maximum

The grantee would be expected to collaborate with key leaders in the Tobacco Prevention and Control field and with the Office on Smoking and Health.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 130/200 words maximum

As the grantee would have extensive tobacco prevention and control experience, but not framing communication knowledge and expertise, OSH would expect that they contract with an entity that has a proven track record of utilizing framing theory to develop communication messages for public health issues.
A proven track record includes:
• At least 10 years experience in framing communications based on social and cognitive sciences in order to advance science translation and behavior change/adoption.
• Experience in public opinion research
• Publishing peer reviewed articles in framing theory/techniques
• Having an established and proven method for applying frame theory to communication strategies for public health issues
• Developing messages on various public health/health care topics, but most importantly addiction and brain development as tobacco use is an addiction and affects an adolescent's developing brain.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 24/200 words maximum

State and local public health agencies will benefit from a strategic frame and messaging recommendations that increase the public's understanding of tobacco-related disparities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 0/100 words maximum

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/57

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Assessing non-communicable and injury epidemiology capacity in state and/or local health departments in informatics, data/methods

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
NCCDPHP Office of Informatics

4 CIO Point of Contact (POC) name(s):*
Jason Bonander, Judy Qulaters

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
zjz2@cdc.gov, jxq1@cdc.gov

CIO POC phone number(es):*
770-488-5606, 770-488-3821

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 14/25 words maximum
The target population is the non-infectious epidemiology workforce in state health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$150,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
713/1,000 words maximum

The purpose of this project is to identify current and future capacity needs for state and/or local jurisdiciton's non-communicable and injury epidemiologists in the areas of informatics, using and applying clinical data, using and applying non-traditional health data (e.g. social data, health determinant data) and novel analytic methods toward diversifying public health's surveillance portfolio. The project will also identify critical enablers and barriers for this segment of the public health epidemiology workforce which would serve to strengthen non-communicable surveillance, management and program evaluation capacity.

In the not too distant past the data required for public health action was scarce. Accessing the data required the development of rigorously developed survey instruments and equally rigorous and representative sampling and data collection methods. Control of the process was in the hands of trained epidemiologists throughout the data lifecycle. The last decade has seen a radical change in data collection and potential availability – clinical, social, health determinant to name a few – as well as tools and methods to manage, analyze and disseminate conclusions and the data itself. The implications for using this data for public health decision making are significant: (1) these data were not collected using rigorously developed instruments, as such they are difficult to interpret, (2) linking multiple data sets becomes more difficult given their original derivation and purpose (i.e. not for public health decision making), (3) in some instances the volume of the data requires different infrastructure, tools and expertise – much of which is lacking across the public health workforce, (4) the quality of the data of the same standard expected by public health historically and (5) accessing and leveraging these data often require new or novel partnerships. In parallel, many state health departments have been building capacity to receive and interpret immunization data and syndromic surveillance data as part of enhancing those aspects of public health and CDC has built compatible capacity in those areas as well as bioinformatics. However, most state and local health departments have struggled to tap into broader, diverse data to measure and manage non-communicable and injury public health needs and evaluate health outcomes for chronic disease, injury, occupational health, and beyond. To date there might be a handful of state and local health departments actively exploring ways to extract and use clinical, social and health determinant data from related health information systems and networks for non-communicable disease surveillance, management and program evaluation. The models and capacity for these activities vary greatly across jurisdictions as do the technologies, standards and methods they employ. Identifying critical enablers and barriers to developing and sustaining this epidemiological capacity is a key outcome of this project.

This project will gather information from state and/or local public health jurisdictions, identifying technical, standards, methodological, policy and other enablers and barriers, subsequently laying the much-needed groundwork for building informatics ad analytic capacity across non-communicable and injury programs. Further, the project will (1) utilize and build upon the previous workforce assessments that cover informatics and/or epidemiology, (2) identify technologies, standards, policies, practices and epidemiological methods that can be re-used, that support improved surveillance capacity and health outcomes, (3) deliver clear guidance and best practices on leveraging informatics, data platforms and partnerships, data standards and technologies and policies to improve non-communicable disease and injury surveillance and management, and (4) increase use of surveillance data collected by non-communicable and injury programs.

Activities could include: (1) developing a survey to assess current and future capacity needs across state/local jurisdictions among non-communicable and injury epidemiologists, (2) fielding the survey, (3) analyzing the results of the survey, (4) identifying key enablers and barriers across the workforce for engaging with this new informatics and data landscape, and (5) making short and long term recommendations for non-communicable and injury epidemiology capacity building and data sharing across state and local health departments and its associated impact.

Outcomes could include: (1) strengthened non-communicable and injury epidemiological workforce with increased capability to rapidly work with clinical, social, social determinant and other novel data sources (with related methods and tools) for public health decision making, (2) a strengthened path to a more diverse non-communicable and injury surveillance system portfolio, (3) methods, tools, standards and platforms that can be shared across state and local jurisdictions as everyone grapples with this new and rapidly evolving landscape.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 27/200 words maximum

The successful applicant will have substantial experience processes, methods, practices and needs of the epidemiological workforce across state health departments, specifically those focusing on non-infectious programs.

13 Applicant Program Experience:* 109/200 words maximum

The successful applicant will have substantial experience with a broad spectrum of non-infectious programs in areas such as cardiovascular disease prevention, diabetes prevention and management, and injury and violence prevention. In addition, the successful applicant will have experience in the following areas: (1) epidemiological methods generally, but also applied to the challenges of collecting and analyzing data from clinical care, electronic health records, health information exchange networks and using that data to inform programmatic decision making, (2) the application and use of novel or non-public health related data and data sources to inform programmatic decision making, (3) facilitating interaction with public health and traditional and non-traditional partners.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 69/200 words maximum

Collaboration is highly encouraged for this project. Areas would include state epidemiologists supporting and/or engaged in syndromic surveillance and electronic case reporting, data and transaction standards setting organizations as well as state and local health departments. Ideally the applicant should have a history of engaging with scientific and programmatic collaborators of stature to encourage the use of health IT to advance prevention and promote public and population health.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 62/200 words maximum

The proposed CBA would benefit governmental public health by identifying and potentially enabling important capacity building needs and opportunities for non-communicable and injury program focused epidemiologists. These capacities would support preparation for a 21st Century workforce, facile with a wider variety of data sources for surveillance and program monitoring and analytics methods and tools all to improve public and population health.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 0/100 words maximum

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/41

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Improving Chronic Disease Surveillance and Management Through the Use of Elecontronic Health Records/Health Information Syste...

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Robert Merritt; Hilary Wall; Jason Bonander; Elin Begley

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
RMerritt@cdc.gov; HWall@cdc.gov; JBonander@cdc.gov; EBegley@c...

CIO POC phone number(es):*
770-488-5185; 770-488-8172; 770-488-5606; 770-488-7876

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 31/25 words maximum
State and local health department staff in a range of work segments, including but not limited to, epidemiology, evaluation, statistics, education, management, policy and program development, communications, partnership development, etc.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$3,000,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
990/1,000 words maximum

Purpose:

The purpose of this project is to strengthen chronic disease surveillance, management, and program evaluation capacity through the identification of: 1) capacity building enablers and barriers for use of electronic health records (EHR) and/or related health information systems (e.g., health information exchanges, trust networks) and 2) rigorous epidemiologic methods, indicator definitions, and data transaction standards to be applied when using data collected within these systems.

The use of EHRs has become routine in health care, with the last 24 months seeing a rapid evolution of population health management tools (a newer form of health information system) aimed at improving health outcomes across diverse populations typically within a given health system. In this changing environment there is significant potential to enhance chronic disease surveillance and management through the use of clinical information from EHRs and related health information systems to monitor the prevalence, treatment, control and management of critical health conditions such as hypertension, diabetes and obesity. In parallel, many state health departments are already building capacity to receive and use immunization and syndromic surveillance data as part of enhancing those aspects of population health. However, most state and local health departments have not engaged in broader activities to tap into EHR data to measure and manage population health needs and evaluate health outcomes for chronic disease, injury, occupational health, and other non-communicable diseases and conditions. Moreover, many have yet to begin providing public health data back into the clinical setting for patient and population health management. While there are a handful of state and local health departments actively exploring ways to extract and use data from EHRs and related health information systems for chronic disease surveillance, management and program evaluation, the models for these activities vary greatly across jurisdictions as do the technologies, standards, and methods they employ. Identifying common approaches, standards, and methods could advance and modernize state and local chronic disease surveillance and management capacity.

State and local health departments have varying levels of capacity for using EHR data for chronic disease surveillance. Some have partnered with health care and private vendors to build data platforms that can be used for different conditions or can readily access data from robust state/local health information exchanges. Others do not have such platforms in place for chronic disease surveillance but have developed relationships with health care partners for access to clinical data repositories, developed partnerships with 3rd party health data aggregators, or have data platforms for communicable disease/syndromic surveillance, immunizations, or cancer registries that could be expanded. Still others have limited access to clinical data repositories and may not have robust relationships with clinical partners or the leadership support for this kind of work. Rapidly changing technology as well as changing data and transaction standards make it both exceptionally compelling and challenging to meet the needs of chronic disease surveillance and population health management. Moreover, it is not clear which, if any, of these approaches provides a fruitful way forward toward improving chronic disease surveillance, management, evaluation and decision making.

Proposed Activities:
(A) Scan: Conduct key informant interviews across representative samples of state and local health departments and health center controlled networks that have successfully partnered with health care and private vendors to develop a data platform that can be built out for different conditions or can readily access data from robust state/local health information exchanges for chronic disease surveillance and management. This process should ensure (1) identification and description of existing models of chronic disease surveillance using EHR/EHR-derived data; (2) description and classification of barriers and enablers with each model around using EHR/EHR-derived data individually or in combination with other public health data for timely and better quality state and local-level chronic disease surveillance and programmatic decision making; and (3) identification of technology, data and/or transaction standards by which improvements in chronic disease surveillance and management can be achieved.
(B) Pilot: Utilizing information collected above, build upon the significant previous investments and relationships of those DOHs in EHR data use to develop and define scalable models that can be piloted and replicated in other communities (at least two State Health Departments and two Local Health Departments) that do not currently have an EHR data platform in place for chronic disease surveillance but may have ready relationships with health care partners; have potential access to clinical data repositories for large health systems and/or repositories that aggregate data from multiple clinics that DOHs could potentially access; or have robust data platforms for syndromic surveillance or immunization or cancer registries that could be expanded.

Expected Outputs:
This project will gather information from across the public health and clinical spectrum, identifying technical, standards, policy and other enablers and barriers, laying the much-needed groundwork for making wise investments in chronic disease surveillance and management approaches, systems, and standards. Further, the project will (1) utilize and build upon the previous investments and relationships that health departments have with clinical data providers and define scalable models that can be replicated in other communities, (2) identify technologies, data and transaction standards and epidemiological methods that can be re-used, supported and/or advanced in appropriate settings with appropriate bodies that ultimately support improved surveillance capacity and health outcomes, (3) deliver clear guidance and best practices on leveraging data platforms and partnerships, data standards and technologies and policies to improve chronic disease surveillance and management; and (4) summarize the findings for submission to a peer reviewed journal and national meeting (e.g., CSTE).

Expected Outcomes:
Implement a model for a real-time state and local chronic disease surveillance tool that policymakers can use to inform their decisions about resource allocation to reduce the burden of chronic disease.
• When expanded to include common chronic conditions, the decision support tool can be used by health departments, health plans, medical groups, purchasers, and other stakeholders to identify the most promising policies and strategies to reduce chronic disease burden.
• The functionality of this tool could be created/re-created in any other EHR.
• The intent is to make the tool an open-access product, available to any stakeholder.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 39/200 words maximum

The applicant should have experience with health IT and its influence on, or potential use for, chronic disease surveillance and management in clinical and public health settings. The applicant should also have experience translating findings into actionable products.

13 Applicant Program Experience:* 109/200 words maximum

The successful applicant will have substantial experience with a broad spectrum of chronic disease and risk factor programs in areas such as cardiovascular disease prevention, diabetes prevention and management, and obesity prevention. In addition, the successful applicant will have experience in the following areas: (1) epidemiological methods generally, but also applied to the challenges of collecting and analyzing data from clinical care and electronic health records and using that data to inform programmatic decision making, (2) the application and use of health IT as applied in clinical and public health settings for the purpose of chronic disease surveillance and management, (3) facilitating interaction with public health and providers.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 69/200 words maximum

Collaboration is highly encouraged for this project. Areas would include state epidemiologists supporting and/or engaged in syndromic surveillance and electronic case reporting, data and transaction standards setting organizations as well as state and local health departments. Ideally the applicant should have a history of engaging with scientific and programmatic collaborators of stature to encourage the use of health IT to advance prevention and promote public and population health.

15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 60/200 words maximum
	The applicant would be expected to provide oversight and support to the project, but elements of the technical work could be subcontracted to an expert(s) with specific domain knowledge around population health data systems, informatics or data and transaction standards. Any subcontractors should have an established track record of success. CDC would reserve the right to approve the subcontractor.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 38/200 words maximum The proposed CBA will directly benefit government public health agencies. Staff in state and local health departments will greatly increase their capacity to document and address the diagnosis, treatment, and control of chronic disease risk factors.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 30/100 words maximum
	Funds for this project are anticipated to be spent on staff time and expertise, data and hardware acquisition, travel (including transportation, lodging, meals and M&IE), software, and administrative costs.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/58

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
GIS Capacity Building in State and Local Health Departments

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Michele Casper; Elin Begley

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
mcasper@cdc.gov; eqb5@cdc.gov

CIO POC phone number(es):*
770-488-2571; 770-488-7876

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 40/25 words maximum
State and local health department staff working on heart disease, stroke and other chronic diseases in a range of work segments, including but not limited to, epidemiology, evaluation, statistics, education, management, policy and program development, communications, parternship development, etc.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,000,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
512/1,000 words maximum

Proposed Activities: The proposed activities include, but are not limited to: the development and delivery of curriculum for GIS skills at the introductory and advanced levels that are tailored to needs of state and local health department staff in multiple work segments and are delivered in multiple formats (in-person trainings, webinar-based trainings, on-line and phone based consultation, etc); the development of supplementary resource(s) and/or tool(s) to assist state health department staff in using and applying GIS skills for the surveillance, prevention and treatment of heart disease, stroke and other chronic diseases, and the dissemination of the resources via any of the following types of channels - publications, on-line platforms, reports, etc.; the assessment of existing translational activities among state and local health departments (e.g. health departments using GIS and maps to address heart disease, stroke and other chronic diseases) and the development and delivery of curriculum and training materials for the dissemination and translation of GIS-related products with internal and external partners to inform program and policy development regarding heart disease, stroke and other chronic diseases; the provision of administrative support for project activities; Opportunities for staff from health departments across the country to network and share GIS-related ideas, strategies, questions and more.
Expected Outputs: The proposed outputs of this project include, but are not limited to: in-person GIS trainings with on-going support tailored to the needs of state health department staff for the surveillance, prevention and treatment of heart disease, stroke and other chronic diseases; multiple live webinar-based trainings (with each training occurring over the course of 10 days – 2 weeks) that address a range of GIS-related topics and skills and include interaction between instructors and participants from health departments; assessment of how state and local health departments are using GIS and maps to inform policies, programs and partnerships (internal and external) that address heart disease, stroke and other chronic diseases; Workshop(s)/training(s) for the dissemination and translation of GIS-related products addressing heart disease, stroke and other chronic diseases; Supplementary resource(s)/tool(s) tailored to the needs of health department staff that enhance the ability of health department staff to integrate GIS into their daily operations and are disseminated; GIS-related workshop(s) and materials tailored to the needs of health department managers and leaders; Networking opportunities for 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.
Expected Outcomes: The expected outcomes of this project include enhanced capacity of health department staff to develop GIS skills to address heart disease, stroke and other chronic diseases; build the necessary data infrastructure for using GIS; produce maps that address a range of issues regarding the surveillance, prevention and treatment of heart disease, stroke and other chronic diseases; translate and disseminate their maps to maximize the use of maps for collaboration with internal and external partners and for informing policy and program decisions; and expand the role of managers and other leaders in utilizing and supporting the use of GIS for heart disease, stroke and other chronic diseases.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 33/200 words maximum
	The recipient organization must have the capacity to understand and support the organizational needs, resources, infrastructures, staffing and partnerships of health departments with regards heart disease, stroke and other chronic diseases.
13	Applicant Program Experience:* 89/200 words maximum
	The recipient must have experience working with health department staff in a variety of work segments (including but not limited to epidemiology, evaluation, statistics, education, management, policy and program development, communications, parternship development, etc), with a focus on heart disease, stroke and other chronic diseases. The recipient must also have experience with, or access to professionals/organizations that have experience with, the translation, dissemination of scientific results to a range of types of public health professionals, non-health professionals, peer review journals and other venues for sharing scientific results.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 35/200 words maximum
	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.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 62/200 words maximum
	The recipient will be expected to sub-contract with the Children's Environmental Health Initiative (CEHI) at Rice University. They have extensive experience developing and delivering GIS-related curriculum and training materials that are tailiored to the needs of staff in state and local health departments and are focused on the surveillance, prevention and treatment of heart disease, stroke and other chronic diseases.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 67/200 words maximum The proposed CBA will directly benefit government public health agencies. Staff in state and local health departments will substantially increase their capacity to use GIS skills to identify high burden populationswith regards to heart disease, stroke and other chronic diseases; enhance existing parternships and facilitate new partnerships; and use evidence-based information to inform program and policy decisions regarding heart disease, stroke and other chronic diseases.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 31/100 words maximum
	Funds for this project are anticipated to be spent on staff time and expertise, data and hardware acquisition, travel (including transportation, lodging, meals and MIE), software, and administrative costs.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/56

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National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
GIS Toolkit, Translation and Dissemination for High Blood Pressue and High Blood Cholesterol Management

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Michele Casper; Elin Begley

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
myc5@cdc.gov; eqb5@cdc.gov

CIO POC phone number(es):*
770-488-2571; 770-488-7876

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 41/25 words maximum
State and local health department staff working on heart disease, stroke and other chronic diseases in a range of work segments, including but not limited to, epidemiology, evaluation, statistics, education, management, policy and program development, communications, parternship development, etc.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$350,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
834/1,000 words maximum

Purpose: The purpose of this project is to support the use of geographic information systems (GIS) and maps to enhance the diagnosis and management of high blood pressure and high cholesterol. The project includes activities aimed at providing staff in state and local health departments across the country with easy access to GIS-related resources and tools that can be applied to clinical and administrative data to describe relevant process and health outcomes, as well as barriers and enablers to the effective diagnosis and management of these conditions. This project also develops guidance for using GIS and maps (via translation and dissemination) to enhance the effectiveness of health systems and increase linkages between health systems and community resources for high blood pressure and high cholesterol management.
Proposed Activities:
The proposed activities include, but are not limited to: a) Perform a comprehensive environmental scan and compilation of: a) the types of GIS-related datasets containing clinical (e.g. electronic health record (EHR), clinical quality measure) and/or administrative claims (e.g. Medicare claims, Medicaid claims, All-Payer Claims Databases) data and other resources that can be used to describe process (e.g. medication adherence, clinical inertia) and health outcomes (e.g. blood pressure control) related to the diagnosis and management of high blood pressure and high cholesterol; and b) the types of GIS-related datasets and resources that address related community-, state- and/or national-level characteristics that can effect high blood pressure and high cholesterol management (e.g. availability of community pharmacy locations using state pharmacy association data, neighborhood conditions (socioeconomic and built environment, etc)). The types of datasets identified can either be readily available to health departments or ones potentially available to them depending on their existing resources (e.g. funding to purchase proprietary data) or the partnerships they have formed (e.g. use of EHR data in partnership with healthcare systems).
2) Identify and package for dissemination existing algorithms (e.g. SAS code for determining medication adherence using administrative data) and/or develop and package for dissemination new algorithms (e.g. identification of clinical inertia using clinical data) that can be applied within the clinical and/or administrative data assets described above to describe measures relevant to high blood pressure and high cholesterol diagnosis and management, including, at a minimum, measures related to medication adherence (i.e. taking medication as directed), clinical inertia (i.e. ineffective care related to inadequate visit frequency and adjustment of medication or lifestyle modification regimens), high blood pressure diagnosis and control, and high cholesterol diagnosis and effective management. All resources should be made publically available and easily accessible by health department staff.
3) Identify and describe the strengths and limitations of existing GIS tools that are currently being used within population health management applications by health departments and healthcare systems to analyze local-level clinical and/or administrative claims data for public health/population health surveillance of high blood pressure- and/or high cholesterol-related measures. Catalogue the key components of these tools and highlight attributes in need of further development for optimal use.
4) Enhance capacity of health department staff to use GIS and maps (via translation and dissemination) for policy and program development with partners inside and outside the health departments for the enhancement of clinical-community linkages for the diagnosis and management of high blood pressure and high cholesterol.
Expected Outputs: The outputs of this project will include a GIS-related Interactive Toolkit for use by health departments and others that: 1) identifies the types of clinical and administrative claims databases available and resources (e.g. algorithms) for calculating process and health outcome measures related to high blood pressure and high cholesterol diagnosis and management; 2) identifies databases they can use to describe community-level assets and barriers to diagnosis and management of these conditions; and 3) inform the creation and effective dissemination of impactful maps that address the topics;
overview documentation of the strengths and weaknesses of population health management applications being used by health departments and healthcare systems to analyze local-level clinical and/or administrative claims data for public health/population health surveillance of high blood pressure and high cholesterol process and health outcomes;
In-person and possibly webinar-based workshops, for selected health department staff regarding research translation and application of maps and GIS for enhancing the effectiveness of health systems and increasing linkages between health systems and community resources for the diagnosis and management of high blood pressure and high cholesterol;

Expected Outcomes: The expected outcomes of this project include 1) enhanced ability of health department staff to report, monitor and track local-level patterns of diagnosis and management (e.g. medication adherence, clinical inertia, and control) of high blood pressure and high cholesterol along with the location and quality of local-level resources and neighborhood conditions, 2) enhanced ability of health department staff to apply (and/or translate) GIS and maps to improve local-level measures of diagnosis, treatment, and control for high blood pressure and high blood cholesterol, and 3) identify key attributes of GIS tools used within population health management applications that can inform their further development for use by health departments and healthcare systems for public health/population health surveillance and to inform decision making.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 47/200 words maximum

The recipient organization must have the capacity to understand and support the organizational needs, resources, infrastructures and partnerships (e.g. with health systems and community resources) of health departments with regards to the diagnosis, treatment, medication adherence and control for high blood pressure and high blood cholesterol.

13 Applicant Program Experience:* 96/200 words maximum

The recipient must have experience working with health department staff in a variety of work segments (including but not limited to epidemiology, evaluation, statistics, education, management, policy and program development, communications, partnership development, etc), and in-depth experience working on issues regarding the diagnosis and management of high blood pressure and high blood cholesterol. The recipient must also have, or have the ability to sub contract with others that have, research translation expertise and expertise in developing and applying algorithms within administrative claims (e.g. Medicare and Medicaid claims, All Payers Claims Databases) and clinical databases.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 49/200 words maximum

The recipient will be expected to collaborate with staff in the Division for Heart Disease and Stroke Prevention, staff in health departments, staff conducting the analyses of clinical and/or administrative billing data (e.g. Medicare, Medicaid or All Payers Claims) and staff developing the GIS interactive tools/toolkit.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 56/200 words maximum

The recipient will be expected to sub-contract with the Children's Environment Health Initiative at Rice University. They have extensive experience developing GIS-related tools and techniques tailored to the needs of health department staff across the country and have published widely on the use of GIS to document patterns of medication adherence and local-level correlates.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 55/200 words maximum

	The proposed CBA will directly benefit government public health agencies. Staff in state and local health departments will greatly increase their capacity to document and address geographic disparties in the diagnosis, treatment, medication adherecne and control of two major risk factors for heart disease – namely high blood pressure and high blood cholesterol.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 30/100 words maximum
	Funds for this project are anticipated to be spent on staff time and expertise, data and hardware acquisition, travel (including transportation,lodging, meals and MIE), software, and administrative costs.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/64

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Technical support improving nutrition environments of Early Care and Education settings through public health nutrition.

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Nutrition, Physical Activity, And Obesity

4 CIO Point of Contact (POC) name(s):*
Suzianne Garner; Linda Barnes, Carrie Dooyema; Paulette Mu...

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
sle1@cdc.gov; lit2@cdc.gov; lgb7@cdc.gov; pem1@cdc.gov

CIO POC phone number(es):*
770-488-5044; 404-867-9697; 770-488-5039; 770-488-5849

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 33/25 words maximum
State and local public health nutritionists who can provide CBA to early care and education (ECE) providers, trainers, technical assistance networks to improve nutrition content, nutrition enviroments, policies, and practices in ECEs.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$125,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
906/1,000 words maximum

Early care and education (ECE) settings — which include child care centers, family child care homes, prekindergarten classrooms, and Head Start programs — present an important opportunity for early childhood development and obesity prevention. An estimated 41% of US children aged 0 to 5 years are cared for weekly in nonparental care arrangements, such as child care centers or family child care homes, although participation rates vary by age group. For example, about 19% of children who are younger than 1 year receive care in child care centers or family child care homes. The percentage increases to about 64% for children aged 3 to 5 years. ECE is a priority setting for CDC's obesity prevention efforts in the United States.
The purpose of this project is to improve aspects related to nutrition enviroments, policies ,and practices of ECEs and providers. This will be accomplished by providing technical support through nutrition professionals to state or local health departments or other key state earlychildhood agencies across the nation with the goal of improving nutrition environments and practices of ECEs. Support can occur at either the state system level or the local system level. To help states and communities support ECE providers meet national standards, CDC developed the Spectrum of Opportunities framework and set of guidance materials.This framework identifies a variety of entry points into ECE systems that states, and to some extent communities, can support implementation of national standards and best practices.
Anticipated topic areas addressed by the grantee may include (but are not limited to) 1) Farm to ECE efforts which can enhance the nutrition environment of ECEs 2) improving provider knowledge and practices related to infant (0-2) and young child feeding (3-5 year olds) and staff role modeling 3) improving provider knowledge and practices to improve the breastfeeding environment and breastfeeding support 4) ways to improve the implementation of nutrition standards through efforts to improve menus and procurement of healthy food 5) others as suggested by the grantee or DNPAO staff.

Proposed Activities: Each year of the project will focus on a different nutrition-related topic area that aims to improve nutrition environments or provider practices in ECEs. Activities to enhance or improve nutrition enviroments, policies and/or practices of providers in ECEs can be accomplished through a variety of activities that may build upon each other. Activities may include:
1) Selecting a topic that aims to improve nutrition in the ECE setting. Each year the grantee will select a different topic area to focus on. Possible topic areas are listed above.
2) Developing a process to engage with with nutrition professionals across the nation to select and enroll a small number of interested states or localities (4 to 8) into a 1-year quality improvement cycle. Activities to be completed in a 1-year cycle could be:
a. Convening a group of states or localities to focus on a 1-year action plan to improve or catalyze efforts in a specific topic area (e.g., Farm to ECE, breastfeeding). For example, if the topic area is Farm to ECE, the grantee will convene a group of states or localities interested in strengthening Farm to ECE in their state or locality. The selected states or localities, with the support and guidance of the grantee, would develop an improvement plan to strengthen Farm to ECE efforts in their state or locality. In addition, the states and localities would learn together about the best available resources, tools, trainings or technical assistance to carry out their improvement plan or complete a plan do study act (PDSA) cycle.
b. Providing a group of states or localities trainings and/technical assistance to create a 1 year plan to improve/catalyze efforts in a specific topic area. For example, if the topic area was Farm to ECE or breastfeeding the grantee could partner with an organization,entity,and/or consultant with subject matter expertise in this area and enrolled states or jurisdicitons to learn together about resources, tools, trainings or technical assistance that could be utilized to improve policies,and/or practices of ECE providers on the topic of farm to ECE or support for breastfeeding.
c. Catalogue, curate and summarize the efforts of different states/localities related to a topic area to provide a one-stop-shop for successful examples of others related to a particular topic area. Share these materials with states/localities that particapte in each of the 1 quality year improvement cycle..

Expected Outcomes and Outputs:
1) An action plan and improved coordination and communication, related to a nutrition topic area within states or localities that participate in the project (outcome). This work will ultimately support ECE providers through the completion of four 1-year cycles, each with a focus on a different topic area (e.g., Farm to ECE, infant feeding) aimed at improving the nutrition environments of ECEs. A summary report will be completed to document the type of activities and list accomplishments achiveved by enrolled state during the 1 year cycle (output)
2) Grantee will spread successful models/tools/resources used in 1 locality to other localities through peer to peer learning through appropriate public facing modes to a national network such as websites, webinars (outcome)
3) Grantee will develop at least 3 short case studies documenting success, challeges, and outcomes of participating states and localities for each 1-year cycle (output).
4) Improved coordination, communication, and uptake of existing tools or resources related to a particular topic area within a state or locality to be used to support ECE providers (outcome). This may results in a short summary document to help others get started working to improve this topic area (output).

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 112/200 words maximum

The organization should have the ability to reach nutritionists from across the nation. It should have capacity to strengthen nutrition policy, programs and environments including children who are cared for in ECE settings through public health nutrition improvement activities. The organization should have extensive expertise in nutrition in general and familiarity with state levers for the ECE setting and understand ways to support or enhance the nutrition environment to ultimately support ECE facilities and providers. The organization should be familiar with CDC's framework for obesity prevention in the ECE, which will help enrolled states or localitites understand how sustainable changes can be made to the ECE system to support improved nutrition.

13 Applicant Program Experience:* 120/200 words maximum

Experience collaborating nationwide with state or local level stakeholders that impact the nutrition, breastfeeding, food systems and the ECE environment.
Extensive experience in carrying out public health nutrition strategies.
Significant technical nutrition expertise in state or local level work to improve the nutrition environment with expertise/expereince in the ECE setting
Extensive experience in selecting and coordinating groups of states or localities to perform 1 year quality improvement cycles.
Experience in explaining what a quality improvement cycle may contain such as the Plan Do Study Act (PDSA) cycle and facilitating these cycles with enrolled states or localities.
Experience coordinating peer-sharing sessions (monthly, quarterly, as necessary) between states or localities who participate in the QI project and able to provide TA when necessary.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 122/200 words maximum

It is expected that the awardee will be a professional organization or an organization with a large reach into state or localities:
- whose membership are stakeholders who support states or localities to improve nutrition
- will be able to enroll and collaborate with a small number of states or localilties and encourage shared learning and collaboration across jurisdictions.
- It is expected the organization will collaborate closely with the DNPAO particularly in its current ECE work, recipients of DNPAO Coorperative Agreements, and any identified national partners to minimize duplication and improve collaborative efforts
- It expected that the grantee will collaborate with subject matter experts/other orgranizations with subject matter expertise to properly support each nutrition topic cycle if the expertise does not reside within the grantee organization.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 22/200 words maximum

	It is recommended that the states or localities that participate in quality improvements projects will receive a stipend for their participation.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 62/200 words maximum The purpose of this project is to improve aspects related to nutrition environments, policies and practices of ECEs and providers. Since an estimated 41% of US children aged 0 to 5 years are cared for weekly in non-parental care arrangements, improvement in the ECE nutrition environment benefits federal, state, and local public health agencies in their efforts to prevent childhood obesity.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 51/100 words maximum
	The grantee may use funds for subject matter technical assistance by partnering with another organization or entity. Funds may be used to obtain technical support in the development and implementation of project activities. Funds may also be used to facilitate an in-person meetings, posting of materials to websites, if necessary.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/72

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 11/15 words maximum Diabetes Prevention and Control: Interactive Law Atlas Database and Fact Sheets Project		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH	3	Division, office, or unit:* Division Of Diabetes Translation
4	CIO Point of Contact (POC) name(s):* CAPT Letia A. Boseman		CIO POC email address(es):* lboseman@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770-488-5386
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 15/25 words maximum Public health lawyers and diabetes prevention and control workforce in state and local health departments		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $50,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 207/1,000 words maximum
	The purpose of the project is to provide information for state public health departments and their partners to help them increase, expand and understand coverage for diabetes self-management education and training (DSME/T) and type 2 prevention in their states. The interactive database and supplemental resources will serve as a resource tool for state and local public health departments and community partners to make decisions about Medicaid and other insurance coverage needs for diabetes prevention and control. Proposed Activities: Use public health law research and law epidemiology to conduct a comprehensive survey to systematically identify, review, and code insurance coverage requirements for DSME/T and type 2 diabetes prevention and to update and maintain the existing diabetes interactive law database and fact sheets for all laws in the 50 United States and the District of Columbia. Expected Outputs: Updated diabetes coverage and laws fact sheets and information in the diabetes laws interactive database and related training offerings for Division of Diabetes Translation grantees and partners. Expected Outcomes: Updates for existing diabetes laws fact sheets and interactive database, webinars and/or face-to-face trainings, and technical assistance provided for grantees and partners. Published article(s) and environmental scan(s) to identify new information to inform partners and grantees about existing and new opportunities to increase insurance coverage.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 40/200 words maximum

Recipient and/or sub-contractor should have capacity to use public health law research and law epidemiology to conduct a comprehensive survey to systematically identify, review, and code insurance coverage requirements for diabetes self-management and education/training and type 2 diabetes prevention.

13 Applicant Program Experience:* 28/200 words maximum

The recipient or sub-contractor should have experience in using public health law research and law epidemiology methods to develop tools and resources for public health partners.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 43/200 words maximum

The grantee is expected to work with community partners and state and local public health departments to provide trainings on how to use the interactive database, promote resources developed for the project, disseminate information, and increase use of the project's tools and resources.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 16/200 words maximum

	Grantee can use subcontractors as needed to accomplish the goals and objectives for the project.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 44/200 words maximum The interactive database and supplemental resources will provide information/data for state and local public health departments and community partners to help them understand insurance coverage needs for diabetes prevention and management in their states and to learn about existing coverage in other states.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 24/100 words maximum Funds should be used to update and enhance the existing diabetes laws interactive database and factsheets and to provide technical assistance and training.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/32

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Supplemental Public Health Approaches to Improve Program Locator Services for Evidence-Based Arthritis Interventions

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Population Health

4 CIO Point of Contact (POC) name(s):*
Anika Foster

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
aaf6@cdc.gov

CIO POC phone number(es):*
404-718-6624

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 7/25 words maximum
Chronic disease directors and their staff.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$80,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
526/1,000 words maximum

Arthritis affects over 54 million American adults, will increase to 78 million by 2040, and limits 24 million in performing daily tasks. Increased physical activity and participation in self-management education programs can help adults with arthritis reduce or manage pain and limitations. The purpose of this project is to implement national strategies that improve the health, wellness and quality of life for people with arthritis by building and/or enhancing existing national electronic systems which help facilitate enrollment, registration, and/or participation of adults with arthritis into arthritis-appropriate evidence-based physical activity and self-management education interventions (AAEBIs). The intent is to enhance, build, or improve, free or low-cost, sustainable program locator system(s) to make them more user friendly; supportive of or connected to program or patient-centered referral networks and services; easily updated and expandable to include current, local intervention program offerings; and easily searchable or filterable to narrow selections to the CDC Arthritis Program's recommended and promising arthritis intervention programs. A list of interventions that meet the CDC Arthritis Program's criteria for evidence-based arthritis interventions is available at: https://www.cdc.gov/arthritis/interventions/index.htm.

It is anticipated that up to $80k will be available to support activities associated with building or enhancing national electronic program locator(s) featuring AAEBIs. The activities associated with this project are intended to complement Strategies 1 and 2 in Notice of Funding Opportunity CDC-RFA-DP18-1803 (https://www.cdc.gov/arthritis/about/nofo/2018/index.htm). Examples of existing program locators are listed in the CDC-RFA-DP18-1803 NOFO Attachment 2 under the Strategy 2 tab, and activity 2.2 (https://www.cdc.gov/arthritis/about/nofo/2018/attachment2.htm).

Examples of acceptable types of activities in order of priority, include:
1. Apply recommendations/lessons learned from CDC grantees to enhance or develop a national program locator featuring AABEIs. Note: A comprehensive set of recommendations from CDC Arthritis grantees are expected to be available by August 2018;
2. Develop and implement a strategy to increase awareness and utilization of the enhanced national program locator;
3. Provide technical assistance and support to CDC Arthritis Program funded partners related to any relevant CDC-RFA-DP18-1803 and CDC-RFA-DP16-1606 cooperative agreement strategies or goals;
4. Leverage and/or engage appropriate collaborators or partners, if/as needed, to support enhancement/development of a national program locator; and
5. Develop and implement a plan for continuous quality improvement and sustainability of the national program locator.

Applicants are not required to respond to or propose work related to each activity type, given that limited funding is available to carry-out the proposed activities for this project.

Outputs that are expected include enhanced electronic, national program locator(s), implementation of technical assistance opportunities, and improved products or tools that help facilitate referrals to and enrollment in AAEBIs. Examples of acceptable types of outputs include: 1) Technical assistance materials and resources for CDC Arthritis Program funded partners; and 2) Creation or enhancement of national electronic program locator(s) featuring a comprehensive list of AAEBIs. The locator will incorporate lessons learned and recommendations from CDC and CDC-funded partners to enhance usability of the system.

Outcomes expected by the end of the project period include:
1. Increased referrals to AAEBIs;
2. Improved access and search features associated with finding specific AAEBI(s) offerings;
3. Increased accuracy and currency of information about local program availability and overall locator services;
4. Enhanced linkages to referral mechanisms; and
5. Increased awareness and use of electronic national program locator(s) that highlight available AAEBIs.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

- [x] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 40/200 words maximum

The organization must demonstrate previous experience and success in developing or enhancing electronic systems which facilitate program location and/or enrollment in programs. Applicants must also demonstrate their current organizational capacity to carry out the required strategies and activities.

13 Applicant Program Experience:* 40/200 words maximum

Applicants must describe sufficient experience working with program locators with current or potential national capacity. This should be a system that is easily and inexpensively expandable to cover all states and include additional intervention programs and intervention deliverers.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 50/200 words maximum

The awardee is expected to partner, as appropriate with appropriate stakeholders, such as state health departments and/or national organizations, intervention delivery organizations/systems, referral networks and systems and intervention program owners. The outputs, processes or collaboration is also expected to benefit or reach underserved populations to address health disparities.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 71/200 words maximum

The organization may subcontract with agencies or organizations that operate or administer existing program or patient referral networks or services, and/or program locator systems or services). Further, the applicant may contract with organizations and individuals possessing the technical knowledge or capacity to assist with activities identified in this proposal. However, the applicant organization is expected to have the capacity to directly perform the majority of the strategies and activities.

16 Will the proposed CBA benefit governmental public health agencies?* (●) Yes ( ) No

Briefly describe how. : * 41/200 words maximum

Activities supported by this funding mechanism will supplement activities conducted by other CDC funded state and national partners. In addition, these activities will increase the capacity of partners to enroll and register referred and other adults with arthritis into AAEBIs.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 75/100 words maximum

	• Recipients may not use funds for clinical care. • Recipients may only expend funds for reasonable and relevant program purposes, including personnel, supplies, communication and marketing materials, database enhancement and services, such as contractual. • Awardees may not use funding for the purchase of furniture or other equipment. • Recipients may not use funds for construction. • Recipient may not use funds for any activities or products inconsistent with the purposes and intent of the project plan
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Local Health Department Tobacco Prevention and Control- Related Public Health Law Technical Assistance

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Office On Smoking And Health

4 CIO Point of Contact (POC) name(s):*
Renee Wright; Asha Banks; Pam Cox

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
rid2@cdc.gov; vfq3@cdc.gov; pkc2@cdc.gov

CIO POC phone number(es):*
770-488-1146; 770-488-1211; 770-488-7885

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 31/25 words maximum
Staff who develop policies, provide legal assistance, inform stakeholders on policy, implement or enforce laws and policies, and/or monitor and evaluate laws and policies in local and territorial health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$180,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
720/1,000 words maximum

Purpose:
The goals of OSH and the National Tobacco Prevention and Control Program (NTCP) are to use evidence-based policies, interventions and systems changes to: prevent initiation, eliminate secondhand smoke exposure, promote cessation, and identify and eliminate tobacco-related disparities. Essential elements of this approach include: state-based, community-based, and health system-based interventions; cessation services; counter-marketing; program development and implementation; research; surveillance; and evaluation.

These activities target groups that are at highest risk for tobacco-related health problems. OSH accomplishes these goals by expanding the science base of tobacco control; building capacity to conduct tobacco control programs; communicating information to constituents and the public; and facilitating concerted action with and among partners.

Law is a tool for protecting and promoting the health of the public. Public health law examines the authority of the government at various jurisdictional levels to improve the health of the general population. Public health law has been critical in serving as a foundation for governmental public health activities.
Evidence-based tobacco prevention and control interventions include policy interventions, thus there is a need for technical assistance to further the understanding of the public health law framework.

Tobacco prevention and control's evidence-based policy interventions require a high degree
of understanding of specific, relevant public health law issues and high capacity for analysis of potential impacts. An example of an evidence-based tobacco prevention and control policy recommended by the U. S. Surgeon General, CDC, and international experts is comprehensive smokefree policies.

Ensuring awareness and knowledge of public health law within local health deparments can inform these policies and build capacity of local health departments to identify, develop, inform, and implement evidence-based interventions and policies. Often, the nuances of the work mean that many public health practitioners simply do not have the knowledge or skills and require public health law technical assistance.

OSH currently funds the Tobacco Control Legal Consortium, to support NTCP funded and non-funded partners with access to legal technical assistance as needed; however, the purpose of this funding opportunity is to proactively reach local health departments within states to receive training and technical assistance in this area.

This project continues to support CDC's comprehensive approach to tobacco prevention and control, while ensuring non-funded partners have access to technical assistance as needed. The awardee will provide technical assistance, consultation and training to local health department staff and their partners on issues concerning the landscape around the identification, development, and implementation of evidence-based tobacco prevention and control interventions and policies.

Proposed Activities:
Awardee will provide both individual and collective technical assistance, consultation and training to local public health departments and their partners within at least 5 states on issues concerning the landscape around the identification, development, and implementation of evidence-based interventions and policies. Technical assistance and consultation will consist of research and analysis of public health law questions related to tobacco control policies and interventions, identification of public health law priorities, comparative analyses across jurisdictions, as well as educating on the foundations of tobacco control law.

In addition, awardee must provide effective resources and tools to decrease the impact of point of sale tobacco marketing by maintaining the CounterTobacco.org website and associated content and social media and developing new content relevant to the implementation of policy, systems, and environmental approaches affecting the tobacco retail environment.

Note: Awardee is prohibited from using CDC funds for impermissible lobbying. Further, the awardee will not be giving legal advice or creating and attorney/client relationship with NTCP funded or non-funded partners that they are providing technical assistance to using CDC funds.

Expected Outputs:
At least 5 statewide trainings primarily to engage local health department staff in building awareness and understanding of public health law and related tobacco prevention and control policy in a structured, peer-to-peer sharing and learning forum, allowing the exchange of information and policy ideas that promote health by reducing tobacco use in each community.

At least one tool/resource developed and disseminated to local tobacco prevention and control field to inform and educate local health departments on how to utilize public health law in developing and implementing evidence-based tobacco control policy interventions. Can be developed in collaboration with other organization/TA provider.

Quarterly report on metrics from CounterTobacco.org.

Expected Outcomes:
Increased awareness and understanding by local health department staff of public health law and evidence-based tobacco control policy interventions.

Increased use and dissemination by local health departments of training resources and support materials on key public health law issues related to tobacco control policy.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL		
10	CBA Program Strategies (Check one or more):*	
	☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	

- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 198/200 words maximum

Must have high degree of public health law understanding related to tobacco prevention and control policies and interventions, and demonstrate deep institutional knowledge specific to current and historical U.S. tobacco prevention and control issues: hence, must have staff with minimum five years of providing expansive, tobacco prevention and control-specific public health law technical assistance to state, local, and national programs.

Staff experience in past tobacco prevention and control-specific technical assistance should include, at minimum:
• Foundational principles of public health law and their application to tobacco prevention and control (e.g., First Amendment issues, preemption).
• Evidence-based policy interventions with strong scientific support, such as smokefree policies.
• Emerging tobacco prevention policy interventions, for instance, changes in the tobacco product landscape (e.g., electronic nicotine delivery systems (ENDS)) and shifts in tobacco epidemiology (e.g., raising the legal purchasing age of tobacco products).
• Effect of changes in the tobacco product landscape (e.g. ENDS) and shifts in tobacco epidemiology (e.g. address disparate populations) on public health law approaches.
• Potential public health law options related to key tobacco strategies, i.e., options to reduce burden of tobacco use, aligned with strategies presented in the 2014 Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.

13 Applicant Program Experience:* 114/200 words maximum

	Awardee must demonstrate experience working with local health departments and providing subject matter expertise in the following areas: smokefree air, preemption, and pricing strategies (including discounts, minimum price, couponing, tax parity between tobacco products, prevention of tax avoidance and evasion), youth access to tobacco products, the retail environment and minimizing tobacco access at the retail point of sale, and sales restrictions. The awardee must also demonstrate providing training and technical assistance on public health law issues, related to tobacco prevention and control (e.g., documentation that others in the field rely on the organization for their assistance or interpretation from a public health law perspective when it comes to tobacco prevention and control topics).
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 178/200 words maximum
	Required to collaborate with funded and non-funded NTCP partners, including the Tobacco Control Legal Consortium, tobacco control programs within state and territorial health departments and the National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities, with respect to their role in implementing and evaluating evidence-based interventions and strategies. Encouraged to identify and leverage opportunities that enhance recipient's work with entities and programs that address chronic diseases or their underlying risk factors. This may include, but is not limited to: training, technical assistance, consultation about public health law and policy issues, and strategic planning and leadership activities. Strongly encouraged to expand partnerships, as appropriate, with organizations external to CDC working on tobacco prevention and control issues and public health law. These partnerships may include, for example, other areas of state/local/territorial/tribal/federal government, state and local organizations, national and local voluntary tobacco prevention and control organizations and coalitions (e.g., NACCHO, ANR, ACS, AHA, CTFK), other state and local public health law centers, and educational institutions. Working with partners includes engaging them, as appropriate, in capacity-building in training, technical assistance, and consultation.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 73/200 words maximum
	Awardee must provide effective resources and tools to decrease the impact of point of sale tobacco marketing by maintaining the CounterTobacco.org website and associated content and social media and developing new content relevant to the implementation of policy, systems, and environmental approaches affecting the tobacco retail environment. CounterTobacco.org is a well-established, recognizable resource to the tobacco prevention and control field; and is the only web resource of its kind.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 27/200 words maximum Local health departments will receive training and technical assistance to build their awareness and understanding of public health law strategies related to tobacco prevention and control.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/49

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Increasing Healthy Behaviors Among Cancer Survivors in Rural Communities

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Angela Moore;Floyd (Trey) Bonner

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ARMoore@cdc.gov;kfz5@cdc.gov

CIO POC phone number(es):*
770-488-3094;770-488-2799

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 12/25 words maximum
Chronic disease staff working in state, tribal, or local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$200,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
695/1,000 words maximum

Purpose:
There are nearly 15 million cancer survivors currently in the U.S. and, by 2024, projections suggest this number will increase to 19 million. Healthy People 2020 prioritized cancer survivorship by developing survivorship-specific objectives, one of which is to improve the mental and physical health status among cancer survivors. Due to the nature of cancer and the associated treatments, survivors are at an increased risk for a variety of issues such as reoccurrence and long-term and late effects on both physical and mental well-being. As the population of cancer survivors continue to increase, experts agree that there are ever growing gaps related to characterizing the survivor population and addressing their needs.

Within this growing population are individuals who live in rural communities; approximately 21% of cancer surivivors reside in rural areas. Rural residents often have higher incidence and cancer mortality than urban residents, and there are documented disparities related to cancer diagnosis and treatment. In addition, rural cancer survivors are more likely to report fair or poor health status, two or more non-cancer comorbidities, psychological distress, and unemployment due to health. In addition, health behaviors that are associated with cancer, such as tobacco use, alcohol consumption, obesity, and less physical activity are higher for those who live in rural areas when compared to individuals living in urban areas. Further compounding this issue, is the lack of access to health and preventive health services in rural areas.

The Centers for Disease Control and Prevention (CDC) seeks to work collaboratively with a recipient organization to improve their capacity to develop multiple-component survivorship wellness programs that increase positive health behaviors among cancer survivors living in rural communities and to train professionals on how to implement the program. This project aims to address gaps related to the delivery of comprehensive survivorship wellness programs by building on the work of the National Comprehensive Cancer Control Program (NCCCP) grantees. by demonstrating how collaborative relationships among state and local entities promote better outcomes for cancer survivors. The purpose of this project is to expand the reach and sustainability of multiple-component survivorship wellness programs in rural communities by building capacity and fostering relationships with 6 - 12 NCCCP grantees.

Proposed Activities:
This project aims to identify the needs of cancer survivors and address these needs through local access to wellness and health education services. The awardee will work collaboratively with CDC to identify NCCCP grantees to engage with local community based organizations to develop and implement evidence informed wellness interventions for cancer survivors living in rural communities. At least 3 evidenced informed interventions will be implemented over a 12 month period and must be based on the following cancer survivor health topics:

- Physical Activity
- Nutrition
- Mental Health/Emotional Well-Being
- Tobacco Cessation
- Vaccinations
- Combined Physical Activity & Nutrition

Core activities include:
1. Conduct a needs and resource assessment to identify survivorship needs and state-level gaps related to wellness program services.
2. Coordinate state resources and work with the comprehensive cancer control coalition to support community based organizatons in the implementation of cancer survivor wellness programs.
3. Work with the coalition and local partners to facilitate the implementation of wellness programs in rural communities.
4. Use the results of the needs assessment to identify evidenced informed interventions that focus on cancer survivor health topics.
5. Identify and provide tailored training and technical assistance to support the implementation of survivorship wellness interventions in rural communities.
6. Develop and implement a plan to evaluate the program.
7. Use evaluation findings to maintain and sustain program efforts.

Expected Outputs and Outcomes:
Increased awareness and knowledge of wellness needs for cancer survivors in rural communities
Improved ability among programs to identify appropriate community based organizations (CBOs) to implement wellness strategies for cancer survivors
Increased capacity among NCCCP grantees and coalitions to plan and support CBOs in local implementation of wellness strategies for cancer survivors living in rural communities
Improved ability for NCCCP grantees to collect implementation and outcome-related data from funded CBOs
Improved capacity among NCCCP grantees to use implementation and outcome-related data to inform the delivery of TA to funded organizations and to inform program improvement
Improved delivery of wellness programs for cancer survivors (i.e., quality)
Increased number of community-based partners implementing wellness strategies for cancer survivors (i.e., reach)
Improved community-level infrastructure and resources to ensure continued implementation of wellness programs for cancer survivors (i.e., sustainability)

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 85/200 words maximum

The applicant should:
• use data to identify cancer survivor population and needs
• have pre-existing partnerships with comprehensive cancer control coalition and/or external organizations experienced in cancer survivorship
• previous experience providing technical assistance to a local implementer/community
• access to subject matter experts (SMEs), partners and resources that will be used to identify and adapt evidence informed interventions tailored to the needs of the target population
• prior experience in conducting program monitoring and evaluation of a local entity or community based organization, including what was assessed and data collection methods used

13 Applicant Program Experience:* 56/200 words maximum

Applicant program experience should be based on:
• Demonstrated ability to reach target population i.e. cancer survivors within rural areas
• Demonstrated history of developing and implementing survivorship interventions
• Collaboration between NCCCP grantee and key stakeholders
• Evaluation capacity – ability to develop evaluation questions, collect data, and interpret and analyze data
• Willingness to participate in the comprehensive evaluation conducted by CDC

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 201/200 words maximum

	The applicant is expected to foster collaborations among the CDC, NCCCP grantee, the comprehensive cancer control coalition, and local entities such as local health departments, health systems, and community based organizations that serve rural communities. The applicant is expected to collaborate with assigned CDC staff who is committed to providing resources and technical assistance to the applicant, NCCCP grantee, and other stakeholders. CDC will conduct an evaluation of the capacity building activity. The NCCCP grantee must work collaboratively with the comprehensive cancer control coalition and local entitites to ensure that evidenced informed survivorship wellness programs are implemented by local entities that serve rural communities. Specifically the NCCCP, coalition, and local entitiy will work collaboratively to identify the needs of cancer survivors; foster relationships with partners to maximize program capacity and expand reach; and support evaluation through the provision of technical assistance and program monitoring for local entities. The local entitiy will work collaboratively with the NCCCP grantee and their partners to identify the health specific topics that will be the focus of the survivorship program; allocate appropriate resources for implementation of evidence based interventions; facilitate and lead the implementation of evidenced based interventions based on identified health topics; and adhere to program monitoring and reporting guidelines.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 103/200 words maximum
	Selected NCCCP grantees and chronic disease staff are expected to develop a formal relationship with local entities. The NCCCP grantees are required to select local entities that serve rural communities and meet the following criteria: Ensure that staff involved in program implementation have sufficient time and training to carry out implementation plans. Ensure that appropriate partnerships are in place to carry out implementation plans. Communicate openly with the NCCCP grantee so it can help support implementation as needed. Monitor implementation progress, especially for components carried out by wellness program delivery staff. This will ensure that the program is carried out as the local entity originally planned.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 69/200 words maximum The CBA benefits select NCCCP grantees who are governmental public health agencies or their bona fide agents to provide comprehensive evidenced based lifestyle programs to cancer survivors who live in rural communities. In addition to this, this CBA allows for a comprehensive program to be implemented, evaluated, and scaled up into the overall NCCCP which currently supports all 50 states, several tribal organizations, and several pacific island jurisdictions.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 11/100 words maximum
	Budget should be commensurate with scope of survivorship wellness program
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/28

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Cancer Leadership and Collaboration Technical Assistance

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Kimberly E Smith

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
hro2@cdc.gov

CIO POC phone number(es):*
404-498-0073

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 12/25 words maximum
Cancer control program staff in state, tribal, local and territorial health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$225,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
382/1,000 words maximum

Purpose: The purpose of this project is to provide support and technical assistance to CDC cancer programs and their Cancer Council in order to facilitate collaboration and communication among CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), National Comprehensive Cancer Control Program (NCCCP), Colorectal Cancer Control Program (CRCCP), and National Program of Cancer Registries (NPCR); improve coordination of related activities; and increase learning and developmental opportunities for state, tribal, territorial, PIJ and District public health department staff.

Proposed Activities:
• Maintain frequent communications with Cancer Council leadership via email and phone calls.
• Staff monthly meetings of the Executive and Steering Committees.
• Maintain current group email lists for all Council members and by program area so that distribution of information regarding meetings and professional development offerings to Council membership is efficient and effective.
• Provide a common link between the CDC-DCPC program areas to encourage collaboration and coordination where and when appropriate.
• Staff quarterly full Council meetings and provide technical assistance including scheduling on the webinar platform.
• Attend quarterly meetings of the NCCCP, NBCCEDP, CRCCP programs.
• Provide technical support for region virtual meetings as well as interest area meetings such as rural cancer programs and health insurance.
• Work with leadership to develop and provide ongoing learning opportunities for all program areas – identify speakers/trainers from within the CDC-DCPC staff and programs and from external partners.
• Post resources to share in the cancer area of website including information related to the Affordable Care Act and the expansion of Medicaid programs.
• Work with CDC-DCPC to plan and schedule an in-person meeting between CDC and Council leadership including members of both the Executive and the Steering Committees.

Expected Outputs:
• Information from full Council meetings will be posted on the web to assure that all members have access to resources and materials presented.
• Webinar information will be made available to all members.
• Information from the in-person meeting between CDC-DCPC and Council leadership will be made available to all in attendance and shared (as appropriate) with the full Council.

Expected Outcomes:
• Improved coordination among cancer control programs, improving efficiency and reducing duplication of efforts
• Sharing of best practices used to implement cancer prevention and control interventions
• Sharing of cancer data and information which can guide program implementation at the state and local level; help identify cancer burden, including disparities; and target interventions

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health

	☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs Intermediate ☐ Increased capability of public health systems to achieve nationally established standards ☐ Increased leadership decision-making to address public health needs strategically and systematically ☐ Strengthened capability of public health workforce to deliver essential public health services ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies ☐ Strengthened capability to use communication and information technology to affect health decisions and actions ☑ Strengthened capability to respond to public health priorities collaboratively and strategically ☐ Strengthened capability to systematically apply and use laws and policies to improve health ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 40/200 words maximum
	Recipient must have the capacity, connections, and infrastructure in place to reach chronic disease directors and public health officials at the state, tribal, territorial, PIJ and District levels to facilitate collaboration and learning among and across these entities.
13	Applicant Program Experience:* 27/200 words maximum
	Recipient must have experience working with and building collaborations among chronic disease directors and public health officials at the state, tribal, territorial, PIJ and District levels.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 54/200 words maximum
	• Collaborate closely with CDC to implement the proposed project. • Collaborate closely with Cancer Council leadership. • Maintain frequent communication with the CDC-DCPC technical monitor and other staff to inform and/or update CDC on the project's status. • Work with CDC-DCPC to provide more formal status updates on quarterly basis as well as written summaries as needed.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 19/200 words maximum This will increase learning and developmental opportunities for state, tribal, territorial, PU and District public health department staff.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 15/100 words maximum
	Funds will be used to support staffing and related travel for the outlined activities.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/17

Center for State, Tribal, Local, and Territorial Support (proposed)
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Diabetes Technical Assistance and Support for State Health Departments

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Diabetes Translation

4 CIO Point of Contact (POC) name(s):*
Pat Schumacher

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
prs5@cdc.gov

CIO POC phone number(es):*
(770) 488-5968

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 19/25 words maximum
Chronic Disease prevention workforce in state and local health departments; awardees funded under CDC cooperative agreements: CDC-RFA-DP18-1815 and CDC-RFA-DP18-1817

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$3,500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
891/1,000 words maximum

Purpose:
30.3 million Americans – 9.4 percent of the U.S. population –have diabetes. Diabetes is now the most costly chronic disease in the U.S., with diagnosed diabetes expenses totaling $327 billion in 2017, including $237 billion in direct medical costs and $90 billion in reduced productivity. Another 84.1 million people, or about a third of the adult population, have prediabetes, a condition that increases risk for type 2 diabetes, heart disease, and stroke. Among adults aged 65 years or older, this rate is even higher, at nearly half (48.3%). However, only 11.6% of adults with prediabetes reported being told by a health professional that they had this condition, which means there is significant need to increase awareness—both in the general population and among health care professionals. Fortunately, type 2 diabetes, the most common form of diabetes, can be prevented or delayed in those at high risk through participation in a structured, evidence-based lifestyle intervention supported by the National Diabetes Prevention Program (National DPP).

CDC's Division of Diabetes Translation (DDT) funds state health departments in all 50 states and the District of Columbia to implement evidence-based population health strategies to prevent type 2 diabetes among people with prediabetes and to prevent or delay onset of diabetes-related complications in people who have the disease. Over the past several years, DDT has increased its focus and investments in state diabetes management and type 2 diabetes prevention efforts with an emphasis on attributable and measureable program outcomes. The purpose of this funding is to provide technical assistance, training, and related support—in coordination with CDC/DDT—to assist state health departments in scaling and sustaining evidence-based diabetes management and type 2 diabetes prevention programs and interventions, achieving progress on related performance measures, and sharing/documenting effective approaches.

The successful applicant will work collaboratively with CDC/DDT to support awardees funded under CDC-RFA-DP18-1815 and CDC-RFA-DP18-1817 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. Activities that support leadership and professional development, skill building, and peer-to-peer mentoring activities (such as communities of practice and workgroups that provide structure for effective problem solving with peers) are critical to assuring public health capacity among chronic disease staff working in state health departments.

Proposed Activities:
1) Plan and implement statewide partner engagement and planning meetings that convene key partner organizations across sectors (health care, employers, commercial health plans, non-profits, community-based organizations, Medicaid, state and local government, others) with the goal of developing state-specific action plans for scaling and sustaining the National DPP. This work includes pre-meeting planning, onsite meeting facilitation, post-meeting technical assistance and follow up, synthesis/documentation of key outcomes resulting from each meeting and collectively across states, and promotion of peer learning across states.
2) Support the CDC/DDT National DPP Customer Service Center by providing subject matter expertise for employers and commercial health plans seeking to offer and provide health benefit coverage for the National DPP lifestyle change program for employees/plan members.
3) Implement interactive approaches (communities of practice, learning collaboratives, etc.) to promote sharing of best/promising practices across states related to work occurring in the diabetes management and type 2 diabetes prevention strategies/interventions included in CDC cooperative agreements CDC-RFA-DP18-1815 and CDC-RFA-DP18-1817. Summarize key findings (challenges, lessons learned, innovative approaches, key resources developed, etc.) in a way that they can be used by DDT staff and Project Officers to support technical assistance efforts to awardees.
4) Coordinate with DDT/CDC to plan, implement, and evaluate training for state and local awardees under CDC-RFA-DP18-1815 and CDC-RFA-DP18-1817.
5) Develop or adapt practical tools and resources (websites, case studies, etc.) to support diabetes management and type 2 diabetes prevention strategies/interventions included in cooperative agreements CDC-RFA-DP18-1815 and CDC-RFA-DP18-1817.
6) Provide peer learning and leadership development opportunities for state diabetes program managers/staff charged with managing and implementing DDT-funded diabetes management and type 2 diabetes prevention strategies/interventions in states and communities.
7) Foster partnership and coordination/collaboration (national, state, and local) where relevant to support the implementation of evidence based diabetes management and type 2 diabetes prevention strategies/intervention in states and communities.

Expected Outputs:
1) Minimum of 8 state partner engagement meetings and state-specific action plans for scaling and sustaining the National DPP
2) Support for 2 subject matter experts, aligned with the CDC National DPP Customer Service Center, focused on supporting employer/insurer coverage of the National DPP
3) Minimum of 2 communities of practice/learning collaboratives that promote sharing of best/promising practices related to diabetes management and type 2 diabetes prevention work occurring under CDC cooperative agreements CDC-RFA-DP18-1815 and CDC-RFA-DP18-1817
4) 4-6 training virtual training sessions/webinars for CDC-RFA-DP18-1815 and CDC-RFA-DP18-1817 awardees
5) Completed tools/resources supporting diabetes management and type 2 diabetes prevention strategies/interventions included in cooperative agreements CDC-RFA-DP18-1815 and CDC-RFA-DP18-1817 (number/type to be determined in discussion with CDC/DDT)
6) Structured support/leadership opportunities for state diabetes program managers/staff charged with managing and implementing DDT-funded diabetes management and type 2 diabetes prevention strategies/interventions in states and communities
7) Support for coordination/collaboration (national, state, and local) where relevant to support the implementation of evidence based diabetes management and type 2 diabetes prevention strategies/interventions in states and communities

Expected Outcomes:
1) Increased capacity of state health departments to achieve progress on the diabetes management and type 2 diabetes prevention strategies/interventions included in cooperative agreements CDC-RFA-DP18-1815 and CDC-RFA-DP18-1817
2) Establishment and maintenance of sustainable public health partnerships in support of evidence-based diabetes management and type 2 diabetes prevention work in states and communities

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

- [x] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [x] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 180/200 words maximum

The successful applicant should have the capacity to work with all 50 state health departments and the District of Columbia, and as part of their mission, should be focused on ensuring that evidence-based chronic disease prevention and control activities/strategies are being implemented and scaled to serve the maximum number of individuals in states and communities. 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 national, state, and local level. The successful applicant should have access to consultants with diverse subject matter expertise to augment the technical assistance and training that is being provided by CDC/DDT. Additionally, the successful applicant should have demonstrated knowledge and understanding of evidence-based diabetes management and type 2 diabetes prevention strategies/interventions, with emphasis on 1) increasing access to, participation in, and health benefit coverage for the National DPP and diabetes self-management education and support; and 2) use of clinical decision support to improve the quality of clinical care for people with diabetes.

13 Applicant Program Experience:* 195/200 words maximum

	• Demonstrated skills and experience providing diabetes-related technical assistance, training, and leadership development activities for DDT-funded chronic disease/diabetes program managers and their staff. • Demonstrated experience working with DDT-funded chronic disease/diabetes program managers and their staff to plan, implement, and evaluate the impact of evidence-based diabetes management and type 2 diabetes prevention programs/interventions in states and communities. • Demonstrated knowledge and understanding of evidence-based diabetes management and type 2 diabetes prevention strategies/interventions, with emphasis on 1) increasing access to, participation in, and health benefit coverage for the National DPP and diabetes self-management education and support; and 2) use of clinical decision support to improve the quality of clinical care for people with diabetes. • Demonstrated experience convening diverse groups of stakeholders and facilitating meetings designed to develop focused agendas for public health action on issues related to diabetes management and type 2 diabetes prevention. • Demonstrated ability to identify and convene a diverse group of subject matter experts with skills and experience in diabetes-related public health issues at the national, state, and local levels. • Demonstrated ability to contract with and/or make resources available to state/local health departments and relevant partner groups to support diabetes management and type 2 diabetes prevention work.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 79/200 words maximum
	Coordination or collaboration with organizations supporting diabetes management and/or type 2 diabetes prevention efforts at the national, state, and local levels is anticipated. This may include formal or informal partnerships with organizations such as the American Medical Association, American College of Preventive Medicine, Centers for Medicare & Medicaid Services, American Association of Diabetes Educators, American Diabetes Association, Association of State and Territorial Health Officials, Leavitt Partners, and the National Association of City and County Health Officials, among others.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 106/200 words maximum
	Subcontracts are expected as part of this funding opportunity to support the accomplishment of key objectives and to secure specialized subject matter expertise. It is anticipated that subcontracts may be awarded to one or more national organization(s) and/or subject matter expert(s) to successfully accomplish the state partner engagement/planning meetings focused on scaling and sustaining the National DPP, and to provide subject matter expertise for employers and commercial health plans through the National DPP Customer Service Center. Appropriate procurement policies and practices should be followed in collaboration with CDC's Procurements and Grants Office and in consultation with the CDC Project Officer and DDT Technical Monitor.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 50/200 words maximum This work will assist CDC in supporting state health departments in all 50 states and the District of Columbia to effectively implement evidence-based strategies/interventions to prevent type 2 diabetes among people with prediabetes and to prevent or delay the onset of diabetes-related complications in people who have the disease.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 38/100 words maximum
	The budget narrative should sufficiently describe how proposed budgeted activities align with the work plan and should include detailed information about the roles that subcontracted organizations and/or subject matter experts will have in accomplishing the work.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/25

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/15 words maximum
Childhood Obesity Data Initiative

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Nutrition, Physical Activity, And Obesity

4 CIO Point of Contact (POC) name(s):*
Aly Goodman; Suzianne Garner; Linda Barnes; Ray King; Nedr...

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
iym3@cdc.gov; lit2@cdc.gov; sle1@cdc.gov; rnk8@cdc.gov; ndg3@c...

CIO POC phone number(es):*
770.498.6269; 770-488-5044; 404-867-9697; 770.488.7434; 404.498....

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 4/25 words maximum
Public Health Informaticians

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$600,000

○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
408/1,000 words maximum

The purpose of this project is to integrate and facilitate access to multi-sector (Patient Centered Outcomes Research (PCOR)) data so researchers can better understand, assess and compare intervention programs effectiveness and address existing gaps in information about how, why, where and when interventions work best for different children. This information will help clinicians better tailor interventions to the specific needs of the patient and more effectively implement the 2017 United States Preventive Services Task Force (USPSTF) childhood obesity recommendations to "screen and refer children with obesity to comprehensive, intensive, family-centered weight management programs (WMPs)". This project will address challenges faced by researchers and health professionals in linking patient level healthcare, intervention and community data, which are all critically important for the prevention and treatment of childhood obesity. This project will also strengthen methods to collect, validate and integrate patient-reported information with electronic health record (EHR) data providing a critical foundation to support comparative effectiveness research of childhood obesity prevention and treatment strategies and answer critical research questions on childhood obesity in a healthcare setting.

Proposed activities:

- Coordinate and help complete establishment of an end user collaborative that is currently under development. Members will include national, state and local level partners including the CDC project leads. Additional members will be identified prior to the project launch.
- Document two or more priority childhood obesity research questions and facilitate and report use cases.
- Conduct an information needs assessment within the scope of the established use cases, data elements, and measures needed for partners and report findings.
- Document and report/publish a governance model: Using Denver (Colorado Health Observation Regional Data Service) as a model, develop and document a governance structure for the multisector platform that can be used for scale and spread of CODI and includes legal and ethical considerations relevant to the linkage of clinical and program data, sustainability, and scale.
- Conduct an assessment of the existing childhood obesity healthcare, weight management program and public health business processes, identify end-user needs, and report findings.
- Assess the proposed business processes and technical/non-technical requirements for CODI and report findings.

The activities in year one are expected to lead up to the pilot testing, reporting, and dissemination of childhood obesity PCOR distributed queries (computer language used to simultaneously request and return information from multiple specified databases, e.g., patient information from different healthcare providers and weight management programs) related to the priority research questions.

Expected Outputs:

• Project collaborative
• Business process analysis
• Requirements document
• Information needs assessment
• Data query methodologies
• Governance model

Expected Outcomes:
• Increased capacity and integration of multi-sector data to support childhood obesity
• Improved linkage of patient records and weight management program data
• Enhanced query capability

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☐	Improved operational capacity to evaluate, manage, and improve public health systems
	☐	Improved leadership capacity to identify and prioritize public health needs
	☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

	☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☑ Improved communication and information technology 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
	☐ Increased capacity to evaluate laws and policies to affect health
	☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☐ Increased capability of public health systems to achieve nationally established standards
	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 61/200 words maximum
	Recipient must have the skill set and staff capable of: • Facilitating dialogue between national partners organizations, public health departments, community partners and other partners to understand information needs, processes, and systems. • Defining functional and technical requirements • Managing large scale health IT and informatics projects • Experience working with healthcare instiiutions on implementation of data platform, services and applications
13	Applicant Program Experience:* 55/200 words maximum
	Recipient must demonstrate experience: • Working with public health, healthcare and community health partners on informatics initiatives from concept to implementation. • Managing large scale health IT projects • Conducting informatics business process analyses, information requirements needs assessments • Established experience with professional and subject matter experts in public health informatics, clinical practice, and data policies.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 33/200 words maximum
	The recipient will collaborate with CDC, Denver Health, Harvard Pilgrim Healthcare Institute, PCORnet Data Coordinating Centers, Children's Hospital Colorado, Kaiser Permanente Colorado, and other organizations working on the PCOR-TF childhood obesity data initiative (CODI).
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 31/200 words maximum
	Sub-contractual work with the implementation site and other entities will be needed if the applicant organization or CDC resources are unable to provide subject matter expertise, technical guidance or other.
16	Will the proposed CBA benefit governmental public health agencies?* ○ Yes ◉ No
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/85

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Improving Vital Statistics Data Use and Quality for Maternal Health Programs and Policy

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Reproductive Health

4 CIO Point of Contact (POC) name(s):*
David Goodman

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
igc4@cdc.gov

CIO POC phone number(es):*
770-488-6553

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 18/25 words maximum
This project will benefit maternal and infant health programs/initiatives in local, state, and federal health agencies.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
478/1,000 words maximum

Background:

The mission of the Division of Reproductive Health (DRH) is to promote optimal and equitable health in women and infants through public health surveillance, research, leadership, and partnership to move science to practice. One way the Maternal and Infant Health Branch (MIHB), within the Division, supports this mission is by providing technical assistance to public health agencies through a diversity of mechanisms, including in-person trainings, resources/tools, stakeholder meetings, and distance-based trainings. These approaches increase the ability of a federal, state, tribal, and local agencies to apply effective scientific approaches and research evidence for informing maternal and infant public and clinical health initiatives.

The purpose of this project is to further the DRH mission by:
• Providing an infrastructure for identifying and responding to persistent and emerging issues in data quality, and disseminating information and solutions
• Improving the integration of clinical care and public health, through innovative data use, with a focus on maternal and infant health
• Promoting the development and strengthening of effective partnerships and infrastructure to leverage resources for improved data quality and use
• Promoting integration of existing public health surveillance data to enable efficient approaches for improving maternal and infant health

Funded activities may include:
• Identify and/or develop technology driven and innovative approaches to improve the quality of vital statistics data for increasing and enhancing maternal and infant health surveillance and monitoring; including topics such as pregnancy-related mortality, maternal morbidity and complications of pregnancy, violent maternal and child deaths, substance use, neonatal abstinence syndrome, assisted reproductive technology, preterm birth, and other emerging issues among women of reproductive age, pregnant and postpartum women, and infants.
• Identify and/or develop technology driven and innovative approaches to increasing the efficient and effective use of vital statistics data for maternal and infant health surveillance, monitoring, and applied research; including topics such as pregnancy-related mortality, maternal morbidity and complications of pregnancy, violent maternal and child deaths, substance use, neonatal abstinence syndrome, assisted reproductive technology, preterm birth, and other emerging issues among women of reproductive age, pregnant and postpartum women, and infants.
• Identify and/or develop approaches that formalize stakeholder partnerships necessary for implementing approaches to increase the quality and use of vital statistics data, responding to new and emerging issues in maternal and infant health, and disseminating findings to appropriate audiences.

Expected Outputs:
• Model approaches and processes for improving the quality of vital statistics data necessary for maternal and infant health surveillance and monitoring
• Model approaches and processes for the efficient and effective use of vital statistics data to inform maternal and infant health initiatives across public health agencies
• Mechanism for disseminating resources for improving and innovating maternal and infant health surveillance data quality and use.

Expected Outcomes:
• Increased quality and consistency of data used to inform maternal and infant health improvement initiatives
• Increased timeliness of data available to inform maternal and infant health improvement initiatives
• Newly established, strengthened, and formalized relationships between stakeholders in vital statistics quality and use for maternal and infant health surveillance and monitoring.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs

- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 82/200 words maximum

The organizational capacity statement should describe the mission, how the applicant agency is organized, the nature and scope of its work and/or the capabilities it possesses.

The applicant must demonstrate the following organizational capacity:
• Have a documented history of establishing effective relationships with and across public health agencies including state vital statistics offices (e.g., state registrars).
• 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.

13 Applicant Program Experience:* 87/200 words maximum

The applicant must demonstrate the following program experience:

• Extensive experience (10 years or more) of formulating and influencing excellence in state-based public health data practices.
• Extensive experience with tracking, evaluating, and advising public health agencies on the implementation and use of electronic vital statistics systems.
• Have a documented history of providing capacity-building assistance to public health agencies.
• Be a national organization representing vital statistics offices in public health agencies in the United States, the U.S. Territories, and the District of Columbia, including the public health professionals these offices employ.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 70/200 words maximum

This project will result in increased collaboration between multiple programs within the CDC Division of Reproductive Health, across CDC Centers, our partnering organizations, and states to address data quality, use, and timelines.

Recipients will also be encouraged to build and sustain strategic partnerships and collaborations with state vital statistics registrars and program staff that have a role in implementing this program's strategies and activities, and achieving the expected outcomes.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

N/A

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 53/200 words maximum

	This project will address the data quality and use needs of programs and initiatives in local, state, and federal governmental health agencies. Upon completion of this project, local, state, and federal governmental public health agencies will increase their capabilities to effectively and consistently implement timely initiatives for improving maternal and infant health.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 51/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Legal Barriers to Legal Preparedness during Public Health Emergencies: Updating Critical Resources.

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of Public Health Law Services

4 CIO Point of Contact (POC) name(s):*
Donald Benken; Greg Sunshine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dbenken@cdc.gov; xeu3@cdc.gov

CIO POC phone number(es):*
404-498-0451; 404-498-0457

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 26/25 words maximum
State public health staff who prepare, respond, train, educate, analyze, evaluate and are responsible for preparedness, response, mitigation, evaluation and analyses during public health emergencies.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$120,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
384/1,000 words maximum

In 2011, CDC and ASTHO provided funding for the development of the Legal Barriers Toolkits to provide quick, easily digestible fact-sheets on a plethora of public health legal preparedness topics including emergency authorities and immunities, emergency use authorizations, volunteers, information sharing, schools, and scopes of practice. These toolkits helped public health officials understand and use legal authorities to prepare for and respond to public health emergencies. However, in 2013, upon the passage of the Pandemic and All-Hazards Preparedness Reauthorization Act, specific aspects of these toolkits became out-of-date due to changes in federal law. Since 2013, additional legislative, regulatory, and practical developments in the field of legal preparedness have created a demonstrable need for updating and expanding the Legal Barriers Toolkits. Through this project, the awardee will conduct a survey of federal, state, tribal, local, and territorial developments in public health emergency preparedness law and policy, identify aspects of the current toolkits that require updating, and develop new toolkits to address novel legal issues demonstrated by recent response activities such as Ebola, Zika, and Hurricanes Harvey, Irma, and Maria.

Purpose:

The purpose of this project is to update the outdated materials in the Legal Barriers Toolkits for STLT practitioners and their legal counsel. These were widely anticipated and heavily used resources that are critical to state preparedness and emergency response efforts and need updating due to changes in the current law.

Proposed Activities:
Through this project, the awardee will conduct a survey of federal, state, tribal, local, and territorial developments in public health emergency preparedness law and policy, identify aspects of the current toolkits that require updating, and develop new toolkits to address novel legal issues demonstrated by recent response activities such as Ebola, Zika, and Hurricanes Harvey, Irma, and Maria.

Expected Outputs:
Outputs from the project will include the development of updated and new Legal Barriers Toolkits for use by State Public Health Practitioners, and their legal counsel and staff who analyze authorities and resources during state public health emergencies.

Expected Outcomes:
The outcome of this project will be revised materials on critically needed topics related to public health law emergency preparedness and response. Completion of this project will result in better coordination of activities throughout the STLT community related to jurisdiction based emergency preparedness and response for issues that are critical and frequently occurring under state authority.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically

	☑ Strengthened capability of public health workforce to deliver essential public health services ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies ☑ Strengthened capability to use communication and information technology to affect health decisions and actions ☑ Strengthened capability to respond to public health priorities collaboratively and strategically ☑ Strengthened capability to systematically apply and use laws and policies to improve health ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 43/200 words maximum
	The recipient organization(s) should be capable of reviewing and developing curriculum, resources, toolkits, and other materials that target state health officers, public health emergency preparedness and response personnel at the state level, and marketing the materials for widespread availability and use.
13	Applicant Program Experience:* 28/200 words maximum
	Experience working with state health officers, public health emergency preparedness and response personnel. Familiarity with the development, organization, and materials in the Legal Barriers Toolkits. Experience developing marketing plans.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 42/200 words maximum
	The recipient will need to work closely with: CDC-PHLP; local, territorial and tribal public health staff; STLT attorneys and practitioners; and key stakeholders who have an interest in the use of law as a tool to improve public health outcomes and service delivery.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 28/200 words maximum
	This project has a direct impact on STLT health departments and their staff ability to better and more effectively respond in the area of public health emergencies.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 31/100 words maximum
	Funds may be used as legally permitted under the scope of the cooperative agreement for any relevant purpose identified by the applicant as a relevant part of the project plan.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/16/2018 You will be directed to a confirmation screen upon successful save or submission. CSTLTS/FY18 (Year 1)/PP/37

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Building Capacity in Maternal and Child Health (MCH) Epidemiology and Surveillance

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Reproductive Health

4 CIO Point of Contact (POC) name(s):*
Donna Addison

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dnp7@cdc.gov

CIO POC phone number(es):*
770-488-6501

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 19/25 words maximum
This project will benefit maternal and child health (MCH) epidemiology programs in state and territorial health agencies.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,000,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
698/1,000 words maximum

Purpose

Background:
The mission of the Division of Reproductive Health (DRH) is to promote optimal and equitable health in women and infants through public health surveillance, research, leadership, and partnership to move science to practice. The Maternal and Child Health (MCH) Epidemiology Program within the Division supports this mission by providing direct assistance to public health agencies through a variety of mechanisms, including assigning senior CDC MCH epidemiologists and fellows and increasing the ability to apply scientific and research evidence at the agencies where the senior MCH epidemiologists are assigned. The program also partners with various federal, state, tribal, and local agencies to move the science to practice, build capacity, increase infrastructure, and translate MCH findings for programmatic and policy use in MCH programs at state health departments.
The purpose of this project is to further the DRH mission by:
• Providing an infrastructure for identifying and responding to emerging issues in MCH, then sharing information and solutions on national trends in MCH epidemiology and surveillance.
• Evaluating state and territorial capacity to address the emergency preparedness and response needs of reproductive aged, pregnant and postpartum women and infants in states.
• Establishing or continuing surveillance of selected maternal attitudes, behaviors and experiences that occur prior to, during, and after pregnancy (e.g., developing survey supplements for existing CDC surveillance systems to explore and monitor issues that may arise during the data collection cycle, including the response to post-disaster or pandemic surveillance needs);
• Ensuring data collection results are available to inform state and national programs and policies, facilitate partnerships, and demonstrate the utility of a surveillance data source for state and national use (e.g., the Pregnancy Risk Assessment and Monitoring System, PRAMS)

Proposed Activities:
1) Programs and Services: Conduct a peer to peer networking and information exchange symposium on emerging issues in MCH during a national meeting or conference.
2) Data and Information Systems:
a. Implement a new or expand an existing national capacity assessment module, incorporating the emergencency preparedness needs of reproductive aged women, pregnant and postpartum women and infants in states.
b. Enhancements to new and/or existing surveillance systems which may require oversampling of specific populations, for the evaluation of intervention programs targeting maternal and child health such as state or community programs for which the activities could be supported or evaluated by surveillance data.
c. Enhancements to data collection methodology of new and/or existing surveillance systems to be responsive to special circumstances or development of questionnaire supplements on topics such as:
• natural or man-made disasters that occur in geographic areas that may adversely affect pregnant women or reproductive health services.
• questionnaire supplements in response to infectious disease epidemics that may adversely affect pregnant women such as influenza, Ebola, anthrax, or others that may arise.
d. Enhancements to new and/or existing surveillance systems for special analytic studies or data linkages to assess data quality or validity.
e. Expansion of sampling methodology for new and/or existing surveillance systems (e.g., PRAMS) for topics such as:
• stillbirth surveillance in additional states
• follow-back survey for toddlers
• the experiences, health, and behaviors of fathers of recently delivered live-born infants.

Expected Outputs:
• Analytic plan designed to inform or change programmatic activities related to emergency preparedness and response and topics in new and/or existing surveillance systems for the needs of reproductive aged women, pregnant and postpartum women and infants in states.
• Published report describing identified MCH epidemiology capacity assessment findings to address the needs of reproductive aged women, pregnant and postpartum women and infants in states.
• Dissemination of analytic results for public health action that can guide program development, evaluation, or action to address the needs of reproductive aged women and their partners, pregnant and postpartum women and infants in states.

Expected Outcomes:
• Increased knowledge of epidemiologic methods and practice in emerging MCH issues, and improved collaboration and partnership for effective program development, delivery and evaluation.
• Increased capacity of MCH programs to capture data on the emergency preparedness needs of reproductive aged women, pregnant and postpartum women and infants in states.
• Increased capacity of MCH programs to capture data on topics in new and/or existing surveillance systems for the needs of reproductive aged women and their partners, pregnant and postpartum women and infants in states.
• Help establish the evidence base for identifying emerging issues in reproductive health to help states address these issues and reduce the health burden in their jurisdictions.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐

- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 123/200 words maximum

The organizational capacity statement should describe how the applicant agency is organized, the nature and scope of its work and the capabilities it possesses.
The applicant must demonstrate the following organizational capacity:
• Be an organization of member states and territories representing public health epidemiologists.
• Documented history of establishing effective relationships among state and other health agencies.
• Have a documented history of providing technical advice and assistance to partner organizations and to federal public health agencies.
• Have a highly systematic recruiting, placement, and orientation structure for implementing fellowship programs for master's and PhD-level trained epidemiologists.
• Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects of the epidemiology fellowship program.
• Appropriate information technology systems to produce required federal progress, financial and annual reports.

13 Applicant Program Experience:* 157/200 words maximum

	The applicant must demonstrate the following program experience: • Have a documented history of providing MCH capacity-building assistance to state, tribal, local, and territorial maternal and child health programs. • Extensive experience (10 years or more) in providing information, education, and developmental support of practicing epidemiologists in a wide range of areas as well as expertise for program and surveillance efforts. • Have a documented history of supporting effective public health surveillance and sound epidemiologic practice in state health agencies through training, capacity development, and peer consultation. • Ability to document previous continuing education opportunities and training initiatives on topics such as applied epidemiology and surveillance and the use of relevant scientific information and health data to improve MCH policies and programs. • Have a documented history of disseminating MCH epidemiology, surveillance and policy related information to a large network of professionals. • As an organization, must work to advance public health policy and epidemiologic capacity. • Be a membership organization of states and territories representing public health epidemiologists.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 74/200 words maximum
	This project will result in Increased collaboration between multiple programs within the CDC Division of Reproductive Health, including the newly established Emergency Preparedness Team, our partnering organizations and states around surveillance and epidemiology issues related to MCH Epidemiology. Recipients will also be encouraged to build and sustain strategic partnerships and collaborations with state epidemiologists and program staff that have a role in implementing this program's strategies and activities, and achieving the expected outcomes.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 56/200 words maximum
	The recipient is expected to dedicate funding (amount TBD, subsequent to award of cooperative agreement) to a subcontract with an individual or organization to assist in developing survey supplements for existing CDC surveillance systems. The contractor must have at least 10 years of experience specialized in the field of maternal and child health and/or surveillance.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 47/200 words maximum
	This project will address the capacity building needs of maternal and child health (MCH) epidemiology programs in state governmental health agencies. Upon completion of this project, state governmental public health agencies will benefit from a more competent workforce in applied MCH epidemiology and improved MCH surveillance.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 47/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/65

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Supporting Sodium Reduction through Partnership Engagement

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Hadley Hickner

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
XXM5@cdc.gov

CIO POC phone number(es):*
770.488.8087

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 25/25 words maximum
Governmental public health professionals and multi-sector partners as part of a virtual learning forum; multi-sector experts to develop tools that support the forum and others

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
286/1,000 words maximum

This project will provide funding to support a virtual learning forum and the provision of direct and indirect technical assistance for states and communities working on healthy eating strategies focusing on sodium reduction. The virtual learning forum will allow members to mutually share expertise, learn from lessons, and leverage best practices around sodium reduction. The proposed project funding amount is based on availability of current fiscal year funds. The volume of technical assistance proposed in this work plan may increase or decrease in subsequent fiscal years based on available funds.

Purpose: Improve communication and expand partnerships between public health practitioners and other experts in the field on sodium reduction strategies and support the development of technical assistance tools

Proposed Activities:

- Develop a plan for identifying and engaging public health practitioners to participate in the virtual learning forum
- Identify and recruit virtual learning forum members
- Manage, facilitate and monitor the convenings, including identifying the best mode of delivery (e.g. webinar, calls, etc.) and provide overall leadership in the development of agendas and execution of convenings
- Identify virtual learning forum needs for technical assistance
- Develop and disseminate tools/resources/materials such as toolkits, analyses, topic briefs, or reports where there are gaps
- Perform logistical support and collaborate with CDC on content planning of a training meeting for CDC's Sodium Reduction in Communities Program

Expected Outputs:

- Outreach Plan
- Web-based trainings and conference call discussion forums
- Training and Technical Assistance Plan
- Provision of focused tools and resources
- Technical support for annual training meeting
- Final summary report of the virtual learning forum's findings

Expected Outcomes:

- Virtual Learning Forum's communication and collaboration
- Dissemination of best practices and lessons learned within the Virtual Learning Forum
- Increased reach and implementation of sodium reduction strategies
- Public sharing tools and resources that support sodium reduction strategies

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☐	Improved operational capacity to evaluate, manage, and improve public health systems
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
☐	Improved communication and information technology 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
☐	Increased capacity to evaluate laws and policies to affect health
☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 94/200 words maximum

Applicant should have the capacity to design, implement, manage and evaluate a virtual learning forum
Applicant should have networks/relationships with relevant national organizations and the capacity to bring together experts in the specialized field of food, food systems, and/or nutrition
Applicants should have the capacity to perform and process evaluation of program and initiatives
Applicant should have the capacity to coordinate needs for technical assistance to virtual learning forum members
Applicant should have the capacity to contribute to the design, implementation, management and evaluation of a training meeting that bring together funding recipients and experts

13 Applicant Program Experience:* 37/200 words maximum

Developing a virtual learning community
Coordinating nutrition related technical assistance
Provision of technical assistance/individualized instruction and guidance (e.g., phone consultations, etc.), and focused tools/resources/materials development and dissemination
Sub-contracting with relevant organizations to accomplish work, if necessary
Convening meetings

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 31/200 words maximum

Applicant will be expected to collaborate with other organizations in order to provide the most relevant technical assistance related to reducing sodium consumption and accelerating procurement of healthy foods.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 35/200 words maximum

Applicant will be expected to sub-contract with expert consultants as needed. Subcontractors should be selected based on their level of expertise and their ability to work with national partners to promote sodium reduction activities.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 32/200 words maximum

The project targets governmental public health professionals and multi-sector partners 1) as part of a virtual learning forum and 2) as the target audience for developed and disseminated tools and resources

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 36/100 words maximum

Applicant will use funds to develop and implement a plan to engage states and communities in a virtual learning forum; develop and disseminate technical assistance tools and resources; and support training meeting for sodium reduction

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/21

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/15 words maximum
National Tobacco Control Program Meeting

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Office On Smoking And Health

4 CIO Point of Contact (POC) name(s):*
Michon Jeter; Renee Wright; Pam Cox

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
fox1@cdc.gov; rid2@cdc.gov; pkc2@cdc.gov

CIO POC phone number(es):*
770-488-3791; 770-488-1146; 770-488-7885

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 5/25 words maximum
Health strategist workforce

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$252,950
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
906/1,000 words maximum

Purpose:
Cigarette smoking remains the leading cause of death and disability in the United States despite a significant decline in the number of people who smoke. Over 16 million Americans have at least one disease from smoking, and 480,000 Americans die from smoking each year. This amounts to $300 billion in direct medical costs and lost productivity that could be averted every year if we could prevent youth from starting and help every person who smokes to quit.

The national tobacco control movement is one of the most successful in public health history. Since the first U.S. Surgeon General's report on the health consequences of smoking in 1964, cigarette smoking has been nearly cut in half. This success is largely attributed to the collaborative work done by federal, non-governmental, and private organizations dedicated to effective tobacco control programs and policies at the local, state, and national levels. Despite the success in new smoking prevalence goals set to meet the Health People 2020 Goals, threats from new emerging products including e-cigarettes and heat-not-burn products along with stalled efforts in disparate populations including those living in the Midwest and Southeast, individuals living in poverty, Native Americans/Alaskan Natives, and those with behavioral health issues continue to use tobacco at rates higher than the national average. Regular face-to-face meetings have been leveraged since the first Surgeon General report on smoking to enhance and build capacity of local, state, and national agencies and organizations. These collaborations make long term impact possible to eliminate the death and disease caused by tobacco use. The purpose for this project is to contribute to the efforts to improve and sustain the effectiveness and extend the reach of the tobacco control programs and activities of the United States, Tribes, and Territories through comprehensive national tobacco control training. The relationships established and information shared will improve and sustain the effectiveness and extend the reach of tobacco control programs and activities in the United States, Tribes, and Territories.
Proposed Activities:
The awardee will: 1) identify the training needs of the national tobacco control movement; 2) convene a national training meeting of approximately 1700 national, state, and local tobacco control public health leaders and professionals to provide a forum for networking, capacity building, knowledge exchange, and skills building development, 3) involve tobacco control leaders from all levels of the movement to participate in planning training activities; 4) develop meeting proceedings to inform national, state, and local leaders on emerging, as well as core issues central to reducing tobacco use.
Training meeting materials will focus on: 1) state, community, tribal and territorial tobacco control programs; 2) tobacco use cessation system changes; 3) mass reach media and communication strategies, 4) evaluation and surveillance, 5) evidence-based environmental and policy interventions; 6) health equity, 7) legal issues; 8) youth issues; 9) tobacco product regulation; 10) emerging trends, products, and issues. Additionally, this training is an opportunity to exchange ideas around new science including new Surgeon General's reports on Tobacco Use, CDC's Best Practices for Tobacco Control, new research from the National Cancer Institute; Healthy People 2020 progress and plans for Healthy People 2030 performance measures, and advancements in tobacco product regulation. Sample activities include hands on training exercises; plenary and breakout sessions designed to convey best practices in tobacco control, new science, and important trends in tobacco prevalence, cessation, and policy change; and opportunities for new members of the tobacco control movement to consult with experts. Virtual networking and information exchange should be included where feasible to expand the reach of the training opportunities.
Duties of the awardee include but are not limited to:
• Coordinate and manage all aspects of planning, conducting and evaluating a national tobacco control training meeting
• Provide the planning, development and delivery of a national tobacco control training meeting
• Oversee ancillary meeting facilities and meeting set up and skill building workshop track
• Oversee registration, audio-visual, graphic services, program/content planning and continuing education support for the 3-day meeting, skill building workshop tract, and 3 OSH ancillary meetings
• Oversee fund raising and fee collection to cover the training meeting
• Coordinate planning and meeting for the steering committee, program committee, and workgroup committees
• Conduct communication with the national tobacco control field before, during, and after the training meeting
• Produce meeting proceedings to inform the field
• Produce final evaluation report of the meeting
Expected Outputs:
• National face-to-face convening of a 3-day national tobacco control meeting for local, state, and national tobacco control professionals to be held in Minneapolis, MN in August 2019
• Ancillary track of skill building workshops for new and developing tobacco control professionals
• Logistical coordination plan for 3 ancillary OSH meetings
• Exhibitor plan
• Business plan to ensure financial stability
• Management plan for developing, conducting and evaluating the national meeting
• Management plan for processing, reviewing, and selecting from a minimum of 1000 abstracts.
• Communication plan including meeting website and social media
• Managing a functioning steering committee, program planning committee, and work groups for each program track
• Website and social media plan
• Meeting proceedings to inform the field
• Evaluation report
• Written meeting notes from all project meetings with OSH workgroup
• Written meeting outcomes from all steering, program planning and work group meetings

Expected Outcomes:
• Increased knowledge and skills in evidence-based tobacco control programs for local, state, tribal, and territorial tobacco control programs
• Increased exchange of tobacco control scientific findings among tobacco control professionals
• Increased networking among tobacco control professionals
• Enhanced excitement and renewal for tobacco control work for tobacco staff, educators, advocates, and scientists
• Increased interest and commitment to new professionals to the field of tobacco control and public health

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 145/200 words maximum

The awardee must be professionally skilled in the area of both public health and meeting planning and execution with a proven history of organizing, executing, and evaluating national public health meetings. The organization must be able to:
• Determine meeting themes and sub topics
• Organize a meeting program with a high level of input and involvement from the field that integrates the contributions of the field around session planning, abstracts, poster sessions, and break-out groups
• Manage a steering committee, program committee, and series of break out work groups
• Create, populate, and update meeting website and other communication channels
• Distribute preliminary meeting program and materials, usually electronically
• Provide onsite meeting and program materials to meet a wide range of learning needs
• Provide promotion and communication before, during, and after the meeting
• Manage finances
• Finalize a business/financial plan that includes estimating income and expenses
• Manage registration and other fees
• Assess and plan for risk management

13 Applicant Program Experience:* 90/200 words maximum

	The awardee must have demonstrated experience in: • Submitting meeting proposals • Drawing up budgets outlining costs, revenues, and financial constraints related to the training meeting • Working with federal government and members of the steering committee, program committee, and break-out committees • Managing meeting space including space for exhibits, posters, and required ancillary meetings • Arranging for sound, AV, computer and other services for the meeting facilities • Ensuring training for room moderators • Identifying and coordinating hotels and other accommodation and reserve blocks of rooms • Registration management • Coordinating content for meeting for all plenary, sub-plenary, break-out, poster sessions • Submitting planning, progress, and final reports
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 60/200 words maximum
	This project involves a very high level of collaborative work with tobacco control organizations at the federal, non-government, state, and local levels. The awardee is expected to staff and use a steering committee, program planning committee, and break out workgroups consisting of a wide-array of experts in the field in order for this training opportunity to be relevant.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 words maximum
	The awardee may subcontract as necessary for carrying out this cooperative agreement.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 34/200 words maximum Local, state and territorial public health department staff who participate in the meeting will build their knowledge and skills in evidence-based tobacco prevention and control, and expand their network among tobacco control professionals.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/45

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

You can edit and save a draft of your plan by clicking the "Save and Close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the NOFO.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Coverage/Reimbursement Analysis on Self-Measured Blood Pressure Monitoring, Ambulatory Blood Pressure Monitoring, and Cardia...

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Judy Hannan; Erica Hamilton; Haley Stolp

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
jat5@cdc.gov; nwq2@cdc.gov; vul4@cdc.gov

CIO POC phone number(es):*
770.488.4572; 404.498.5342; 770.488.7442

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 24/25 words maximum
Public Health Lawyers in State, Tribal, Local and Territorial (STLT) Health Departments, sub population is chronic disease workforce in STLTS health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
297/1,000 words maximum

Purpose: Some key strategies of the Million Hearts initiative have less than optimal health insurance coverage, coverage that can vary by insurance type and state, and potentially coverage that is mandated but not fully implemented. Understanding the current status of coverage for some key strategies is important to arm partners, state health officers, chronic disease directors, etc. This proposed review of state coverage options will allow these entities to: 1) identify gaps in coverage and underutilized services; 2) articulate the needs and benefits of increased coverage; and 3) help stakeholders make these important interventions more widely available.

Proposed activities: The award recipient will conduct a coverage and/or reimbursement analysis for one to three services, such as Self Measured Blood Pressure Monitoring (SMBP), use of Ambulatory Blood Pressure Monitoring (ABPM) for diagnosis of hypertension and Cardiac Rehabilitation (CR). Each analysis will review the current policies for all 50 states and the District of Columbia and create a thorough, clear resource summarizing results of analysis.

- The analysis should include current coverage/reimbursement benefits by:
  - o Traditional Medicare
  - o Medicare Advantage
  - o Traditional Medicaid
  - o Medicaid MCOs
  - o Medicaid expansion
  - o Private insurance

- For ABPM /SMBP:
  - o Uptake of coverage for services described in USPSTF hypertension guidelines

- For SMBP:
  - o Coverage of home blood pressure monitors, specifically denoting coverage of automated vs. manual cuffs
  - o Reimbursement for provider time to train patients to use cuffs, validate home monitors vs. the office monitor, and interpret readings and provide feedback

- For CR:
  - o Coverage for outpatient CR
  - o For which specific conditions CR is covered
  - o Co-pay information (e.g. state- or plan-specific)
  - o Coverage of home-based CR services

Expected Outputs: Increased understanding of insurance coverage and reimbursement related to SMBP, ABPM and CR, and a report that will be useful to the target audience

Expected Outcomes: Increased understanding of barriers to SMBP, ABPM and CR services and preliminary understanding of how to address these barriers.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☑	Improved operational capacity to evaluate, manage, and improve public health systems
	☐	Improved leadership capacity to identify and prioritize public health needs
	☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

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- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 21/200 words maximum

The ability to conduct an in-depth, detailed analysis and relay results to others in a comprehensive and clear format.

13 Applicant Program Experience:* 29/200 words maximum

Experience doing similar types of coverage/reimbursement analyses; has in-depth understanding and knowledge of Medicare, Medicaid and private insurance; preferably has some knowledge/understanding of SMBP, ABPM and CR.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 42/200 words maximum

The award recipient is expected to collaborate with the Division of Heart Disease and Stroke Prevention at CDC, initially to define scope of the analysis, then to report progress and ensure the project is on track and expectations are being met.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 17/200 words maximum

Sub-contracting is acceptable if necessary to expand either expertise or timeliness of completing the project.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 57/200 words maximum

The highlights and main findings from this coverage/reimbursement analysis will be shared with other government agencies who may benefit from the information. This will improve the understanding of SMBP, ABPM and CR coverage/reimbursement across several governmental public health agencies, and allow for specific public health programmatic activity designed to increase the uptake of these proven interventions.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 28/100 words maximum

	Funds should be used to support the review, analysis and reporting activities. A scaled budget, for example $200,000 for one analysis, $300,000 for two, would be appreciated.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/29

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Building Capacity for Public and Private Payer Coverage of the National DPP Lifestyle Change Program

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Diabetes Translation

4 CIO Point of Contact (POC) name(s):*
Pat Shea

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
gzt0@cdc.gov; hrw5@cdc.gov

CIO POC phone number(es):*
(770) 488-1208

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 37/25 words maximum
State and Local Chronic Disease Programs partnering with Medicaid, Medicare, and private payers and employers to build capacity to offer the National DPP lifestyle change program to people at highest risk for type 2 diabetes

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$2,500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
918/1,000 words maximum

Purpose:
In 2017, 84.1 million people had prediabetes, a condition that, if not treated, often leads to type 2 diabetes within five years. 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 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 by making it a covered preventive benefit. As of April 1, 2018, the Centers for Medicare & Medicaid Services (CMS) will cover the National DPP lifestyle change program for eligible Medicare beneficiaries. In 2015, through CDC RFA OT13-130203, DDT funded a Medicaid Demonstration Project with Maryland and Oregon, supported by the National Association of Chronic Disease Directors, to develop and implement coverage models for the National DPP lifestyle change program. Lessons to date from the Demonstration Project have been captured in the National DPP Coverage Toolkit (https://coveragetoolkit.org) and shared through virtual learning collaboratives and webinars with public and private payers and employers. DDT has also collaborated with CDC's Office of the Associate Director for Policy (OADP) on the 6/18 Initiative to provide technical assistance and training for both private payers and Medicaid State agencies interested in covering the National DPP lifestyle change program. While DDT and its partners have made significant progress on coverage goals, there is much still to do.

Proposed Activities:
The applicant will:

1. Secure the services of a consulting firm that specializes in healthcare market intelligence to maintain and build out the National DPP Coverage Toolkit. This firm should have experience interviewing, collecting, and analyzing data from public and private payers and self-insured employers with legitimate concerns about sharing proprietary information. In addition, the applicant and the health care consulting firm will continue efforts to promote the Coverage Toolkit, including participating in various national and state forums. This will include a range of presentations from a basic overview to more advanced "Train the Trainer" workshops for state public health and Medicaid agencies, as well as public and private payers and employers who have made a commitment to prioritizing coverage. The applicant will also evaluate all enhancement and dissemination efforts to ensure the toolkit is meeting the needs of all payers and is contributing substantially to coverage expansion.

2. Provide continued support to the states of Maryland and Oregon as they enter the post enrollment phase of DDT's current Medicaid Demonstration project. A rigorous evaluation of the Demonstration Project will be available in the fall of 2018, and Maryland and Oregon will require assistance in incorporating lessons learned into the development of sustainable coverage models. Further, Maryland and Oregon will need travel and administrative support to share lessons learned with a wider audience by presenting at relevant national meetings (e.g., CDC Public Health Grand Rounds in November, 2018).

3. Continue to support efforts to increase State Medicaid coverage of the National DPP through CDC's 6/18 Initiative. While the details are still being finalized, there is agreement in principle that future efforts will focus on group, rather than individual, technical assistance through webinars, presentations, office hours, and/or virtual peer learning collaboratives to share best practices related to the planning, implementation, and evaluation of coverage models.

4. Work with DDT and its partners to provide intensive individual and group technical assistance supporting the development, implementation, and evaluation of coverage models for State Medicaid Agencies that have made a commitment through legislation or regulation to cover the National DPP lifestyle change program, either statewide or through an initial pilot. The applicant will help these groups address comprehensive implementation challenges by providing best practices in areas such as training lifestyle coaches; translating curricula; recruiting and enrolling participants; working with health systems/providers to screen, test, and refer participants with prediabetes to CDC-recognized organizations; developing retention incentives; and developing and testing value-based reimbursement methods.

5. Develop tailored presentations on any/all aspects of this coverage work for key national, state-level or local-level public or private payer or employer convenings recommended by DDT, and represent CDC at these convenings as requested.

Expected Outputs:
• Continued build out, maintenance, evaluation, and dissemination of the National DPP coverage toolkit, including but not limited to offering Train-the-Trainer workshops to public and private payers and employers
• Continued support during the post-enrollment phase of the Medicaid Demonstration Project funded under CDC-RFA- OT13-130203 for Maryland and Oregon
• Provision of group technical assistance and training through webinars and office hours to support Medicaid State Agencies and private payers participating in the CDC 6/18 Initiative
• Provision of Intensive individual technical assistance to address implementation challenges for up to 5 Medicaid State Agencies that have committed to covering the National DPP lifestyle change program
• Development of tailored presentations on all aspects of coverage for priority convenings of public or private payers or employers

Expected Outcomes:
• Increased capacity of public and private payers and employers to provide coverage for the National DPP lifestyle change program
• Increased number of people at high risk for type 2 diabetes that have access to the National DPP lifestyle change program as a covered benefit

CBA PROGRAM APPROACH – NOFO LOGIC MODEL		
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
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- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
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Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
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- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 71/200 words maximum

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 chronic disease preventive services at the national, state, and local levels.
• Demonstrated ability to work with national subject matter experts in a variety of areas, including managed care, Medicaid program design, and value-based insurance design for private payers and self-insured employers.

13 Applicant Program Experience:* 99/200 words maximum

The successful applicant will have the following experience and expertise.

• Demonstrated experience working with both state public health and Medicaid agencies to plan, implement, and evaluate the impact of evidence-based type 2 diabetes prevention programs in states and communities
• Demonstrated knowledge of the National DPP, and experience helping states scale and sustain the National DPP
• Demonstrated experience providing technical assistance to states in implementing new program initiatives, including facilitating state peer learning collaboratives
• Demonstrated experience convening diverse groups of stakeholders and facilitating meetings designed to develop focused agendas for public health action on issues related to type 2 diabetes prevention

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 156/200 words maximum
	To maximize the impact of this activity, the applicant will need to engage a health care consulting firm with expertise in public and private managed care market intelligence, State Medicaid Program redesign, and value-based payment initiatives for chronic disease preventive services. Further, the consultant should be well educated about potential future changes to the Medicare, Medicaid, and commercial managed care landscape, particularly with respect to access to services, provision of services by nontraditional practitioners such as Community Health Workers, and the implementation of quality measures. In addition to working directly with a health care consulting firm, the applicant will need to consult with various partners on the implementation and dissemination of tools 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 at national organizations, foundations, academia, and CDC-recognized organizations offering the National DPP lifestyle change program in-person and virtually.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 166/200 words maximum
	The applicant is expected to subcontract with a health care consulting firm for the following deliverables: 1) maintenance and enhancement of the National DPP Coverage Toolkit, including the addition of information gathered from the final evaluation of DDT's Medicaid Demonstration Project and current information for Medicare Advantage and commercial health plans; 2) provision of both introductory and advanced training on the Coverage Toolkit for a variety of audiences; 3) collaboration with CDC's 6/18 Initiative in the provision of group technical assistance to state public health and Medicaid agencies; 4) provision of tailored technical assistance to states committed to enacting Medicaid coverage for the National DPP; 5) development of presentations on all aspects of the coverage work for DDT, and delivery of these presentations as requested by DDT; and 6) convening national subject matter experts and other partners to review current developments regarding coverage of chronic disease preventive services. CDC estimates that up to half of the total award may be subcontracted for these deliverables.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 83/200 words maximum
	Through its commitment to the National DPP and the 6/18 Initiative, CDC has confirmed the benefit of collaboration with purchasers, payers, and providers to implement evidence-based preventive health services. There are significant benefits when public health agencies and payers work together to improve health and reduce costs. In addition, this collaboration helps develop a common language across the public health and health care landscapes that leads to healthier communities. Working together allows all groups to monitor progress and leverage collective impact.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 51/100 words maximum
	The budget narrative should sufficiently describe how proposed budgeted activities align with the work plan, and should include detailed information about the roles that key organizations and/or subject matter experts and the subcontractor will have in accomplishing the work. Several in-person meetings will be necessary to complete this work.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/32

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 15/15 words maximum Supporting State and Local Capacity to Prevent Excessive Drinking through the Assessment of Alcohol Outlet Density		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH	3	Division, office, or unit:* Division Of Population Health
4	CIO Point of Contact (POC) name(s):* Jessica Mesnick		CIO POC email address(es):* gla5@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770-488-8063
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 7/25 words maximum State and local health department epidemiology workforce		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $120,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 322/1,000 words maximum
	The mission of the Excessive Alcohol Use Prevention Team in the National Center for Chronic Disease Prevention and Health Promotion (the Alcohol Program) is to strengthen the scientific foundation for the prevention of excessive alcohol use, including binge and underage drinking. The Alcohol Program accomplishes this mission by improving public health surveillance on excessive alcohol use and related harms; conducting applied public health research, including reviews of policy strategies for the prevention of excessive drinking for the Guide to Community Preventive Services (Community Guide); supporting state and local public health capacity in Alcohol Epidemiology; and by working with other federal agencies and national organizations on projects to reduce excessive alcohol use. Regulation of alcohol outlet density (the number and concentration of places that sell alcohol in a defined geographic area) is recommended by the Community Preventive Services Task Force based on strong scientific evidence documenting the effectiveness of this strategy for preventing excessive alcohol use and related harms, including violence. Building upon the release of CDC's Guide for Measuring Alcohol Outlet Density, the Alcohol Program would like to fund a grantee to help advance the methods used to assess alcohol outlet density at the state and local levels. This activity will result in increased capacity of state and local health departments to monitor this critical public health risk factor. Tasks would include: convening experts from health departments, CDC, and other entities to develop public health surveillance measures for monitoring alcohol outlet density in states or localities; pilot testing these measures in states, localities, or metro areas; assessing the need among state and local epidemiologists for additional tools to facilitate measurement of alcohol outlet density, such as a web application, additional guidance, etc; supporting the in-depth assessment of alcohol outlet density using these methods in states and communities; assessing differences in outlet density and its relationship to other indicators in states or communities; and disseminating findings to state and local health departments.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 28/200 words maximum

Applicant would need to have capacity in partnering with federal and state partners to promote scientific advancement and dissemination of findings to state and local health departments.

13 Applicant Program Experience:* 20/200 words maximum

Experience working with state or local health departments required. Experience in chronic disease, injury, or substance abuse prevention preferred.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 21/200 words maximum

	Applicant would be expected to coordinate closely with state and/or local health departments as well as the CDC Alcohol Program.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum
	Subcontracts may be used for any of the listed tasks, particularly in securing expertise in alcohol outlet density. These subcontracts would be subject to approval by the technical monitor.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 19/200 words maximum Expanded capacity to assess a leading risk factor for excessive drinking, a leading cause of morbidity and mortality.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/103

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Assessing and Building State-Based Maternal and Child Health (MCH) Epidemiological Capacity

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Reproductive Health

4 CIO Point of Contact (POC) name(s):*
Donna Addison

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dnp7@cdc.gov

CIO POC phone number(es):*
770-488-6501

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 15/25 words maximum
This project will benefit the state, tribal, local and territorial MCH epidemiology workforce.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$400,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
425/1,000 words maximum

PROJECT DESCRIPTION (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 500 WORDS):

Background:
The mission of the Division of Reproductive Health (DRH) is to promote optimal and equitable health in women and infants through public health surveillance, research, leadership, and partnership to move science to practice. The Maternal and Child Health (MCH) Epidemiology Program within the Division supports this mission by providing direct assistance to public health agencies through a variety of mechanisms, including assigning senior CDC MCH epidemiologists and fellows and increasing the ability to apply scientific and research evidence at the agencies where the senior MCH epidemiologists are assigned. The program also partners with various federal, state, tribal, and local agencies to move the science to practice, build capacity, increase infrastructure, and translate MCH findings for programmatic and policy use in MCH programs at state health departments.
The purpose of this project is to further the DRH mission by:
• Increasing MCH epidemiological capacity at the state, tribal, local and territorial level by building workforce infrastructure and enhancing the educational readiness of future MCH epidemiology leaders.
• Providing an infrastructure for sharing information and solutions on emerging national trends in MCH epidemiology.
• Identifying and responding to emerging issues in MCH epidemiology.

Proposed Activities:
• Identifying and implementing effective new and/or proven approaches to recruit and retain leaders in MCH epidemiology and to address emerging MCH issues.
• Assessing MCH epidemiological competency needs; conducting workshops, trainings, and skills building seminars for state, local, territorial, and tribal MCH epidemiologists.
• Examining existing research to develop and distribute publications tailored to the informational needs MCH epidemiologists relating to current and emerging MCH trends.

Expected Outputs:
• Publication describing identified MCH epidemiology training needs.
• Training curricula and materials that address identified MCH epidemiological skill gaps.
• Structured recruitment and ongoing support program for masters and doctoral level MCH epidemiologists placed at state, tribal, local and territorial health departments.
• Mechanism to disseminate information on current and emerging MCH trends, innovations and best practices in MCH epidemiology and surveillance.

Expected Outcomes:
• Increased capacity of public health agencies to address the needs of reproductive aged women, pregnant and postpartum women and infants in states.
• Increased competency of the public health workforce in applied public health epidemiology.
• Increased collaboration between CDC and states around surveillance and epidemiology issues related to MCH Epidemiology.
• Increased availability of resources to national and local regulatory bodies regarding issues related to epidemiology, surveillance, and public health practice.
• Provide a forum and network for epidemiologists and public health professionals to develop guidance on policy, methods, interpretation of reports, professional development, and other resources for use in their daily activities as applied public health epidemiologists.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

	☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☐ Improved communication and information technology 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
	☐ Increased capacity to evaluate laws and policies to affect health
	☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☐ Increased capability of public health systems to achieve nationally established standards
	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☑ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 123/200 words maximum
	The organizational capacity statement should describe how the applicant agency is organized, the nature and scope of its work and the capabilities it possesses. The applicant must demonstrate the following organizational capacity: • Be an organization of member states and territories representing public health epidemiologists. • Documented history of establishing effective relationships among state and other health agencies. • Have a documented history of providing technical advice and assistance to partner organizations and to federal public health agencies. • Have a highly systematic recruiting, placement, and orientation structure for implementing fellowship programs for master's and PhD-level trained epidemiologists. • Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects of the epidemiology fellowship program. • Appropriate information technology systems to produce required federal progress, financial and annual reports.
13	Applicant Program Experience:* 157/200 words maximum
	The applicant must demonstrate the following program experience: • Have a documented history of providing MCH capacity-building assistance to state, tribal, local, and territorial maternal and child health programs. • Extensive experience (10 years or more) in providing information, education, and developmental support of practicing epidemiologists in a wide range of areas as well as expertise for program and surveillance efforts. • Have a documented history of supporting effective public health surveillance and sound epidemiologic practice in state health agencies through training, capacity development, and peer consultation. • Ability to document previous continuing education opportunities and training initiatives on topics such as applied epidemiology and surveillance and the use of relevant scientific information and health data to improve MCH policies and programs. • Have a documented history of disseminating MCH epidemiology, surveillance and policy related information to a large network of professionals. • As an organization, must work to advance public health policy and epidemiologic capacity. • Be a membership organization of states and territories representing public health epidemiologists.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 36/200 words maximum
	Recipients will be encouraged to build and sustain strategic partnerships and collaborations with state epidemiologists and program staff that have a role in implementing this program's strategies and activities, and achieving the expected outcomes.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 12/200 words maximum
	This project will not require the identification and/or selection of contractors.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 47/200 words maximum This project will address the capacity building needs of maternal and child health (MCH) epidemiology programs in state governmental health agencies. Upon completion of this project, state governmental public health agencies will benefit from a more competent workforce in applied MCH epidemiology and improved MCH surveillance.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 47/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/10/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/13

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Impact of the Changing Health Policy Environment on State Cancer Programs

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Faye Wong; Jacqueline Miller

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
fwong@cdc.gov; jmiller5@cdc.gov

CIO POC phone number(es):*
770-488-6427; 770-488-5061

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 26/25 words maximum
Target audiences include state chronic disease directors and directors of CDC-funded cancer programs in state health departments, tribes and tribal organizations, US territories, and universities.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$160,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
371/1,000 words maximum

Purpose: This project will monitor the health policy environment at the national and state levels, and assess how cancer prevention and control programs are transforming to take advantage of opportunities to increase appropriate cancer screening, particularly for CDC-funded cancer programs.
Proposed Activities: Proposed activating include:
• Gather information on proposed national and state legislations and changes in coverage of cancer screening, follow-up, and treatment by private health insurers and entitlement programs such as Medicare and Medicaid;
• Identify appropriate and useful information from varied sources that monitor and analyze national and state health policies;
• Assess the policy and programmatic implications of emerging or revised health policies on chronic disease prevention and control programs, particularly cancer screening programs;
• Gather information on modifications in policies, practices, and delivery models of chronic disease and cancer prevention and control program.

Expected Outputs: Expected outputs include:
• Analysis of proposed legislations and changes in health policies affecting coverage of cancer screening, follow-up, and treatment by private health insurers, Medicare and Medicaid;
• Analysis of the implications of proposed and passed health policies on chronic disease and cancer screening;
• Summary of modifications to chronic disease and cancer prevention and control programs' policies, practices, and delivery models;
• Briefing of CDC management and staff on findings;
• Provide technical assistance in addressing questions and issues that arise related to the health policy environment
• Prepare summaries and reports along with proposing recommended actions steps;
• Develop communication messages, including PowerPoint presentations and webinars, for various audiences.

Expected Outcomes: Expected outcomes from this project include:
• Informed assessment on the impact of health policies on cancer screening programs at state and national levels;
• Inform the short- and long-term planning of CDC cancer screening programs;
• Engagement of national and state partnerships to increase cancer screening rates;
• Inform CDC and grantee evaluation efforts on the impact of health policies on cancer screening rates;
• Inform the development of national and state cancer screening program policies;
• Provision of technical assistance, support, and training to CDC-funded cancer program grantees;
• Bi-monthly updates on proposed and passed legislations on chronic disease and cancer screening;
• Quarterly summary report of passed and proposed legislations that have impact on cancer screening, follow-up and treatment, included recommended action steps, that can be shared with CDC-funded grantees;
• Summary report, including PowerPoint presentation, of modifications to CDC-funded chronic disease and cancer prevention and control programs' policies, practices, and delivery models.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 105/200 words maximum

The applicant should have a comprehensive understanding, extensive experience, and existing strong and 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, health policy analytics, chronic disease, cancer prevention and control, health care systems such as Federally Qualified Health Centers, and others that reach low-income, high-risk populations. Such organizations with well-established, competent infrastructure will ensure good understanding of the project's policy and program implications, as well as of the project audience, and greater efficiency in carrying out the project.

13 Applicant Program Experience:* 118/200 words maximum

The applicant should have comprehensive understanding, extensive experience, and an existing strong, ongoing collaboration with the target audience of state, tribal, and territorial chronic disease programs. Additionally the applicant should have a comprehensive understanding of the current health care policy environment and key organizations that continuously monitor health policy developments; comprehensive knowledge and understanding of public health and chronic disease prevention and control programs implemented through state and local health departments and in communities; strong knowledge of the CDC-funded cancer programs; strong knowledge of public health, health policy, and public health delivery systems in states; strong knowledge of the disparate populations served by public health; experience in working the Medicaid and Medicare programs; and other relevant experiences.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 95/200 words maximum

Close communication and collaboration as well as frequent updates are expected between the applicant funded for this project and staff in CDC's Division of Cancer Prevention and Control. This is necessary because the national and state health policy environment is complex and constantly in flux while potentially having significant and direct impact on public health program policies, practices and delivery models. In addition, the CDC-funded cancer program are equally complex requiring a good understanding of what is going on in state programs and how they are adapting their program to accommodate health policy changes.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 119/200 words maximum

The applicant funded for this project may subcontract this work to qualified individuals and entities with relevant experience in health policy and public health to carry out the described activities. The following are essential skills needed to perform the work requested:
- Strong policy analysis and public health program knowledge
- Knowledge of national health policies
- Strong writing skills
- Strong oral communication skills
- Strong skills in organizing and synthesizing complex information from multiple sources
- Strong collaboration skills in working with a team of colleagues
- Knowledge of health care systems and entitlement programs such as Medicaid and Medicare
- Knowledge of state health department chronic disease programs, CDC-funded cancer programs (the National Breast and Cervical Cancer Early Detection Program, the Colorectal Cancer Control Program, and the National Comprehensive Cancer Control Program)

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 56/200 words maximum

The proposed project with help governmental public health agencies with increased knowledge of national and state level health policies that impact chronic disease and cancer control programs. The knowledge will help them with program planning as they make changes to program policies, practices, and services delivery in response to the change health care policy environment.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 7/100 words maximum

	Subcontractors require the approval of CDC.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/05/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/3

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Capacity Building Training for Tribal and Territorial Cancer Prevention Programs

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
T'Ronda Flagg and Charissa Rivers

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
770.488.3199; 770.488.3938

CIO POC phone number(es):*
tflagg@cdc.gov; CRivers@cdc.gov

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 12/25 words maximum
Chronic disease specialists working in tribal and territorial health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$350,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
550/1,000 words maximum

Purpose:
The Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC), supports the National Breast and Cervical Cancer Early Detection Program and the Colorectal Cancer Control Program that seeks to provide a capacity-building training. Tribal and territorial awardees could benefit from additional capacity building for implementing evidence-based interventions and health systems initiatives. A goal and requirement of both programs is to institutionalize evidence-based interventions in partner health systems to increase quality cancer screening. This includes the utilization and institutionalization of client/patient reminders, provider reminders, provider assessment and feedback, and reducing structural barriers.
Training on the use of existing tools and resources designed to help increase cancer screening rates would be beneficial. These tools and resources include The Guide to Community Preventive Services, Research-Tested Intervention Programs (RTIPS), the National Colorectal Cancer's Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers, and the Cancer Screening in Indian Country toolkit developed by the National Indian Health Board with CDC.
The purpose of this project is to increase breast, cervical, and colorectal cancer screening rates by strengthening the health systems that deliver cancer screening services for tribes and territories by working with DCPC 17-1701 and DCPC 15-1502 Tribal and Territorial Program Awardees and select non-funded partners that participated in DCPC pilot programs. This project will also foster collaboration among DCPC's tribal and territorial awardees with experts from the Indian Health Service (IHS), state Medicaid programs, Centers for Medicare and Medicaid Services, Indian Health Boards, Primary Care Associations, Federally Qualified Health Centers, and appropriate others that are working to prevent and control these cancers.
Proposed Activities:
• Coordination and management of a 3 day training workshop on a reservation or urban indian location. Close collaboration with CDC staff, planning committee, and key stakeholders will be required. The workshop will include expert presentations including from participants that describe their unique tribal and territorial health service delivery systems and challenges, plus hands-on interactive activities.
Example activities include but are limited to:
1) Coordinate and manage the all logistics for planning, executing, and evaluating an interactive workshop training for 125-150 participants
2) Convene a planning committee comprised of CDC awardees, stakeholders, and DCPC staff
3) Secure a meeting facility and hotel for lodging of workshop participants
4) Coordinate speaker invitations, preparation support, and logistics
5) Coordinate workshop participant registration system
6) Coordinate travel logistics and reimburse travel expenses for CDC-awardees and appropriate non-federal participants (with CDC approval)
7) Execute the workshop as planned including arranging for audiovisual and other needed onsite support, as appropriate
8) Other relevant activities to ensure a successful workshop training
• Foster collaborative relationships with CDC and DCPC awardees with relevant experts from cancer screening and control organizations, tribal organizations, territorial groups, and other key partners.
Expected Outputs:
• Planning committee to advise planning the workshop
• Planning committee conference call meeting notes and key decisions
• Assessment tool and summary of pre-workshop participant assessment
• Invitations
• Workshop agenda, participant's list, training materials/handouts, PowerPoint presentations, and evaluation form
• Expert speaker and participant travel directions and reimbursement, as appropriate
• Notetaking and workshop summary with recommendations
• Workshop participant and speaker evaluation
• Other related outputs
Expected Outcomes:
Participants in this training will:
• Have an enhanced ability to effectively implement health systems intervention strategies
• Readily identify promising and best practices for implementation, pitfalls to avoid, and success factors
• Leave with a strong commitment and identified actions steps to implement to make health systems changes through their programs

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems

- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 118/200 words maximum

The applicant should have:
• capacity to plan and fund large scale workshops, trainings, and meetings
• experience managing logistics to facilitate the implementation of the training activities as proposed
• capacity to create and execute a process evaluation plan
• cultural competence skills working with American Indian and Alaskan Native populations
• cultural competence skills working with the Pacific Island jurisdictions
• strong leadership, project management, and communication skills to build trust and commitment among various essential partners brought together to participate, ensure they are kept well informed, ensure their points of view are heard, and to facilitate consensus on planning activities
• effective management of project activities to meet timelines is essential
• strong skills in organizing, synthesizing, and summarizing information, and writing to produce high quality, clearly written deliverables

13 Applicant Program Experience:* 102/200 words maximum

The applicant must also demonstrate a history of:
• experience working with tribes and tribal cancer prevention and control programs
• experience working with the Pacific Island jurisdictions cancer prevention and control programs
• experience working with experts in public health systems and national organizations for cancer prevention and control programs
• extensive experience working with chronic disease prevention, cancer screening programs, and cancer control programs
• experience coordinating and facilitating program support activities, such as large scale meetings, workshops, partnership development, technical assistance calls and trainings to help chronic disease prevention and control programs achieve program goals and objectives
• developing and implementing process evaluations of activities and meetings

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 68/200 words maximum

The successful applicant will be expected to collaborate closely with:
• The planning committees comprised of representatives from cancer prevention and control organizations
• Tribal leadership and tribal health system staff
• Pacific Islanders and their health system partners
• Other appropriate clinical staff that support cancer control program participation in training activities
• CDC staff who will have substantial programmatic involvement in this project and/or also serve as program consultants for the awardees

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 98/200 words maximum

	The awardee may subcontract portions of this project to qualified individuals or entities with relevant experience to carry out the work described. Recommended selection criteria include: • Strong meeting planning and training experience • Strong leadership skills including written and oral communication skills • Strong evaluation expertise • Knowledge of CDC- funded cancer prevention and control and chronic disease programs • Knowledge and experience working with tribal cancer prevention and control programs • Knowledge and experience working with the Pacific Island jurisdictions cancer prevention and control programs Please note that the subcontractors recommended by the awardee are subject to approval by CDC.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 49/200 words maximum The proposed project will help tribal and territorial public health agencies with capacity building for increased knowledge of evidence based interventions and health system practices that impact chronic disease and cancer control programs. Their knowledge will help them with program planning and services delivery in partner health centers.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 56/100 words maximum
	The individuals proposed for travel support must be approved by CDC. The funds provided for this project should be used to directly address the key activities outlined in the project plan. 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).
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

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Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Reducing breast cancer disparities in states: creating the bridge from data to action

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Arica White, PhD

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
awhite5@cdc.gov

CIO POC phone number(es):*
(770) 488-3001

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 9/25 words maximum
Public health professionals at state public health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$350,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
910/1,000 words maximum

It is widely known that racial/ethnic, geographic, and socioeconomic disparities in breast cancer mortality exist and vary considerably by state. Some states lack the epidemiologic capacity and communication expertise needed to use and disseminate data representative of their population to inform public health efforts to effectively address these gaps. This project addresses these limitations by funding a national organization to strengthen the ability of states to take advantage of advances in the utility of epidemiologic data, such as the availability of population-based cancer registries and geographical information systems. In addition, the national organization will provide technical assistance and other support to state public health departments to effectively translate data into cancer control activities to reduce breast cancer disparities.

In the previously funded project, data for three states were analyzed to identify the populations and smaller geographic regions that experienced the greatest disparities in breast cancer mortality, screening, diagnostic follow-up and treatment. Further, these states developed action plans to address the disparities identified in their data reports. An online toolkit was developed based on these activities and is available to serve as a guide for other states interested in reducing breast cancer disparities.

This proposed follow-up project focuses on improving the use of clinical and public health data to support data-driven decisions by state health departments and their community partners. The awardee will support states' efforts to implement sustainable evidence-based strategies and, with the support of clinical, health care systems and payer partners, sustainable health system change strategies to reduce disparities in health behaviors and chronic conditions that impact survival, timely diagnosis and treatment. Further, the awardee will evaluate the impact of these strategies. These efforts can serve as models for the application of data to prevent and control cancer and other chronic diseases.

This awardee will work with state health departments to utilize their data to inform strategies to reduce disparities in breast cancer mortality. The objectives of the project are to:

1. Work with state health departments identified in the previously funded project (AZ, WV) to maintain their capacity to implement sustainable evidence-based strategies and best practices to reduce disparities in breast cancer mortality. The awardee's activities should:
• Support state action plans by providing technical assistance and by facilitating the sharing of lessons learned and the development of sustainability plans.
• Continue to support states' engagement with stakeholders to implement strategies and best practices, including clinical quality improvement--especially as it relates to timeliness of diagnostic follow-up after abnormal screening results and quality of treatment.
• Support the development of collaborative models of medical education and care management that empower clinicians to provide better care to people in their communities, such as Project ECHO (Extension for Community Healthcare Outcomes) or similar efforts. Such collaborative hubs can increase access to specialty treatment in rural and medically underserved areas by providing clinicians with the knowledge and support they need to manage patients with complex conditions. These clinicians are engaged in continuous learning and receive mentoring from specialist at academic medical centers or hubs. AZ will focus on improving breast cancer treatment in areas without Commission on Cancer approved hospital programs. WV's Project ECHO hub is focused on cancer survivorship in rural areas.
• Evaluate the impact of implementing strategies and best practices on breast cancer disparities along the cancer care continuum, specifically concerning screening, timely diagnostic follow-up and timeliness to treatment.

2. Work with up to 5 pilot states (AZ, WV, and up to 3 new states) to use the online toolkit as a guide on using data to reduce breast cancer disparities and to implement sustainable evidence-based strategies and best practices. The awardee should:

• Help each new pilot state gather stakeholders to identify innovative ways to use data to enhance epidemiologic capacity. Stakeholders may include representatives from the state health department, other state and local government, hospitals, health insurance payers, primary care practices, academia, and community organizations (e.g. social services, education and outreach).
• Evaluate the effectiveness of the toolkit in guiding new states in identifying useful data sources and innovative ways (e.g. data linkages, geographical information systems mapping) to use data to enhance epidemiologic capacity. Refine the toolkit based on findings.
• Provide technical assistance to help all pilot states explore data and develop a comprehensive data report describing disparities in health behaviors and conditions that increase breast cancer risk and decrease survival after treatment, breast cancer screening, stage at diagnosis, diagnostic follow-up, and receipt of guideline-concordant treatment. The report should include steps to maximize data use and share lessons learned.
• Support the pilot states in developing a comprehensive action plan with strategies to address breast cancer disparities identified.
• Support pilot states' efforts to implement sustainable evidence-based strategies, best practices and system-level change strategies, in collaboration with clinical, health systems and payer partners, to reduce disparities in diagnostic follow-up, treatment, and survival after treatment.

3. Disseminate findings from this work to state health departments in all 50 states to improve their use of public health data to address cancer disparities. The activities should include:

• Use webinars and in-person meetings to disseminate information on strategies for using data to inform cancer control activities related to addressing breast cancer disparities to state health departments and their partners.
• During the project period, maintain and enhance the online toolkit with strategies and guidelines for using data to inform cancer control activities and promote the use of the toolkit.
• Develop a plan to house the final toolkit on the CDC website.
• Disseminate lessons learned and other findings in at least one peer-reviewed journal publication.
• Disseminate findings through presentations at national and/or regional conferences.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 108/200 words maximum

To effectively conduct the work described in the project description, the awardee organization should have extensive experience and existing collaborations with state health departments. Previous experience providing guidance and technical assistance to state health departments, especially with regards to promoting and supporting the use of epidemiologic data to guide public health practice and inform policy is expected. In addition, the awardee should have well-established relationships and partnerships with chronic disease prevention and control programs within the state and relevant national organizations. Finally, the awardee should have the staffing capacity to manage this project and provide epidemiology and statistical technical assistance to the selected pilot state health departments.

13 Applicant Program Experience:* 97/200 words maximum

The awardee should have a comprehensive understanding of how state and local health departments function, strong existing collaborations and extensive experience working with them, and expertise and experience in building their epidemiologic capacity. The awardee should have comprehensive understanding of cancer prevention and control programs implemented through state and local health departments and in communities. The awardee should be knowledgeable about medically underserved and disadvantaged populations and possess the skills and expertise to use data and evidence to help state health departments formulate and implement solutions to address health disparities at the state and local level.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 72/200 words maximum

	The awardee will be expected to foster collaborations between the state public health departments and other organizations within states (e.g. nonprofits, academic institutions) to support the sustainability of project activities. Furthermore, collaboration between the awardee and CDC's cancer prevention and control program grantees is expected. Additionally, CDC project scientists and medical officers will have substantial involvement in the project, including serving as consultants for the project design and dissemination of findings.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 93/200 words maximum
	The awardee may subcontract this project to a qualified agency with relevant experience to carry out the work described. Recommended selection criteria include: • Knowledge and experience using public health data to inform programs and policy • Knowledge and experience in evaluating the impact of public health interventions and policy • Knowledge of breast cancer prevention, screening, diagnostic follow-up, and survivorship • Knowledge of health disparities by economic status, geography and race/ethnicity • Strong analytical and information technology skills • Understanding of and commitment to data privacy, confidentiality and security. • Understanding of effective communication strategies for different audiences • Strong written and oral communication skills • Strong leadership skills
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 28/200 words maximum This project provides technical assistance and other support to state public health departments to effectively translate data into cancer control activities to reduce breast cancer disparities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 28/100 words maximum
	The budget should adhere to OSTLTS and PGO requirements as outlined in the funding announcement. The organization should provide a qualified individual dedicated to lead this project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/06/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/5

Center for State, Tribal, Local, and Territorial Support (proposed)
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Data Analysis Support for Evaluation of the NBCCEDP and the CRCCP

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Amy DeGroff

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
asd1@cdc.gov

CIO POC phone number(es):*
770-488-2415

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 31/25 words maximum
Chronic Disease Directors in state, tribal, local and territorial health departments; grantees of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and Colorectal Cancer Control Program (CRCCP)

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
228/1,000 words maximum

Purpose: The purpose of this project is to increase the dissemination and utilization of program evaluation data reported by grantees of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program (CRCCP). These grantees represent states, tribes, territories, and universities. Improving utilization of program data supports grantee program directors and Chronic Disease Directors to make informed decisions for program improvement, policy change, and future program planning.

Proposed Activities: The funded organization will conduct the following 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. Provide technical assistance and support to NBCCEDP and CRCCP grantees for evaluation and use of evaluation data.

Expected Outputs:
1. Project plan for data analysis and dissemination
2. Reports with data analysis results
3. Data from analysis that can be used by PSB to create data dashboards
4. Power point slides to be used in presenting results to grantees and other stakeholders
5. Manuscripts for publication
6. Improved data use by grantees

Expected Outcomes:
1. Improved utilization of monitoring and evaluation data by grantees for program planning and program improvement.
2. Identification of best practices
3. Increased understanding of NBCCEDP and CRCCP programs by Chronic Disease Directors

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 83/200 words maximum
	The applicant organization should have a strong, established relationship with grantees of the NBCCEDP and CRCCP and Chronic Disease Directors across the U.S. In addition, the applicant organization should have expertise in evaluation, 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 and CRCCP.
13	Applicant Program Experience:* 97/200 words maximum
	The applicant organization should have a comprehensive understanding, extensive experience, and existing strong communications with the target audience of NBCCEDP 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 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.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 76/200 words maximum
	The applicant is expected to collaborate closely with CDC to implement the proposed project. Specific materials should be reviewed and approved by CDC prior to use including: program plan for analysis and data dissemination and dissemination products for NBCCEDP/CRCCP grantees and Chronic Disease Directors. A data sharing agreement between CDC and the applicant should be developed to support analysis of program data. Any manuscripts developed based on this project should include CDC author(s) as co-authors.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 61/200 words maximum
	Aspects of this project may involve subcontractors. For activities related to the analysis of NBCCEDP/CRCCP evaluation data and disseminating results, we recommend the following criteria in selecting a subcontractor: knowledge of the NBCCEDP/CRCCP; doctoral degree in public health or related field; extensive expertise and experience in data analysis; and a demonstrated track record in publishing manuscripts in peer-reviewed journals.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 59/200 words maximum This project will result in high quality analysis of NBCCEDP and CRCCP monitoring and evaluation data that will be disseminated to public health grantees in a timely fashion so as to support program planning and improvement. Additionally, manuscripts will be produced to disseminate results of these two important public health programs to other audiences, including policy makers.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 37/100 words maximum
	Funds should support overall management of the project, staff time 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, as appropriate.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/6

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Enhancing Cancer Program Grantee Capacity through Peer-to-Peer Learning

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Cindy French; Michelle Poole

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
cyp2@cdc.gov; mpoole@cdc.gov

CIO POC phone number(es):*
770.488.3156; 770.488.4275

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 28/25 words maximum
Chronic disease staff: National Breast and Cervical Cancer Early Detection Program/Colorectal Cancer Control Program grantees from health departments, tribes, Pacific Island Jurisdictions-program directors, data managers, evaluators, partners

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
992/1,000 words maximum

The Division of Cancer Prevention and Control (DCPC) administers two Funding Opportunity Announcements (FOA) aimed at increasing cancer screening among medically underserved individuals. Specifically, FOA-DP15-1502 funds 30 grantees to implement the Colorectal Cancer Control Program (CRCCP), and FOA-DP17-1701 funds 70 grantees to implement the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Grantees for both FOAs must partner with health systems to implement evidence-based interventions (EBIs) that improve cancer screening delivery and outcomes. For example, provider reminder systems that use electronic health records (EHR) to alert providers to patients due/past due for screening. For each health system partner, grantees must establish a partnership agreement; assess current screening practices/systems, identify challenges/facilitators; establish clinic baseline screening rates; complete implementation plans; and, collect and report annual screening data post intervention. Other required interventions include community-clinical linkages to connect women to screening and employer interventions to enhance access to screening through worksite policy changes.

FOA-15-1502 (CRCCP) is in its third year. Grantees have made strides in implementation and preliminary results show increased screening in clinics. On the other hand, FOA-DP17-1701 (NBCCEDP) grantees are in their first year, and many are struggling to understand health systems change concepts, how to engage health systems, and how to work with them to implement required activities. Essentially many NBCCEDP grantees are where CRCCP grantees were two years ago. The exception is NBCCEDP grantees who are also funded for CRCCP, who are building on their experiences and successes with CRCCP. There is an opportunity here for grantees to learn from and support each other.

This project will support collaboration and communication across programs by facilitating peer-to-peer learning opportunities for NBCCEDP and CRCCP grantees and their partners. Funding will support a training forum for grantees and select partners to: (1) discuss implementation of health systems change (and potentially, other FOA strategies) including successes, challenges, and lessons learned; (2) share promising practices and success stories in implementation, evaluation, and sustainability; (3) provide peer-to-peer skill-building and technical assistance (TA) training in critical implementation and evaluation areas; (4) share practical implementation and evaluation tools and tips; and (5) discuss data use and management to support program monitoring and improvement, and outcomes

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 111/200 words maximum

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, 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.

13 Applicant Program Experience:* 94/200 words maximum

Specific to this project, the applicant should have the following and related experiences and expertise:
• capacity to plan and successfully execute large scale workshops, trainings, and meetings
• 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
• Knowledge of the expanded scope of the NBCCEDP and of the CRCCP programs

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 81/200 words maximum

Engage with NBCCEDP and CRCCP grantees and designated partners to gather information on grantee technical assistance needs, in order to develop the agenda, meeting strategies, and to identify speakers. Engage with content experts to identify and secure appropriate speakers and to help refine agenda, including best approaches to engage participants and convey complex topics. Foster a high level of interaction and engagement among the training participants in order to establish relationships and enable ongoing collaboration and peer-to-peer learning after the training.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 132/200 words maximum

	Training coordinator 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 trainers. The awardee may choose to subcontract with organizations who have experience and expertise working directly with health systems partners and/or NBCCEDP and CRCCP grantees to implement evidence-based interventions in clinics. It is recommended that these subcontractors have experience working with grantees in successful implementation of DP15-1502 and/or DP17-1701. Speaker/trainer costs, travel, lodging, and per diem are included. Secure hotel in Atlanta or vicinity for participant lodging and meeting space adequate to accommodate the described training. Hotel and meeting space must be smoke-free and the county in which the space is located must be smoke-free.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 38/200 words maximum This project will enhance capacity of public health departments, tribes, and tribal organizations by increasing their capacity in critical public health competencies such as health systems intervention strategies, and by enhancing communication and collaboration among these entities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 26/100 words maximum
	See #15 above and CDC approval is needed for the proposed experts and trainers, sub/contractors, and for the main training hotel and meeting site.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/9

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Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Million Hearts® Recognition Programs

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Elin Begley; Judy Hannan; Haley Stolp

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
eqb5@cdc.gov; jat5@cdc.gov; vul4@cdc.gov

CIO POC phone number(es):*
770.488.7876; 770.488.7442; 770.488.4572

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 4/25 words maximum
Chronic Disease Prevention Workforce.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$260,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
334/1,000 words maximum

Purpose: This cooperative agreement builds capacity of the chronic disease workforce to disseminate effective and practice-based strategies to improve the nation's cardiovascular health. Using recognition as a tool, chronic disease public health professionals will be better informed of the small set of high impact strategies championed by Million Hearts® and how these strategies have been implemented by high-performing clinicians, practices, and health systems.

Proposed Activities: dissemination of Million Hearts® messages and tools for Keeping People Healthy, Optimizing Care, Improving Outcomes for Priority Populations, and Innovating for Health, development of an online application system that specifies the target outcomes and/or strategies required for recognition, development of a system collect data and ensure application 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, promotion of the Million Hearts® Hospitals program through established chronic disease communication channels, and ongoing communication with the Million Hearts® team to trouble shoot and ensure project objectives are met in a timely manner.

Expected Outputs: Widespread dissemination of Million Hearts® strategies and resources to implement strategies; a list of up to 40 proposed Million Hearts® Hypertension Control Champions that have been screened and whose data submission has been validated; documentation of the information submitted to meet the Million Hearts® Hypertension Control Champion recognition program criteria; promotional materials for the Million Hearts® Hospitals recognition program; planning documents to execute the Million Hearts® Hospitals recognition program; webcasts or webinars to chronic disease public health professions that depict the best practices of the recognized clinicians, practices, and health systems.

Expected Outcomes: Increased implementation of evidence-based strategies to improve hypertension control and prevent strokes and heart attacks; identification of innovations to meet Million Hearts® 2022 goals; increased knowledge of the high impact and evidence-based strategies championed by Million Hearts® 2022; increased awareness of the top-performing health care institutions that have met or exceeded the Million Hearts® 2022 blood pressure control target.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 103/200 words maximum
	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: develop online application systems to collect data and information from a variety of health care institutions from across the country; verify and validate public health and clinical quality data; conduct background checks on applicants who meet the defined threshold for hypertension control; provide technical assistance to a variety of entities that apply for the recognition programs; maintain communication with the Million Hearts® team; communication channels to reach chronic disease specialists.
13	Applicant Program Experience:* 169/200 words maximum
	Applicants should have the ability to provide training and TA to chronic disease public health professionals and disseminate programs through this 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 be familiar with the appropriate levers the Million Hearts® initiative will leverage to engage and activate hospitals in taking action to prevent strokes and heart attacks. Strong communication and customer service skills are needed to assure the recognition programs align with Million Hearts® messages and resources. Applicants should have the ability to promote recognition activities nationwide through public health chronic disease channels.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 68/200 words maximum
	Collaboration with CDC is essential to assure changes to the clinical quality measure threshold for the Hypertension Control Challenge are clear, precise, and align with CDC guidance. This is important given the recent release of the 2017 Hypertension Clinical Practice Guidelines. The applicant is expected to collaborate with the Million Hearts® Team to clearly articulate the expectations of hospitals applying for the different Million Hearts® Hospital designations.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 41/200 words maximum
	Applicant would be expected to provide oversight and support to the project, but much of the technical work in collecting and validating the data may need to be done by subcontractors. The same expectations for collaboration apply to subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 62/200 words maximum These recognition programs also serve as an opportunity to focus the efforts of state public health agencies and their health care clinicians, practitioners, and health systems on implementing a small set of high impact evidence-based strategies. Findings from the implementation of these projects will help to inform Million Hearts® efforts to optimize the reach and utility of our messages and tools.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 30/100 words maximum
	Funds should be used for data collection and validation for the Million Hearts® Hypertension Control Challenge and the website development and promotion of the Million Hearts® Hospitals program.
	CIO CERTIFICATION
18	

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/25

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National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Legal capacity to support effective strategies to prevent excessive drinking in states and communities

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Population Health

4 CIO Point of Contact (POC) name(s):*
Jessica Mesnick

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
gla5@cdc.gov

CIO POC phone number(es):*
770-488-8063

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 20/25 words maximum
Public Health Lawyers in STLT health departments; public health lawyers who support state and local health departments and coalitions

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$225,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
393/1,000 words maximum

The mission of the Excessive Alcohol Use Prevention Team in the National Center for Chronic Disease Prevention and Health Promotion (the Alcohol Program) is to strengthen the scientific foundation for the prevention of excessive alcohol use, including binge and underage drinking. The Alcohol Program accomplishes this mission by improving public health surveillance on excessive alcohol use and related harms; conducting applied public health research, including reviews of policy strategies for the prevention of excessive drinking for the Guide to Community Preventive Services (Community Guide); supporting state and local public health capacity in Alcohol Epidemiology; and by working with other federal agencies and national organizations on projects to reduce excessive alcohol use.
The Alcohol Program would like to fund a grantee with expertise in public health law to conduct legal research that will inform the implementation of Community Guide recommendations on the prevention of excessive alcohol use in states and communities. We would also like the grantee to provide technical assistance and training to states and communities working to implement effective strategies for the prevention of excessive drinking. Finally, we are seeking partners in developing translational tools to disseminate the Community Guide findings on the prevention of excessive alcohol use. This work will also support dissemination of the Prevention Status Reports (PSRs) on alcohol-related harms developed by the CDC Office of State, Tribal, Local, and Territorial Support (OSTLTS).
Year one activities are expected to include:
• assembling a legal research and technical assistance team to provide immediate technical assistance to states and communities working on strategies recommended by the Community Guide identified/prioritized by CDC, with preference to (but not limited to) those in states which also have a CDC-funded state Alcohol Epidemiologist;
• provision of technical assistance and training to these states/communities;
• conducting additional legal research on Community Guide strategies, e.g. of alcohol outlet density, by completing analyses of zoning and/or statutory regulations at the state and local level and disseminating these findings; and
• supporting states and communities in the dissemination of findings from the Community Guide and grantee's legal research.
• This project may also include convening substance abuse coalitions in a prioritized states or localities to pilot a summit on the prevention of excessive alcohol use. This will facilitate the exchange of information between local coalitions, health department staff, and others in the prevention field.
• This project may also include a project to promote overservice enforcement in a selected state or community.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☑ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 42/200 words maximum
	A grantee with expertise in public health law who currently has or can acquire the specialized expertise needed to conduct alcohol policy surveillance, and to disseminate the findings of this policy surveillance to public health practitioners through publications and presentations.
13	Applicant Program Experience:* 53/200 words maximum
	The grantee must have experience in public health law and in forming partnerships with public heath lawyers to inform the public health workforce about the implementation of evidence-based strategies to protect public health. Experience with evidence-based strategies to prevent excessive drinking, such as those recommended by the Community Preventive Services Task Force, preferred.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 21/200 words maximum
	The grantee will be expected to collaborate closely with the CDC Alcohol Program and with subcontractors in completing the scope of work.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 89/200 words maximum
	Subcontracts will likely be needed to meet technical assistance demands of states and communities. Subcontractors should be selected based on specialized expertise in key strategies, including, but not limited to: alcohol outlet density, dram shop liability, liquor law enforcement, and other strategies recommended by the Community Preventive Services Task Force. Subcontract may also required if program pursues a summit in a state or locality convening substance abuse coalitions, health department staff, and the prevention work force; this subcontractor should be chosen based on capacity to convene substance abuse coalitions.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 22/200 words maximum Grantee would provide technical assistance and legal research related to the prevention of excessive drinking for governmental public health agencies upon request.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 27/100 words maximum
	The budget is expected to support the time, labor, and occasional travel of legal experts and subcontractors. Travel for technical assistance and dissemination may be approved by technical monitor.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/106

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Connecting Public Health to DOD's Building Healthy Military Communities Project

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Nutrition, Physical Activity, And Obesity

4 CIO Point of Contact (POC) name(s):*
Linda Barnes; Eileen Bosso; Karen Voetsch; Paulette Murphy

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lit2@cdc.gov; guz3@cdc.gov; kmp9@cdc.gov; pem1@cdc.gov

CIO POC phone number(es):*
404.867.9697; 770.488.8018; 770.488.5440

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 16/25 words maximum
Chronic Disease Directors in Local and State Health Departments located where DOD is piloting BHMC.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$100,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
460/1,000 words maximum

Background:
According to a 2014 report, 16% of reserve and 14% of active duty members of the military had obesity and 24% of reserve and 38% of active duty members reported high overall stress. In addition, a 2011 report indicated that 24% of active duty military personnel reported cigarette smoking, compared to 19% of the adult civilian population. These findings, among others, highlight the need to improve force readiness among active duty military and their families.

In response, the Department of Defense (DoD) supports the Chairman's objective of Total Force Fitness (TFF), which works to improve health, readiness, and resiliency of its population through eight domains of fitness (physical, environmental, medical/dental, nutritional, spiritual, psychological, behavioral, and social). Part of this comprehensive strategy is a multi-year pilot project, Building Healthy Military Communities (BHMC), which aims to address unique challenges that may affect the readiness and resilience of Service members and their families who are living off military bases in communities across the United States. Pilot states include Florida, Indiana, Oklahoma, Maryland, Minnesota, Mississippi, and New Mexico.

The BHMC pilot will inform the TFF Capabilities Based Assessment in evaluating and supporting current programs and services addressing TFF domain areas, identifying any capability gaps, and how the DoD can help meet the gaps. CDC is working with DoD to provide technical assistance to communities within and around military installations to help improve nutrition and physical activity and reduce the risk of tobacco use and second hand-smoke exposure for Uniformed Service members and their families.

Purpose:
1) Facilitate connections between military communities in BHMC pilot states and local- and state-level support to prevent chronic disease associated with poor nutrition, lack of physical activity, obesity, and tobacco use.
2) Provide direct assistance with implementation of policy, systems, and environmental strategies that prevent risk behaviors associated with chronic diseases.

Activities:
• Work with state Chronic Disease Directors (CDDs) and BHMC state coordinators to:
o Identify key stakeholders within pilot communities.
o Conduct information sessions to share state successes and resources (this can take the form a Community of Practice (CoP)).
o Identify and inform DoD of policy, systems, and environmental approaches that address nutrition, physical activity, tobacco use, obesity in pilot communities.
o Provide materials/resources to support DoD's information campaign to communicate initiatives and resources (related to nutrition, physical activity, tobacco use and obesity) to Service members and their families.

Outputs:
• Regular meetings/informational sessions/CoPs with CDDs throughout the project period
• Informational materials on evidenced-based approaches for physical activity, nutrition, obesity, and tobacco use to inform BHMC states on strategies that can improve TFF.

Outcomes:
• Increased awareness of evidence-based interventions that support nutrition and physical activity and help to prevent tobacco use and obesity among military decision-makers involved in the BHMC pilot.
• Increased connections/relationships between state and local public health decision makers and military communities.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 38/200 words maximum

Must have established relationship with Chronic Disease Directors and state level decision makers who can provide support to the DoD's BHMC project in the seven pilot states (Florida, Indiana, Oklahoma, Maryland, Minnesota, Mississippi, and New Mexico).

13 Applicant Program Experience:* 47/200 words maximum

Must have experience engaging state level decision makers and communicating with state Chronic Disease Directors and staff. Must have knowledge, or access to knowledge on policy, systems, and environmental approaches that address the prevention of chronic disease associated with nutrition, physical activity, tobacco use, and obesity.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 21/200 words maximum

Awardee must collaborate closely with CDC NCCDPHP/DNPAO/OSH staff to finalize activities and monitor execution. Awardee must also consult with DoD.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 26/200 words maximum

CDC anticipates that grantee will seek consultation of an appropriate, qualified subject matter expert for a portion of this work, per grantee's internal selection process.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 68/200 words maximum

CDC is working with DoD to provide technical assistance to communities within and around military installations to help improve nutrition and physical activity and reduce the risk of tobacco use and second hand-smoke exposure for Uniformed Service members and their families. This work benefits federal, state, and local public health agencies by helping to support these strategies that are key to preventing chronic diseases in the U.S.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 36/100 words maximum

Awardee and DNPAO/OSH staff should establish a mutually-agreeable 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.)

CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/55

Center for State, Tribal, Local, and Territorial Support (proposed)
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Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Strengthening National Program of Cancer Registries by Enhancing Educational and Training Capacity and Infrastructure

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Netta Apedoe, Trevia Brooks

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ize6@cdc.gov, tnb9@cdc.gov

CIO POC phone number(es):*
770-488-4570

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 10/25 words maximum
State, territorial, and local public health chronic disease directors

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
478/1,000 words maximum

The National Program of Cancer Registries (NPCR) was established by Congress in 1992. Through the NPCR, state partners collect data on cancer occurrence, type of initial treatment, and outcomes. CDC supports central cancer registries in 46 states, DC, and 3 territories capturing more than 1.7 million new cancer cases each year. All grantees funded by NPCR are expected to meet established program standards. Annually, these data are evaluated for quality, completeness, and timeliness. Education and training are essential elements in cancer data quality, completeness, and timeliness. Education and training must be offered continuously in diverse formats and methods of access.
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 they need to operate an efficient and effective cancer registry. Moreover, the educational platform will also be available for the Division of Cancer Control and Prevention (DCPC) to enhance communication and educational opportunities to all of their funded programs.
This project will fund one awardee to enhance an existing platform to support educational needs to all grantees and internally to DCPC.
Proposed activities include:
• Identify a web-based educational portal or platform for up to 54 registries/programs to host their educational opportunities and tools for their target population (e.g. FLccSC- Fundamental Learning Collaborative for the Cancer Surveillance Community)
• The platform should be adaptable to each registry/program.
• The platform should be capable of hosting courses, webinars, tools, pre- and post- tests, and evaluations
• Convene a webinar to introduce the platform to registries/programs
• Provide introductory/Orientation webinar to users
• Registry/program will have their own dedicated development site (the backend) and a separate registry/program-specific student site (the frontend).
• Work with Registry/program to prepare site and create course and modify and adapt site as needed
• Provide help desk for each registry/program including system orientation, resolution of onboarding issues, etc.
• Web-based educational portal should be available 24/7
• Resolve any software issues that may arise and perform major enhancements as needed
• Annual report to CDC inclusive of who is using the portal, improvement in Knowledge, Attitude and Practice
• Evaluation of the overall portal and use

The specific outputs of this project will include at least 2 general webinars to introduce the tool and provide high-level orientation to NPCR registries and DCPC programs; as well as, guidance documents regarding how to use the platform; tracking /reporting on number sites created; number of sites being used; number of tools and educational opportunities on the sites and a final report on the project to inform future related CDC activities.
The expected outcome of this project will include increased access to educational tools and opportunities within NPCR funded catchment areas, overall improvement in the quality and timeliness of NPCR cancer surveillance data submission and improved accessibility of DCPC educational resources and tool to grantees.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
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- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 68/200 words maximum

To effectively conduct the described work, the applicant should have the capacity to:
• Documented history of establishing and maintaining productive and effective partnerships NPCR-funded cancer registries;
• Previous experience leading national meeting and webinars for chronic disease programs.
• Host and provide logistical support for 4 webinars up to 1-hour long each, with a minimum of 150 phone lines.
• Provide logistical support for 54 registries/DCPC programs to use education platform.

13 Applicant Program Experience:* 67/200 words maximum

The applicant should have comprehensive understanding, extensive experience and strong existing collaborations with state health departments. They should have expertise and experience in central cancer registries of state or local health departments. Also, they should have comprehensive understanding of cancer prevention and control programs implemented through state and local health departments.

They should have technical and logistical experience around developing, maintaining and hosting educational platform.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 43/200 words maximum

Awardee will be expected to foster collaborations between state health departments and other organizations within the state (e.g. academic institutions) in order to support the sustainability of project activities. Furthermore, collaboration between the funded applicant and CDC's grantees also is expected.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum

The awardee may subcontract this project to a qualified individual with relevant experience to carry out the work described.
Recommended selection criteria include:
• Experience in building a web-based educational portal or platform
• Experience with cancer registry operations and trainings

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 33/200 words maximum

Yes, we anticipate that the products and outcomes of this project will enhance the capacity of government public health agencies to collect cancer data to determine the cancer burden across the US.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 55/100 words maximum

The funds provided for this project should be used to directly address the proposed activities described in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, working with the grantees and one trip to Atlanta to understand the needs of an educational platform for DCPC.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/19

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Cancer Prevention Across the Lifespan: Putting Scientific Evidence for Primary Cancer Prevention into Public Health Practice

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Dawn Holman

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
isc6@cdc.gov

CIO POC phone number(es):*
770-488-4262

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 12/25 words maximum
Chronic disease workforce within state, tribal, local, and territorial health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
1002/1,000 words maximum

Purpose:
The purpose of this project is to develop innovative resources that will empower public health practitioners and community leaders to implement evidence-based strategies (not related to cancer screening or treatment) to reduce cancer risk in their communities by making it easier for people to reduce exposure to carcinogens and adopt healthy behaviors where they live, work, learn, and play.

This project will build on past work conducted by CDC's Cancer Prevention Across the Lifespan (CPAL) workgroup within the Division of Cancer Prevention and Control (DCPC). In previous years, the CPAL workgroup collaborated with external partners to conduct reviews of the literature and convene expert meetings to identify factors that influence cancer risk and promising strategies for addressing these factors during every phase of life. This project will take the information gained from this previous work and apply it to the development of innovative resources to empower public health practitioners, including DCPC-funded Comprehensive Cancer Control grantees, to put evidence-based cancer prevention strategies into action in their communities using a lifespan approach.

More information about the previous work of the CPAL workgroup is available on the CDC website: https://www.cdc.gov/cancer/dcpc/prevention/lifetime.htm. This webpage includes links to the other CDC webpages that describe our work and link to our publications related to specific phases of life (prenatal and early childhood; adolescence; early adulthood; midlife; and older adulthood).

During the first year of the current project, we will focus our efforts on creating resources to facilitate the implementation of policies and practices that address a small number of selected cancer risk factors and developing plans for dissemination and evaluation of these resources. In subsequent years of the project, we will expand our efforts to encompass other cancer risk factors of interest, develop additional resources, and complete the implementation of the evaluation and dissemination plans that we develop in year 1.

The specific cancer risk factors that we address in this project and the corresponding resources we create and audiences of interest that we target will be determined in collaboration with the recipient. Our goal is to complement and amplify rather than duplicate existing activities by focusing on filling gaps and increasing the breadth and diversity of the target populations addressed (with regard to factors such as age, sex race/ethnicity, socioeconomic status, geographic location, etc.). For example, existing efforts to reduce childhood obesity could be expanded to also support maintenance of a healthy weight throughout adulthood which may reduce risk for certain cancer types. Dietary interventions could be expanded to address the carcinogenicity of certain foods (e.g., red and processed meats) or beverages (e.g., alcohol). Interventions for health care settings could be expanded to reduce unnecessary exposure to medical radiation or better support clinical counseling on specific health behaviors. The approaches we use and the specific types of resources we develop will inherently depend on the risk factors of interest. Our goal is to try out a variety of approaches throughout the life of the project. Our hope is that through the creation of novel and innovative resources, the long-term outcomes of this project could include a meaningful increase in the implementation of evidence-based approaches to reducing cancer incidence in communities.

Proposed Activities:
The activities we propose for the first year are to:

• Identify and engage internal and external subject matter experts, including those with expertise in areas such as implementation science, community-based interventions, health policy, behavioral science, health communications and social marketing, and/or other types of digital content.
• Convene informal meetings with small groups of internal and external subject matter experts to:
o Identify and discuss the risk factors of interest.
o Identify gaps in existing resources (by type of resource, behavior of interest, or sociodemographic group) to address these risk factors at the community level.
o Determine the types of information and resources that would be most useful to community leaders and public health practitioners when addressing these risk factors at the community level.
• Develop innovative yet practical resources to fill the identified gaps and further the implementation of evidence-based, community-level strategies for cancer prevention. Potential resources may include but are not limited to web-based materials (formatted for a variety of electronic devices) such as guidance documents regarding promising policies and practices for prevention, success stories, and/or social media content.
• Develop a dissemination plan (including novel approaches such as Google ads) to maximize the reach, use, and impact of the newly created resources.
• Develop an evaluation plan to assess the reach, use, and impact of the newly created resources.
• Host a series of up to 4 webinars to share information with DCPC staff, grantees, public health practitioners, and other partners about promising practices for cancer prevention and the availability of the newly developed resources to support their work.
• Develop an online space (e.g., webpage or online portal) in which to house the resources and webinars created through this project.
• Write a final report summarizing the activities, products, and outcomes of the first year of work to inform future related CDC activities.

Expected Outputs:
The specific types of resources developed during this project will depend, in part, on the conversations we have during the informal meetings with internal and external subject matter experts, CDC Comprehensive Cancer Control Program staff and grantees, and other public health practitioners. Digital content should be formatted so as to be compatible with web-based, tablet, and smart phone interfaces when appropriate. The text and imagery included within the new resources should reflect diverse populations in alignment with the target audience(s) of interest. Other outputs will include a series of up to 4webinars, an online space in which to house the new resources and webinars, and a final report summarizing the activities, products, and outcomes of the first year of work.

Expected Outcomes:
The expected outcome of this project would be an increase in the availability of innovative yet practical resources that inspire and empower public health practitioners, policy makers, and other community leaders to put the science of cancer prevention into action in their communities. In the long-term, our goal is to increase the implementation of evidence-based cancer prevention strategies in communities and reduce cancer incidence.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL
10	CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
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- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 148/200 words maximum

To conduct the described work, the applicant should have the capacity to:

• Provide logistical support for small, in-person meetings, including securing travel to Atlanta for up to 10 external experts.
• Develop (or sub-contract out the work to develop) a variety of digital products such as guidance documents regarding promising policies and practices for prevention, success stories, and/or social media content.
• Host and provide all logistical support for up 4 webinars up to 1-hour long each. We would like to try innovative approaches to hosting the webinars (e.g., hosting them on a social media platform like YouTube or Facebook) so as to maximize the reach and viewership in a cost-effective manner.
• Develop and maintain an online space (e.g., webpage or online portal) to house the resources and webinars created through this project.
• Disseminate the newly developed resources widely to the chronic disease workforce within state, tribal, local, and territorial health departments.

13 Applicant Program Experience:* 113/200 words maximum

	To effectively conduct the described work, the applicant should have expertise in implementation science, community-level interventions for chronic disease prevention, health policy, behavioral science, health communication and social marketing, and general public health practice. The applicant should also have an understanding of the influence of contextual factors (e.g., policies, systems, and environmental factors) on cancer causation and the prevalence of cancer risk factors. Some of the applicant's proposed staff will need to have experience planning and providing logistical support for in-person meetings and for webinars. To maximize the reach of the project, the applicant should have ongoing relationships with the chronic disease prevention workforce within state, tribal, local, and territorial health departments.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 115/200 words maximum
	The recipient will be expected to collaborate with subject matter experts internal and external to CDC. The recipient will be expected to work with the CDC team to identify and recruit these subject matter experts to actively participant in meetings. External collaborators of interest will likely be individuals with expertise and experience related to community-based interventions, health policy, cancer epidemiology, behavioral science, health communication and social marketing, and/or other types of digital content. When developing new resources, the awardee may try out novel approaches to collaboration through mechanisms such as subcontracts and/or mini-grants to facilitate rapid development of innovative products. There may also be opportunities to collaborate with CDC's Office of Technology and Innovation.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 92/200 words maximum
	The recipient may need to sub-contract some of the work for this project, particularly with regard to the development of digital content. This need will depend, in part, on decisions made during the project period regarding the types of resources the team decides to develop and the organizational capacity of the recipient. The CDC team will work with the recipient to determine whether there is a need for subcontract work and ensure that such work stays within the scope of the project and within the budget for the project period.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 32/200 words maximum Yes, we anticipate that the products and outcomes of this project will enhance the capacity of government public health agencies to implement evidence-based strategies for primary cancer prevention in their communities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 100/100 words maximum
	Project funds should be used to directly address the proposed activities described in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, paying for 1 trip to Atlanta, GA and a modest honorarium for up to 10 non-federal experts, costs incurred to develop new resources (e.g., guidance documents regarding promising policies and practices for prevention, success stories, and/or social media content), and the costs of hosting 4 webinars. Travel-related expenses paid using project funds should be consistent with per diem rates established by the US General Service Administration (http://gsa.gov).
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/05/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/2

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Providing Communication Technical Assistance to State Chronic Disease Programs' Cancer Prevention Efforts

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Melonie Thomas; Teri Larkins

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
mthomas3@cdc.gov; fph2@cdc.gov

CIO POC phone number(es):*
770-488-4295; 770-488-6539

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 15/25 words maximum
Chronic disease program staff: States, tribes, territories, funded by CDC to provide communication technical assistance

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
619/1,000 words maximum

Purpose: To provide communication technical assistance to CDC funded cancer screening programs that provide direct services and health system change implementation in order to overcome barriers to creating partnerships that would result in increased breast, cervical, and colorectal screening.

In the Program Services Branch (PSB) of CDC's Division of Cancer Prevention and Control, we work in collaboration with states, tribes, territories, universities and national partners to increase screening rates for breast, cervical, and colorectal cancer, especially among those who are low income, cannot pay for screening costs, or do not have access to screening clinics.
A new NOFO, funding 70 states, tribes, and territories, started in June for our National Breast and Cervical Cancer Early Detection Program (NBCCEDP) covering project period 2017 – 2022 and the current Colorectal Cancer Control Program (CRCCP) began in 2015 and funds 30 grantees.

The changing healthcare environment brought about new challenges for our grantees in securing and maintaining partner and other support to fully implement their programs and increase screening more broadly instead of providing primarily direct screening services. They required meaningful, informative, and persuasive messaging to use and they talk to their non-patient constituents about their programs, and NBCCEDP grantees, in particular, asked that we make them part of a larger, visible national effort to increase their perceived value so that they could build their partnerships and relationships. In response to grantee partners' demonstrated need and desire for communication help both individually and on the national level, we recently created and released a new branding effort called ScreenOutCancer.

The awardee will work directly with grantees to determine grantee individual needs in implementing ScreenOutCancer for the greatest impact. Awardee will also work with CDC on broader development opportunities.

Proposed Activities:
• Work with grantees to understand and appropriately and effectively use the ScreenOutCancer brand
• Guide individual grantees in implementation of nationally created materials
• The awardee will work directly with grantees to determine individual needs. As appropriate, awardee will travel to program sites
• Consult current and past program staff on the challenges that they have faced in connecting to and with potential partners
• Work with individual grantees one-on-one to create or customize ScreenOutCancer materials
• Develop talking points to assist grantees in opening doors to new partners and developing the relationships needed to increase cancer screening at the population level
• Provide mentoring on successful communication and partnership development methods to connect with health systems, employers, and other potential partners and supporters
• Provide group and individual technical assistance on developing success stories that resonate with their professional target audiences and for submission to CDC
• Collect, review, and provide feedback on materials currently in use or in development
• Awardee will offer webinars and present at national grantee meetings
• Assess the benefit of ScreenOutCancer materials and the overall brand

Expected Outputs:
• Talking points
• Webinar trainings
• Template and material development including newsletters and success stories
• Briefings and Presentations at meetings
• Regular assessments and reporting
Note: The awardee shall provide to the Government written releases from all talent and directors used in the production of materials. All releases for talent, images, graphics, music, and other elements are to be obtained on a 100% buyout basis, and appropriate selection of these elements should be conducted to achieve buyout at a low cost. All work conducted under this contract is considered work-for-hire for CDC and becomes property of CDC. The awardee is required to provide the pre- and post-production materials as requested by CDC. The awardee is required to inventory all media assets, in a CDC accessible format, upon completion of the job. All materials must be made 508 compliant.

Expected Outcomes:
• Grantees use the tools at hand for the most impact
• Prospective partners have information at hand to make informed decisions about collaboration.
• Health Systems and program leadership are more engaged.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 188/200 words maximum

Applicant organization must have a comprehensive understanding and existing strong and ongoing communication and collaboration with state health departments across the United States.

The applicant organization must also be familiar with writing for public health publications and making public health presentations. The applicant organization should be equipped to provide writing, editing, mentoring, training, and technical assistance in health communication. Applicant organization must be able to produce multiple versions of products and documents based upon CDC and program grantee feedback and clearance processes. The applicant organization should be able to provide graphic design and related services needed for creating health communication products. Applicant organization must be able to produce documents in electronic form suitable for CDC and program grantee use and be able to provide Web site content services including formatting to meet CDC needs.

The awardee may be required to develop and/or adapt materials for use with special populations. The applicant organization is expected to have and/or be able to identify appropriate organizations or individuals for developing materials for these populations. While not ideal, existing health communication materials may be modified into culturally sensitive, language appropriate adaptations.

13 Applicant Program Experience:* 196/200 words maximum

Applicant organization must have extensive experience working with state health departments across the United States. Additionally, the applicant organization should have experience establishing relationships with health systems and other partners for health promotion and be familiar with the challenges that health departments face in partnering traditionally and non-traditionally.

Applicant organization must have comprehensive knowledge and understanding of public health and chronic disease prevention and control programs implemented through state health departments, local health departments, and in communities including those attempting to reach disparate populations and those hardest to reach.

Applicant organization should have experience developing materials within the CDC clearance process. If any media products are produced for release directly by CDC or contain a CDC logo, HHS policy requires additional clearance from the Office of the Assistant Secretary for Public Affairs before release to the public. The package must be approved before final copy or production can be initiated. The awardee shall incorporate changes as directed by the clearance process. Multiple interations may be required. Use of CDC's, or any other, logo in the development of program specific materials developed will be subject to current CDC policy on use and placement of logos.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 50/200 words maximum

	Close communication and collaboration is necessary between the awardee, CDC staff, and CDC's grantees. Awardee is expected to have ongoing contact with program grantees to assess and deliver on their communication needs. Awardee will have ongoing contact with CDC staff to present ideas, work together, and receive feedback.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 18/200 words maximum
	It is expected that awardee will subcontract for expertise in communications and partnership development as needed.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 109/200 words maximum State health departments will build capacity to expand their networks of partners to implement not just cancer prevention and control activities but activities that contribute to overall chronic disease prevention and control. As they prioritize public health needs, they will have the knowledge and tools that they need to identify and reach out to partners with the interest and capability of helping to address those needs. They'll have improved tools for communication as they encourage and help facilitate implementation of evidence-based interventions. The greater visibility of the program will also lead to more interest in working with state health departments as partners identify their own issues of interest.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 24/100 words maximum
	The awardee may use funds to achieve the requirements of this project as outlined above. Funds may not be used for lobbying efforts.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/1

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 9/15 words maximum Replication of the "Learn the Signs. Act Early." WIC Model		
2	CIO:* NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABI	3	Division, office, or unit:* Division Of Defects And Developmental Disabilities
4	CIO Point of Contact (POC) name(s):* Katie Green		CIO POC email address(es):* kpk9@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404-498-3872
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 28/25 words maximum Maternal and Child Health (MCH) Program Directors and CYSHCN Directors in state and territorial health departments; Public Health Nutritionists in state, tribal, local, and territorial health departments		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $250,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
337/1,000 words maximum

CDC's "Learn the Signs. Act Early." (LTSAE) program (www.cdc.gov/ActEarly) aims to improve early identification of developmental delays and disabilities, including autism, by facilitating developmental monitoring and promoting screening. The main strategy CDC employs to do this is by integrating the use of LTSAE developmental monitoring tools and messages into existing programs that serve infants, children and their families, such as the Supplemental Nutrition Program for Women, Infants, and Children (WIC). Over the last 8 years, CDC has worked with a grantee organization to develop, assess, and refine an effective model for integrating LTSAE into WIC clinics across Missouri. With this new project, CDC aims to build the capacity of other states to adapt, adopt, implement and assess the Missouri-tested model into their own WIC clinics statewide.
In Missouri, integration of LTSAE environmental graphics (wall and floor decals, etc.) and completion and review of LTSAE developmental milestone checklists as part of the WIC visit have been shown to be very well accepted by WIC staff and families, feasible to implement, and effective in helping WIC staff make appropriate referrals for developmental concerns. Expansion of this model to other states can help in the effort to identify earlier the 1 in 6 children in the U.S. with a developmental disability and can provide WIC staff with tools and resources to help address developmental concerns.
Through this project, CDC aims to fund a partner to solicit, select, and support, with regular technical assistance along with CDC, a cohort of up to 6 sub awardees supported with seed funding for a 2 year period, to adapt, implement, and evaluate a state-specific model (based closely on Missouri's) to integrate LTSAE into WIC clinics across a multi-site region and to develop a specific plan and sustainable strategy for eventual (within 2-3 years) statewide expansion. The sub-awardees will be expected to either be part of a WIC state agency or have a strong, ongoing working relationship with WIC in their state.
As funds allow, CDC expects to fund these activities each year of the cooperative agreement.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 100/200 words maximum

Applicants must have:
1. Established working relationships with state or local health departments, maternal and child health programs, community health centers, early childhood organizations and systems, family service/support agencies or university-based programs, that have a focus on infant and early childhood health and development.
2. Expertise in early childhood health topics.
3. Expertise in federal, state, and local early childhood programs and systems of service.
4. The capacity to administer and manage up to 6 sub awards as well as provide programmatic and logistical support including convening regular TA calls or webinars, developing timelines and agendas, monitoring and evaluating performance, and producing an annual report.

13 Applicant Program Experience:* 32/200 words maximum

The successful applicant will have experience in the provision of technical assistance and in soliciting, reviewing, and selecting applications, developing funding agreements, monitoring and evaluating performance, and producing an annual report.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 55/200 words maximum

	The applicant should expect to work closely with CDC in all aspects of the cooperative agreement. The applicant should expect to develop documents, schedules, agendas, reporting mechanisms, and other items, plans, and procedures; CDC will expect to review and suggest revisions to plans and procedures; and the applicant will implement the final decisions.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum
	In addition to the described sub-awardees, the applicant may wish to subcontract some portion of the activity. Any contract should be awarded on an annual basis to an individual or organization that fills a gap of required expertise.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 111/200 words maximum The proposed implementation of activities by the applicant (as listed under the project description) will benefit governmental public health agencies by delivering outputs and program outcomes that will address public health needs by further expanding the reach of the "Learn the Signs. Act Early." program, ultimately increasing awareness of the importance of developmental monitoring, improving early identification of developmental delays and disabilities, and enhancing collaboration among early childhood programs and systems in states, territories, and communities. WIC and other child and family-serving public health agencies will be made more aware of CDC LTSAE tools and resources and of opportunities to collaborate, learn, and better serve their target populations and staff.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 77/100 words maximum
	Funds should be used to support up to 6 sites (annually) with seed funding for a 2-year term, of up to $20,000 in year 1 and up to $15,000 each in year 2, based on the availability of funds; as well as costs associated with regular (at least monthly) technical assistance that may include the use of webinars or email lists; and staff support time including an expected 0.25 FTE for program operations and logistical support.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCBDDD/FY18 (Year 1)/PP/7

Center for State, Tribal, Local, and Territorial Support (proposed)
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Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Building capacity for children's mental health surveillance to support state, healthcare, and family decision-making

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABI

3 Division, office, or unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*
Jennifer Kaminski; Rebecca Bitsko

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
jkaminski@cdc.gov; dvk2@cdc.gov

CIO POC phone number(es):*
404-498-4159

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 16/25 words maximum
Health strategist workforce (leaders and mid-career professionals) in state, tribal, local, and territorial health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
962/1,000 words maximum

Purpose:

This project will build capacity to systematically collect, analyze, interpret, and share data to inform decision-making about children's mental health, to be accomplished via two aims: (1) determining the feasibility and methods by which data from national surveys could be made publicly available by smaller geographic units than state and national levels; and (2) assessing state capacity and interest in building a system for monitoring the mental health and well-being at the population level and supporting early identification of children with or at risk for mental disorders to connect families with effective treatment.

Surveys of parents reporting on their children have long been used to gather health-related information, including the National Survey of Children's Health (NCSH), the National Health Interview Survey, and the National Health and Nutrition Examination Survey. The large sample sizes and sampling approach of national surveys allow for estimates that are representative at the national level (and some at the state level), allow for inspection of temporal trends, and provide the opportunity to make comparisons to other health indicators among children with and without mental disorders. However, due to the need to protect the identity of respondents, the smallest geographical unit available in the public use datasets is typically the state level. Larger and more diverse states are thus left with prevalence estimates that obscure variability in geographically linked indicators of health. In addition, although ensuring participant privacy may help ensure validity and completeness of responding, an opportunity to identify and connect children with or at risk for mental disorders and connect them to effective treatment is missed by deidentified reporting. Thus, additional efforts are needed in states wanting to maximize the potential value of child mental health surveillance while continuing to protect child and families' identifiable information.

Aim 1: Build capacity to use locally relevant data from national surveillance systems that contain information on children's mental health

Work under Aim 1 is intended to determine the feasibility, constraints, and value of using small-area data estimation methods to make data on children's mental health from one or more national surveys (including, at minimum, the NSCH) publicly available in smaller geographic areas than states (e.g., counties or groups of rural counties). CDC's 500 cities project (https://www.cdc.gov/500cities/) is one example of how such methods have been used on adult health data and can, but does not have to, be, used as a model for the current project. With more precise local estimates of children's mental disorders and risk factors, states can make more informed decisions about resource allocation and policies, researchers can more accurately evaluate the impact of local policies, and healthcare organizations can make more informed decisions about provider networks and services.

Proposed activities for Aim 1 can include in-person and virtual meetings as needed to support a final report, literature reviews for identified knowledge gaps or as meeting preparation materials, statistical and/or simulation modeling of NSCH data, and other well-justified activities as needed to answer questions about feasibility, constraints, and value of small-area or other data estimation techniques for this purpose. Activities should be proposed to consider: statistical choices and constraints needed to ensure resulting data would meet required confidentiality standards, limitations to the data that would be produced using those methods, value added to states and researchers if the statistical approach was conducted on the most recent wave of the NSCH, considerations inherent in systematizing the methods such that each subsequent wave of data could similarly be provided at more finer-grained geographic units, and recommendations for providing technical assistance to the public if such data were able to be made available.

The main expected output for Aim 1 is a report synthesizing expert and consultant input on small-area data estimation for increasing local relevance of child mental health data from national surveillance systems. The report should cover analytic and practical considerations for moving forward with this approach, as outlined in "proposed activities" above.

Expected outcomes for Aim 1 include increased use of locally relevant data from national surveillance systems to inform state, local, and healthcare system decision-making.

Aim 2: Build state capacity to conduct and share surveillance data on children's mental health to monitor population health and connect more families with effective mental health services

Work under Aim 2 is intended to identify methods and opportunities to build state capacity regarding systematic surveillance of children's mental health. States are currently at varying levels of interest and readiness to enhance their ability to monitor the mental health and well-being of their child population. States also vary in the degree to which they support early identification and connection to treatment for children's mental disorders. Systematic surveillance has the potential to achieve both of those objectives. Identifying which states are invested in children's mental health and what infrastructures or systems they already have in place to build upon will provide critical information in how to assist states in enhancing their ability to protect children's health.

Proposed activities for Aim 2 can include in-person and virtual meetings with state agencies or agency representatives or other public health partners; in-person and virtual meetings with consultants and experts; development and administration of a tool to assess state capacity, readiness, and interest; and/or other well-justified activities as needed to develop a plan to help states systematically monitor children's mental health.

Expected outputs for Aim 2 include a tool to identify strengths and opportunities in states regarding child mental health surveillance and a report, whitepaper, or journal article identifying strengths and opportunities inherent in moving forward with an agenda to build capacity for child mental health surveillance in potentially all states and jurisdictions.

Aim 2's expected outcome is enhanced workforce capacity to support state infrastructure for surveillance of children's mental health, and enhanced state ability to connect children and families to effective treatment.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☐ Improved operational capacity to evaluate, manage, and improve public health systems

☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

☐ Improved communication and information technology 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

☐ Increased capacity to evaluate laws and policies to affect health

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability of public health systems to achieve nationally established standards

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

☐ Strengthened capability to systematically apply and use laws and policies to improve health

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 38/200 words maximum

The applicant organization should demonstrate:
• Access to a network of public health organizations and/or agencies whose in-house expertise could be leveraged for this project
• Staff with expertise in psychiatric epidemiology or related fields
• Capacity to support activities listed above

13 Applicant Program Experience:* 53/200 words maximum

The applicant should demonstrate:
• a clear understanding of the challenges associated with the current approaches to surveillance of children's mental disorders.
• experience with surveillance methods for health conditions, preferably experience with the surveillance of mental disorders, and experience with multiple types of surveillance methods
• experience with small-area data estimation and similar statistical modeling approaches

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 37/200 words maximum

The recipient and CDC will collaborate to identify consultants and/or experts for in-person or virtual meetings, define criteria and scope for literature reviews (if undertaken), and identify key areas for inclusion in the capacity assessment tool.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum

Applicant may include, but is not required to include, subcontracted work as justified to complete the components of this project

16 Will the proposed CBA benefit governmental public health agencies?* ○ Yes ◉ No

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 39/100 words maximum

	The majority of funds are intended to be allocated to support time and effort by project staff, consultants, and/or subcontractors. Travel or other budget requests within the scope of the umbrella cooperative agreement are allowable with appropriate justification.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/26/2018 You will be directed to a confirmation screen upon successful save or submission. NCBDDD/FY18 (Year 1)/PP/9

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Increasing the use of evidence to inform decision-making about policies to improve children's mental health

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABI

3 Division, office, or unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*
Jennifer Kaminski; Jeanette Bloomfield

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
jkaminski@cdc.gov; crx7@cdc.gov

CIO POC phone number(es):*
404-498-4159

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 13/25 words maximum
Public Health Lawyers in State, Tribal, Local, and Territorial (STLT) Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$200,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
270/1,000 words maximum

Purpose:
This project will leverage policy knowledge, skills, and expertise to increase the use of evidence to inform decision-making about policies to improve children's mental health. Specific policy areas can include early childhood education, economic security, parenting supports, disability policies, and diagnosis and treatment of identified child mental health conditions.

Proposed Activities:
Applicant can propose up to three policies from within the above areas on which to conduct a coordinated package of legal epidemiology, policy analysis, policy evaluation, and/or communication activities to increase the use of evidence in state, local, and healthcare decision-making. Specific activities could include:

- Systematic policy scans characterizing the type, location, and timing of particular policies;
- Preparation of databases based on the data resulting from the policy scans;
- Statistical analyses of the impact of particular policies on children's mental health using cross-sectional or longitudinal methods;
- Preparation and dissemination of issue briefs highlighting existing evidence regarding condition prevalence, associated risk and protective factors, and public health impact or burden;
- Preparation and dissemination of policy briefs highlighting policy characteristics, intended impacts, and existing evidence for impact; and/or
- Preparation and submission of peer-reviewed journal articles, potentially including systematic reviews, meta-analyses, or policy analyses.

Expected Outputs:
Depending on the activities proposed, expected outputs could include one or more policy databases available to support statistical analyses of the impact on children's mental health, results of policy evaluation using cross-sectional or longitudinal methods, issue briefs, policy briefs, and/or peer-reviewed articles.

Expected Outcomes:
Expected outcomes of these activities are the increased use of evidence to inform decision-making about policies, which in turn will promote better outcomes regarding children's mental health and functioning.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☑ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 24/200 words maximum
	The applicant should document capacity to access a network of public health attorneys and other experts to support policy description, analysis, and interpretation.
13	Applicant Program Experience:* 66/200 words maximum
	The applicant should document expertise in the characterization, tracking, and analysis of laws and policies to improve health outcomes. Specifically, the applicant should be able to conduct systematic and replicable policy scans to support cross-sectional and/or longitudinal policy analysis, experience in supporting statistical analyses to evaluate policy impact, developing issue and policy briefs informed by published literature, and supporting publishing of results in peer-reviewed journals.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 35/200 words maximum
	The recipient and CDC will collaborate to refine the scope and coding scheme for policy scans, determine the topic and audience for issue and policy briefs, and write articles for submission to peer-reviewed journals.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum
	Applicant may include, but is not required to include, subcontracted work as justified to complete the components of this project.
16	Will the proposed CBA benefit governmental public health agencies?* ○ Yes ◉ No
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 39/100 words maximum
	The majority of funds are intended to be allocated to support time and effort by project staff, consultants, and/or subcontractors. Travel or other budget requests within the scope of the umbrella cooperative agreement are allowable with appropriate justification.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/26/2018 You will be directed to a confirmation screen upon successful save or submission. NCBDDD/FY18 (Year 1)/PP/11

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Increasing Colorectal Cancer Screening Rates: State-Specific Health Intelligence and Partner Collaboration

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Lisa Richardson

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lfr8@cdc.gov

CIO POC phone number(es):*
770-488-0170

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 16/25 words maximum
Chronic disease specialists in state, local, and tribal health departments (or their bona fide agents)

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
968/1,000 words maximum

Colorectal cancer (CRC) is preventable with detection and removal of precancerous lesions found at screening and cancers are diagnosed at an earlier stage when treatment is more effective. Despite public health investments in multiple educational efforts about the lifesaving properties of screening CRC tests, 1 in 3 men and women (23 million Americans) between the ages of 50 and 75 are not up to date with screening for CRC. Two thirds of those not up to date with CRC screening have health insurance. Screening prevalence has not changed since 2010 with self-report of being up to date with CRC screening at 65%-66% nationwide. Screening prevalence is short of the Healthy People 2020 goal of 70.5% and far from the goal of the 80% by 2018 Initiative being led by the National Colorectal Cancer Roundtable (NCCRT) cosponsored by CDC and the American Cancer Society (ACS).

CDC's Colorectal Cancer Control Program (CRCCP) provides funding to state health departments, universities, and tribes to increase CRC screening rates among people between 50 and 75 years by implementing evidence-based interventions (EBIs) described in the Guide to Community Preventive Services (the Community Guide) and other supporting strategies. State grantees work in collaboration with local health systems to implement a multi-level approach including activities focused on:
1. Increasing population and provider knowledge, attitudes, and intentions about CRC screening;
2. Improving provider practices that promote high-quality CRC screening;
3. Influencing organizations and systems such as health care systems, insurers, community-based organizations, and professional organizations; and
4. Providing direct screening services to medically underserved populations.

In the first year, CRCCP grantees recruited more than 400 clinics in 140 health systems with over 3,400 providers that serve more than 700,000 patients. On average, partner clinic screening rates increased 4.4 percentage points (42.9% to 47.3%). In contrast, screening rates among federally qualified health centers nationally increased just 1.6 percentage points in the same time period.
The CRCCP is a successful evidence-based, public health model for increasing CRC screening rates in clinics serving high-need populations. To scale best practices and impact screening rates more broadly, states and their public health partners must focus on education and innovation with public and private payers, providers, self-insured-employers, and consumers.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 83/200 words maximum

The applicant organization is expected to have extensive experience and existing collaborations with state health departments, experience developing strategies to increase access to evidence-based prevention services within public and private health systems, and experience creating web-based analytic tools. Proposed project staff should have a general knowledge of cancer epidemiology, cancer screening, cancer treatment, issues and evidence related to CRC screening and treatment. Some of the applicant's proposed project staff will need to have experience planning and providing logistical support for large meetings.

13 Applicant Program Experience:* 36/200 words maximum

The applicant should have comprehensive understanding, extensive experience and strong existing collaborations with state health departments. They should have a comprehensive understanding of cancer prevention and control programs implemented through state and local health departments.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 80/200 words maximum

The applicant will be expected to collaborate the CDC project team, and the expert consultants on all aspects of the project. The applicant will be expected to collaborate with CDC's Colorectal Cancer Control Program grantee leadership and and National Comprehensive Cancer Control Program grantees and coalitions as appropriate in selected states. The applicant will be expected to foster collaborations between state health departments and other organizations within the state in order to support the sustainability of project activities.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 58/200 words maximum

The applicant will be expected to secure subcontractors as needed to fulfill the needs of the goals and activities outlined in the project plan. Relevant experience required by a subcontractor includes:
• Knowledge of accountable care organizations and alternative payment models
• Ability to track and provide value market analytics and insurance market insights
• Medicaid and state policy
• Developing web-based data analytics platforms

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 11/200 words maximum

	Provide data and partner strategies to increase colorectal screening rates
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 52/100 words maximum
	The funds provided for this project should be used to directly address the proposed activities described in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, securing meeting space and audiovisual equipment, producing meeting materials and reports, and paying for travel.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/30

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Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
National Program of Cancer Registries: Identifying and implementing best practices for registry operations

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Trevia L. Brooks

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
tnb9@cdc.gov

CIO POC phone number(es):*
770-488-5659

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 11/25 words maximum
Cancer registry programs across state, local, and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
573/1,000 words maximum

Congress established the National Program of Cancer Registries (NPCR) in 1992. Through the NPCR, state partners collect data on cancer occurrence, stage at diagnosis, type of initial treatment, and survival and mortality outcomes. CDC supports central cancer registries in 46 states, DC, and 3 territories capturing more than 1.7 million new cancer cases each year. CDC expects grantees funded by NPCR to meet established program standards. One standard requires state central registries to submit de-identified cancer data to CDC. Annually, CDC evaluates these data for quality, completeness, and timeliness according to the National Data Quality Standard for 24-month data and the Advanced National Data Quality Standard for 12-month data. NPCR has focused most of its resources on 24-month data criteria. With increased electronic reporting, real-time data is becoming more accessible with a shift to more patient-centered care. The purpose of this project is to identify the best practices for registry operations to meet the standards for high quality data within 12-months rather than 23 months. This project will build the capacity of state health departments to strengthen their infrastructure for cancer registry operations. This project will support grantees collect registry data in a more efficiently and timely way to monitor the cancer burden across the US.
This project will fund one awardee to work with up to 16 state health departments to identify practices and circumstances that facilitate or impede consistently meeting the 12-month data reporting criteria.
• Up to eight (8) states that vary in size and do consistently meet the 12-month criteria will be selected to identify and prioritize best practices for their success, and
• Up to eight (8) states that vary in size and do not consistently meet these criteria to collect registry process and operation metrics will be selected to identify practices impeding their success or practices not in place and implement best practices.
The awardee will work with the state health departments to:
1. Conduct an assessment of registry operations which includes evaluation criteria for 12-month data standards including (but not limited to) trends in completeness criteria, state laws, reporting sources, personnel, non-CDC funding, cases coming from out of state, CoC facilities, or rural areas, etc. Identify metrics that support data quality and completeness. Identify contributors to the success (e.g. electronic reporting, automation, case finding) and barriers (staff turnover, paper abstracting, etc). Include an assessment electronic dataflow which includes data from physicians and labs, hospital and central cancer registry.

2. Based on assessment develop a list of contributors and barriers and prioritize the metrics that can be modified for the states to meet 12-month completeness. Activities may include working with the state on electronic reporting (eg epath), technical assistance on specific tasks, incorporating CDC software, etc.
3. Identify the best practices that should be promoted to all NPCR registries to achieve the reporting of complete and high-quality 12-month data
4. Translating and disseminating findings into best practices. Activities should include preparing a report summarizing the methods and findings so that all grantees can use in their registries to meet 12-month high-quality data.
The specific outputs of this project include a guidance document on central cancer registry (CCR) operations including electronic data flow best practices identified to meet 12-month quality data criteria along with specifics on how the identified best practices were implemented in the corresponding registries. These best practices assure that the CCR is capturing and reporting complete, timely, and high quality cancer incidence data that are available for analysis.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 49/200 words maximum

In order to effectively conduct the work described in the project description, the applicant organization should have extensive experience and existing collaborations with state health departments. Specifically, the applicant should have experience providing guidance and technical assistance to state health departments, especially with regards to cancer registration.

13 Applicant Program Experience:* 76/200 words maximum

The applicant should have comprehensive understanding, extensive experience and strong existing collaborations with state health departments. They should have expertise and experience in cancer registries of state or local health departments. Also, they should have comprehensive understanding of cancer prevention and control programs implemented through state and local health departments. They should possess the skills and expertise to understand data collection through cancer registry including the infrastructure, operations, electronic reporting and disseminating.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 78/200 words maximum

Awardee will be expected to foster collaborations between state health departments and other organizations within the state (e.g. academic institutions) in order to support the sustainability of project activities. Furthermore, collaboration between the funded applicant and CDC's grantees also is expected. Additionally, CDC staff will have substantial programmatic involvement that is above and beyond the normal stewardship role in awards. CDC staff will serve as consultants for the project design and dissemination of findings.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 59/200 words maximum

The need to sub-contract the work will depend, in part, on decisions made during the project period regarding the metrics identified in the assessment of best practices. The CDC team will work with the recipient to determine whether there is a need for subcontract work and ensure that such work stays within the budget for the project period.

16 Will the proposed CBA benefit governmental public health agencies?* (●) Yes ( ) No

Briefly describe how. : * 40/200 words maximum

Yes, we anticipate that the products and outcomes of this project will enhance the capacity of government public health agencies to collect cancer data to determine the cancer burden in states and in an aggregate way for the US.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 58/100 words maximum

The funds provided for this project should be used to directly address the proposed activities described in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, working with the grantees (this could include travel to the state health departments), expertise in electronic reporting, etc.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/18

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
State-level Support for Maternal Health and Early Child Feeding – Birth to 2 years

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Nutrition, Physical Activity, And Obesity

4 CIO Point of Contact (POC) name(s):*
Heather Hamner; Carol MacGowan; Linda Barnes; Paulette M...

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
hfc2@cdc.gov; dvx2@cdc.gov; lit2@cdc.gov; pem1@cdc.gov

CIO POC phone number(es):*
770-488-7672; 770-488-5626; 404-867-9697

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 8/25 words maximum
MCH Program Directors at State and local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$200,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
471/1,000 words maximum

Improving early child nutrition and feeding practices during the first two years of life in the U.S. is a strategic priority of CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO). The American Academy of Pediatrics recommend exclusive breastfeeding for about 6 months, and then continuing breastfeeding while introducing other nutrient rich foods until 1 year of age or longer. As infants transition from breastfeeding or formula feeding to complementary foods and beverages, it is a critical point to establish good eating habits and ensure diverse diets with adequate intakes of key nutrients, such as iron, for optimal growth and cognitive development. In addition, the interactions around early feeding and how parents respond to hunger cues to prevent overfeeding, and the transition from feeding to eating family foods are important elements during this time period.

Purpose
The purpose of this project is to increase the capacity of State Public Health Department (SPHD) maternal and child health programs to support optimal early child nutrition and feeding practices through clinics and community providers that provide services to families with young children (defined as children 0-2 years of age) in lower income populations, rural populations, or other populations who may be at higher risk for health care needs.

Proposed Activities
Efforts may include:

- Explore the feasibility of developing protocols and standard practice of care guidance to support the provision of evidence-based recommendations on optimal early child nutrition issues among health centers that provide services to lower income populations, rural populations, or other populations who may be at higher risk for health care needs.
- Explore the feasibility of implementing evidence- and practice-based resource(s) or programs focused on early child nutrition among health centers that provide services to lower income populations, rural populations, or other populations who may be at higher risk for health care needs.
- Explore the feasibility of developing a program to certify healthcare consultants and/or counselors, community health care workers, or other individuals to support families and caregivers to implement optimal early child nutrition and feeding practices.

Outputs
Based on activities implemented, outputs could include the following:

- Guidance documents to include protocols and standard practice of care
- Tools, model programs, and other resources, as needed, to be made publicly available
- Implementation of a dissemination plan for resources identified and developed
- Recommendations for creating a program, or a model program to certify healthcare consultants and/or counselors, community health care workers, or other individuals to support families and caregivers to implement optimal early child nutrition and feeding practices.

Outcomes

- Improved coordination and provision of evidence based recommendations on optimal early child nutrition and feeding practices among pediatric health care providers within clinics and community support services.
- Increased availability and understanding of the evaluation evidence of strategies targeting early child nutrition and feeding practices.
- Increased availability of credible and consistent support and resources for families and health care providers on early child nutrition and feeding practices.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☑	Improved operational capacity to evaluate, manage, and improve public health systems
	☐	Improved leadership capacity to identify and prioritize public health needs
	☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 166/200 words maximum

• Authority and direct access to state level public health leaders who focus on maternal, infant, and child health.
• Capacity to serve as a national resource and partner and advocate for state public health leaders and others working to improve the health of young children, including those with special health care needs.
• Capacity and competency to promote and support young child nutrition strategies and practices within local and state level efforts.
• Capacity to engage state public health departments (SPHD), and other organizational, academic, and community based partners to coordinate efforts to address early child nutrition issues.
• Capacity to identify and disseminate best practices, using different avenues of communication and current technologies.
• Capacity to develop white papers, implementation models, and success stories, and other resources, as needed to provide stakeholders with tools to implement appropriate programs and interventions.
• Capacity to reach out to state and local level providers who provide direct services to families with young children.
• Capacity to implement and/or evaluate evidence-based strategies within clinical settings that provide support to pediatric populations.

13 Applicant Program Experience:* 76/200 words maximum

• Experience collaborating with state and local level organizations that serve families with children 0-2 years of age.
• Experience collaborating with organizations with expertise in supporting maternal and child nutrition issues.
• Experience in developing support tools or other innovative means of reaching providers serving families with children 0-2 years of age.
• Experience in implementing and evaluating programs directed at providers that address maternal and child nutrition issues.
• Experience and technical expertise in infant and young child nutrition

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 79/200 words maximum

• It is expected that the recipient will collaborate with Public Health-focused organizations that that have a role in achieving the project outcomes and proposed activities.
• It is expected that the recipient will collaborate with other recipients of funds from the Division of Nutrition, Physical Activity and Obesity, who are also addressing nutrition among infants and young children.
• It is expected that the recipient will collaborate with non-profit organizations with national reach, that are stakeholders supporting infant and young child nutrition.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 11/200 words maximum

Subcontracted work may be required to accomplish the activities as outlined.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 81/200 words maximum

	Increasing the capacity of State Public Health Department (SPHD) maternal and child health programs that serve families with young children (defined as children 0-2 years of age) in lower income populations, rural populations, or other populations who may be at higher risk for health care needs can help support optimal early child nutrition and feeding practices. This benefits governmental public health agencies at all levels that are working to improve the health of infants and children through optimal nutrition strategies.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 82/100 words maximum
	The awardee may use funds for subject matter technical assistance. Funds may be used to collaborate with and obtain technical assistance from target medical practitioner organizations or other relevant stakeholders. Funds may be used to obtain technical support in the development and implementation of project activities. Funds may be used to obtain technical assistance for development, production, evaluation, and national dissemination of educational products, materials, resources, and/or tools. Funds may also be used to facilitate an in-person meeting, if necessary.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/76

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Building Capacity to Increase Access to Breastfeeding Support Through a Collaborative Process

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Nutrition, Physical Activity, And Obesity

4 CIO Point of Contact (POC) name(s):*
Linda Barnes; Carol MacGowan; Paulette Murphy

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lit2@cdc.gov; dvx2@cdc.gov; pem1@cdc.gov

CIO POC phone number(es):*
(770) 488-5626; (404) 867-9697; 770-488-5849

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 13/25 words maximum
Public health nutritionists working in state, local, and territorial public health agencies

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$750,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
569/1,000 words maximum

The Surgeon General's Call to Action to Support Breastfeeding 2011 (SGCTA) states that low rates of breastfeeding are a public health problem of national significance and that, although many public health agencies and organizations have contributed to improvements in breastfeeding over time, coordinated leadership of these efforts is still lacking. The SGCTA action guide "How Public Health Professionals Can Help", identifies key actions to improve support for breastfeeding at the community, hospital and worksite level. Public health departments can play a key role in bringing together professional, civic, and academic organizations as well as state and local breastfeeding coalitions in order to coordinate statewide efforts.

Although breastfeeding initiation and duration rates have increased overall in the United States, breastfeeding rates vary by geographic location, socioeconomic status, and racial/ethnic groups. Breastfeeding initiation and duration are lower among black infants compared with infants in other racial/ethnic populations. There is a critical need to implement national, regional, and statewide strategies that address equitable access to breastfeeding support in maternity care, worksites, and the broader community, through strengthening systems for continuity of care and support for families.

Purpose:
The purpose of this project is to provide capacity building assistance (CBA) to public health nutritionists to coordinate efforts with national and state organizations, as well as state, territorial, local, tribal and cultural (STLTC) breastfeeding coalitions. This CBA will focus on increasing capacity to collaborate, assess, plan, implement, disseminate, and evaluate; to develop and implement strategies to promote health information exchange across public health constituencies and/or nongovernmental systems; and to advance equity in access to breastfeeding support.

Proposed Activities:
• Provide national leadership, through convening of public health, partner organizations, and STLTC coalitions in continuing to implement the SGCTA, particularly in areas consistent with CDC's Division of Nutrition, Physical Activity and Obesity's breastfeeding priorities, and with a focus on equity.
• Provide national leadership through engaging of partner organization and coalition membership, by informing policy and practice to improve community-healthcare systems for continuity of care in support of breastfeeding.
• Provide CBA, with a focus on diversity and inclusion, and on systems-level changes within regions, states and populations that result in increased access to and continuity of support.
• Provide national level CBA and leadership among key stakeholder organizations in coordinating a collaborative approach to addressing actions from the Surgeon General's Call to Action to Support Breastfeeding, including but not limited to lactation support providers, maternity practices, continuity of care, medical providers, and worksites.
• Monitor, document and communicate changes in the landscape of breastfeeding.
• Develop and disseminate resources to members, state health departments, decision makers, and other stakeholders.
• Use multiple communications strategies to expand information exchange, and dissemination of resources.

Expected Outputs:
• Convening of partners on a regular basis, through in-person and web-based meetings.
• Ongoing, in-person and web-based training and meetings for work groups addressing actions from the SGCTA.
• Regular sharing of information, tools, and resources, as needed to inform and help national partners
• A national report of progress made by the nation, on actions listed in the SGCTA – can be pulled from annual performance report (APR) or other ongoing progress reports.

Expected Outcomes:
• Measurable progress in addressing the actions delineated in the SGCTA.
• Increased reach and impact of existing resources and currently-funded investments in breastfeeding support
• Increased collaboration of state-level partnerships/collaborations with STLTC breastfeeding coalitions, to pursue mutual breastfeeding support goals
• Increased competency of public health nutritionists to engage strategically with governmental and professional partners, and STLTC breastfeeding coalitions.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 129/200 words maximum

The applicant should demonstrate the ability to successfully execute the strategies and meet project outcomes by addressing the following:
• Capacity and ability to engage with and serve as a convener of national organizations STLTC breastfeeding coalitions and other critical stakeholders in moving forward the field of breastfeeding support and protection.
• Adequate infrastructure to engage with partners in order to increase their ability to engage in partnerships and projects at the state and community level.
• Capacity to maintain a web-based communications hub that uses current technologies and maintains current information and resources for the field of breastfeeding.
• Information, data systems, and electronic information and communication systems to implement the award.
• Capability to manage the required procurement efforts, including the ability to write and award subcontracts as needed.

13 Applicant Program Experience:* 116/200 words maximum

• Significant experience in convening multi-sectoral partners representing national level organizations, agencies, communities, and STLTC coalitions.
• Significant experience and expertise in providing capacity building assistance (CBA) at the organizational and community level.
• Significant experience in addressing areas of breastfeeding outlined in the Surgeon General's Call to Action to Support Breastfeeding.
• Significant experience in using the Collective Impact Model, and using this in CBA for partners.
• Significant experience in addressing diversity, equity and inclusion in partnership as well as in interventions and programs.
• Significant experience in conducting collaborative work virtually, for partners across the nation.
• Significant experience in using current social media and other current technologies for communication, training, and dissemination of information

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 135/200 words maximum

• If the organization does not have direct connection and authority with critical stakeholder organizations, it is expected that the awardee will collaborate with the appropriate organization with that capacity and ability to engage with these coalitions and critical organizations moving forward the field of breastfeeding support and protection.
• It is expected that the recipient will collaborate with Public Health-focused organizations that that have a role in achieving the project outcomes and proposed activities.
• It is expected that the recipient will collaborate with non-profit organizations with national reach, that are stakeholders supporting infant and young child nutrition.
• It is expected that the recipient will collaborate with the Division of Nutrition, Physical Activity, and Obesity (DNPAO) to ensure that resources developed are in line with DNPAO breastfeeding priorities, and accessible to other recipients of DNPAO funds.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 60/200 words maximum

	Subcontracted work may be required to accomplish the activities as outlined. Specifically, if the organization does not have direct authority and connection with STLTC breastfeeding coalitions and other critical professional stakeholder organizations, it is expected that the awardee will contract with the appropriate organization that has the capacity and ability to engage with these STLTC coalitions and critical organizations.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 55/200 words maximum To advance the breastfeeding work nationally, and to make progress in eliminating disparities in access to support for breastfeeding, there is a need for multiple sectors and diverse perspectives to coordinate action. Governmental and public health agencies will benefit by collaborating with these other sectors, and from the work done within and among these sectors.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 99/100 words maximum
	• The recipient may use funds for internal capacity to implement the proposed activities, to include staff and/or contractors with subject matter expertise. • Funds may be used to collaborate with and obtain technical assistance for the purpose of developing partnerships, capacity building, implementation of strategies, and national dissemination of practices implemented and lessons learned • Funds may be used to strengthen the web-based communications and meeting hub. • Funds should be used to evaluate activities and reach of the CBA work among partners and STLTC coalitions, report lessons learned, and create success stories, tools, and other resources, as needed.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/66

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Building the Capacity of State Education and Health Departments in Promoting Children's Health and Wellness

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Population Health

4 CIO Point of Contact (POC) name(s):*
Leah Johnson; Jyotsna Blackwell

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lhl0@cdc.gov; ids5@cdc.gov

CIO POC phone number(es):*
770-488-6158; 770-488-6137

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 22/25 words maximum
Chronic disease leadership and staff: Health departments, State departments of education, State and Local School Districts, community leaders, and national organizations.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$450,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
375/1,000 words maximum

Purpose:
The purpose of this project is to improve the health of youth by funding a national organization to assist CDC-funded grantees and the organization's constituents, including states, school districts or schools; to develop tools and resources that will assist with environmental and systems changes that support and reinforce healthful behaviors, reduce disparities, and address non-academic barriers to learning. The proposed activities are to be developed and delivered within the Whole School, Whole Community, Whole Child (WSCC) framework. The applicant will provide up-to-date information and resources, and professional development to help state and local health and education agency staff make informed decisions about a variety of school health issues.

Proposed Activities:
Update school health resources guide: The applicant will update the school health resources guide website to align with new school health notice of funding opportunity activities for state education and health agencies. The applicant should also have the capabilities do develop new resources as school health topics emerge from the field.

Develop and Disseminate Resources on Integration of Social Emotional/Mental Health –The applicant will design and develop resources on linkages between social-emotional/mental health and physical activity, nutrition, and chronic conditions and how to improve mental health through the priority areas addressing social-emotional/mental health through use of the WSCC model.

Tip sheets on Whole School, Whole Community, Whole Child WSCC –The applicant will develop and disseminate three tip sheets on 1) how to respond to/break down common barriers to WSCC implementation; 2) How the school community can engage in WSCC and 3) How to build and strengthen a more effective WSCC/wellness team.

Training on the Development of School Health Councils- Applicant will design, develop and deliver a guide and training on how to "Build and Maintain Your School Health Council". Applicant should partner with national education agency (ies) or educational organization(s) in designing and delivering the training.

Expected Outputs:
1. Guidance on integration of mental health into school-based physical activity, nutrition, and management of chronic conditions
2. Updated resource guide
3. Three tip sheets
4. Guide and training on school health councils

Expected Outcomes:
Increased capacity of state and local health and education agencies to integrate mental health into chronic disease prevention.
Increased support for the WSCC among state and local education agencies.
Increased capacity of local education agencies to develop and maintain school health councils.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 36/200 words maximum

The applicant should have a history of working with national and state health and education agencies focused on school health initiatives such as physical education/physical activity, school nutrition environments and management of chronic conditions.

13 Applicant Program Experience:* 37/200 words maximum

The recipient should have experience working with state education and health agencies to support school health initiatives. Recipient should also have expertise in development of briefs, tools, resources as well as the CDC professional development practices.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 14/200 words maximum

Recipient will partner with national and state education agencies on all activities.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 26/200 words maximum

A partnership or subcontractual work with an educational organization or agency is recommended. The subcontractor should play a substantive role in the development of the materials.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 23/200 words maximum

This effort will support national, state, and local health agencies in working to address priority health risk behaviors linked to chronic disease.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 16/100 words maximum

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/22

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Marketing Newly Developed Public Health Emergency Law On-Line Course for STLT Practitioners.

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of Public Health Law Services

4 CIO Point of Contact (POC) name(s):*
Donald Benken; Greg Sunshine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dbenken@cdc.gov; xeu3@cdc.gov

CIO POC phone number(es):*
404-498-0451; 404-498-0457

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 34/25 words maximum
Public health staff at the State, Local, tribal and Territorial jurisdiction levels who prepare, respond, train, educate, analyze, evaluate and have responsible for preparedness, response, mitigation, evaluation and analyses during public health emergencies.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$45,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
381/1,000 words maximum

The Public Health Law Program (PHLP) is currently developing a foundational public health law emergency preparedness course that is web based, on demand, interactive, focuses on state law, specific to the needs of state public health practitioners, known as Public Health Emergency Law (PHEL) Online. PHEL Online will serve as a web-based resource for internal CDC program staff working with states, state and local personnel, and other public health preparedness stakeholders through the PHLP Academy, CDC University, and the TRAIN learning portals. To significantly expand the visibility and reach of this training, the awardee will provide marketing development. Marketing responsibilities will include developing PHLP branded print materials to provide at conferences, email marketing, web design for the webpages hosting the training, and sample non-credit micro-learning modules to demonstrate the applicability of the course to preparedness stakeholders. The recipient will also be responsible for identifying a strategy to market the on-line PHEL course including potential conferences, meetings, collaborative organizations who will link the course to their website, and communication strategies.

Purpose:

The purpose of this project is to create a clear marketing plan and related resources including branding materials for the Public Health Emergency Law On-Line Training Course.

Proposed Activities:
The recipient will provide a fully developed marketing plan for the newly developed Public Health Emergency Law On-Line training course.

The recipient will develop PHLP branding print materials to provide at conferences, email marketing, web design for the webpages hosting the training, and sample non-credit micro-learning modules to demonstrate the applicability of the course to preparedness stakeholders.

The recipient will also be responsible for identifying a strategy to market the on-line PHEL course including potential conferences, meetings, collaborative organizations who will link the course to their website, and communication strategies.

Expected Outputs:
Outputs from the poject will include branded marketing material for the Public Health Emergency Law On-Line Course, templates for print materials, an intial set of published marketing materials, web design, and a webpage to host the training.

Outputs will also include a fully developed marketing plan identifying targeted meetings, conferences, partners, key stakeholders, and collaborative organizations, including a communication plan.

Expected Outcomes:
The outcome of this project will be a fully marketed Public Health Emergency Law On-Line Course that will result in a better networked and informed STLT community related to jurisdiction based emergency preparedness and response.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability of public health systems to achieve nationally established standards

☐ Increased leadership decision-making to address public health needs strategically and systematically

☑ Strengthened capability of public health workforce to deliver essential public health services

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

☑ Strengthened capability to systematically apply and use laws and policies to improve health

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 31/200 words maximum

The recipient organization(s) should be capable of developing marketing materials for STLT practitioners . . . especially those who have responsibility for emergency preparedness and response at the state level.

13 Applicant Program Experience:* 11/200 words maximum

Experience working with STLT attorneys and practitioners.

Experience developing marketing plans.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 38/200 words maximum

The recipient will need to work closely with CDC-PHLP and with STLT attorneys, practitioners, and key stakeholders who have an interest in the use of law as a tool to improve public health outcomes and service delivery.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 14/200 words maximum

This project has a direct impact on STLT health departments and their staffs.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 31/100 words maximum

Funds may be used as legally permitted under the scope of the cooperative agreement for any relevant purpose identified by the applicant as a relevant part of the project plan.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/16/2018 You will be directed to a confirmation screen upon successful save or submission. CSTLTS/FY18 (Year 1)/PP/35

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Legal Barriers to Legal Preparedness during Public Health Emergencies: Updating Critical Resources.

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of Public Health Law Services

4 CIO Point of Contact (POC) name(s):*
Donald Benken; Greg Sunshine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dbenken@cdc.gov; xeu3@cdc.gov

CIO POC phone number(es):*
404-498-0451; 404-498-0457

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 25/25 words maximum
Public health staff who prepare, respond, train, educate, analyze, evaluate and are responsible for preparedness, response, mitigation, evaluation and analyses during public health emergencies.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$120,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
384/1,000 words maximum

In 2011, CDC and ASTHO provided funding for the development of the Legal Barriers Toolkits to provide quick, easily digestible fact-sheets on a plethora of public health legal preparedness topics including emergency authorities and immunities, emergency use authorizations, volunteers, information sharing, schools, and scopes of practice. These toolkits helped public health officials understand and use legal authorities to prepare for and respond to public health emergencies. However, in 2013, upon the passage of the Pandemic and All-Hazards Preparedness Reauthorization Act, specific aspects of these toolkits became out-of-date due to changes in federal law. Since 2013, additional legislative, regulatory, and practical developments in the field of legal preparedness have created a demonstrable need for updating and expanding the Legal Barriers Toolkits. Through this project, the awardee will conduct a survey of federal, state, tribal, local, and territorial developments in public health emergency preparedness law and policy, identify aspects of the current toolkits that require updating, and develop new toolkits to address novel legal issues demonstrated by recent response activities such as Ebola, Zika, and Hurricanes Harvey, Irma, and Maria.

Purpose:

The purpose of this project is to update the outdated materials in the Legal Barriers Toolkits for STLT practitioners and their legal counsel. These were widely anticipated and heavily used resources that are critical to state preparedness and emergency response efforts and need updating due to changes in the current law.

Proposed Activities:
Through this project, the awardee will conduct a survey of federal, state, tribal, local, and territorial developments in public health emergency preparedness law and policy, identify aspects of the current toolkits that require updating, and develop new toolkits to address novel legal issues demonstrated by recent response activities such as Ebola, Zika, and Hurricanes Harvey, Irma, and Maria.

Expected Outputs:
Outputs from the project will include the development of updated and new Legal Barriers Toolkits for use by State Public Health Practitioners, and their legal counsel and staff who analyze authorities and resources during state public health emergencies.

Expected Outcomes:
The outcome of this project will be revised materials on critically needed topics related to public health law emergency preparedness and response. Completion of this project will result in better coordination of activities throughout the STLT community related to jurisdiction based emergency preparedness and response for issues that are critical and frequently occurring under state authority.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically

- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 43/200 words maximum

The recipient organization(s) should be capable of reviewing and developing curriculum, resources, toolkits, and other materials that target state health officers, public health emergency preparedness and response personnel at the state level, and marketing the materials for widespread availability and use.

13 Applicant Program Experience:* 28/200 words maximum

Experience working with state health officers, public health emergency preparedness and response personnel.

Familiarity with the development, organization, and materials in the Legal Barriers Toolkits.

Experience developing marketing plans.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 38/200 words maximum

The recipient will need to work closely with CDC-PHLP and with STLT attorneys, practitioners, and key stakeholders who have an interest in the use of law as a tool to improve public health outcomes and service delivery.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 28/200 words maximum

This project has a direct impact on STLT health departments and their staff ability to better and more effectively respond in the area of public health emergencies.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 31/100 words maximum

Funds may be used as legally permitted under the scope of the cooperative agreement for any relevant purpose identified by the applicant as a relevant part of the project plan.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/16/2018 You will be directed to a confirmation screen upon successful save or submission. CSTLTS/FY18 (Year 1)/PP/37

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Electronic Health Records Exchange for Population-based Birth Defects Surveillance

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABI

3 Division, office, or unit:*
Division Of Defects And Developmental Disabilities

4 CIO Point of Contact (POC) name(s):*
Bill Paradies

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
wep2@cdc.gov

CIO POC phone number(es):*
404-498-3919

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 40/25 words maximum
Appropriate public health informatics, maternal and child health and public health staff in state, tribal, local, territory, and other public health organizations responsible for collecting and analyzing population-based surveillance data, and using the data for prevention and intervention.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$150,000

○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
303/1,000 words maximum

Purpose:
This program is to support the development and exchanges of electronic health records for population-based birth defects surveilllance by bringing together public health, health informatics, and health care professionals, as well as facilitate collaborative efforts in working with state and local partners to support and facilitate best informatics practices and to help address barriers to improving population health.

Proposed Activities:
- Facilitate health information technology and exchange standards for system integration and data interoperability for state birth defects surveillance, including tool development to facilitate exchange of data between electronic medical/health record (EMR/EHR) systems/health information exchanges (HIEs) and population-based birth defects surveillance programs
- Assist in convening state population-based birth defects surveillance capability-building meeting to provide training on birth defects standards for health IT and to document opportunities for existing and new standards to support birth defects surveillance business processes and information systems
- Work collaboratively with CDC and the National Birth Defects Prevention Network (NBDPN) to assist state programs with implementation of health information standards and exchanges for birth defects surveillance and health outcomes

Expected Outputs:
- Program assessment tool to determine readiness to accept and use electronic health record data for population-based birth defects surveillance
- Training on birth defects standards for health IT and documentation of opportunities for existing and new standards and tools to support birth defects surveillance business processes
- Use case development as appropriate
- Resources and tools developed to aid with transfer and receipt of usuable electronic health record data

Expected Outcomes:
- Improved operational capacity to improve public health systems for rapid birth defects surveillance data collection
- Improved capacity of data systems to conduct public health surveillance for birth defects
- Strengthened discipline-specific public health competencies among workforce to improve job performance through enhanced knowledge of health informatics to improve population-based surveillance
- Strengthened capability to use information technology to affect health actions
- Increased capability of birth defects surveillance programs to use standards for health information exchange and interoperabililty

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 65/200 words maximum

- Organization with expertise in developing electronic health information exchange tools and resources for public health surveillance systems, as well as experience with facilitating collaborative efforts in working with state health departments and other partners to support public health informatics practices and address barriers to data exchange implementation.
- Sufficient information technology and public health/health care staff to understand the state public health surveillance systems and processes.

13 Applicant Program Experience:* 40/200 words maximum

- Developed resources and tools to assist public health programs with electronic health records exchanges, e.g., program readiness checklist
- Facilitated program capability-building meetings and stakeholder engagement to advance public health program readiness and implementation of health information standards and exchanges

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 32/200 words maximum

Plan and coordinate with CDC and other federal and private organizations. For any gaps in capacity or experience, the applicant should demonstrate their ability to identify and collaborate with qualified collaborators.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 36/200 words maximum

None anticipated in Year 1, but is possible over the entire project period. For any gaps in capacity or experience, the applicant should demonstrate their ability to identify and collaborate with qualified subawardees or subcontractors.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 34/200 words maximum

The increased use of electronic health records by state, local, tribal, District of Columbia, and territorial departments of health will improve efficiency, effectiveness, and timeliness of population-based surveillance data collection and utilization.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 84/100 words maximum

Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs.
Funds may not be used for capital expenditures such as construction and renovations.
Funds may not be used for clinical care.
Funds for conducting conferences and workshops such as registration, travel, per diem, room rental, audio-visual and related expenses are allowed. Except for travel related per diem expenses of grantee, consultants, contracts, and subcontracts/subawardees, funds may not be used for other food and beverage expenses.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCBDDD/FY18 (Year 1)/PP/3

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

You can edit and save a draft of your plan by clicking the "Save and Close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the NOFO.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Enhancing Public Health Disease Surveillance and Informatics

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Division Of Health Informatics And Surveillance

4 CIO Point of Contact (POC) name(s):*
Michele Hoover; Lesliann Helmus; Umed Ajani; Mark Hansey

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
mhoover@cdc.gov; lhelmus@cdc.gov; uajani@cdc.gov; cvf7@cdc.gov

CIO POC phone number(es):*
404-498-2705; 404-498-0167; 404-498-0258;404-498-0399

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 19/25 words maximum
The project will target state and local health department epidemiologists and informaticians involved in public health surveillance activities

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$250,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
696/1,000 words maximum

Purpose: The purpose of this project is to 1) increase the capacity of state and local health departments to provide more comprehensive, timely, and higher quality surveillance data, and 2) use consensus processes to develop standardized surveillance practices across diseases and across public health jurisdictions in order to improve the quality, consistency and availability of public health surveillance data.
Proposed Activities: The National Notifiable Diseases Surveillance System (NNDSS) Modernization Initiative (NMI) has enhanced the ability of participating state and local health departments to provide more comprehensive, timely, and higher quality data and resulted in greater harmonization and stardardization of the data submitted. However, surveillance and data practices differ among health departments. For example, they may use different practices in establishing illness onset date of in when they transmit case notifications to CDC. The recipient will be responsible for the following activities.
• Increase capacity of public health departments to provide comprehensive, timely and high quality surveillance data. This will include building upon previous work which includes:
o In collaboration with key stakeholders, communicate information to epidemiologists and informaticians in public health departments to increase the ability to send HL7 NMI case notifications including newsletters, eSHARE webinars, etc.
o Facilitate and manage existing and future workgroups developed to support NMI state implementation and technical assistance including Technical Assistance Leadership meetings, NMI Evaluation Workgroup, and NMI eSHARE Training and Communications Workgroup.
o In collaboration with CDC and key partners, lead the evaluation of NMI technical assistance and onboarding effort to improve practices and procedures.
• Convene a working group of stakeholders from epidemiologists and informaticians participating in public health surveillance activities at the State, Local, and Territorial levels and other key stakeholders to examine a set of surveillance practices to understand differences in practice among jurisdictions and disease programs and to develop consensus strategies for broad public health adoption.
o The practices addressed in the effort may include surveillance processes, definitions of data elements or other practices, and should be identified collaboratively by the stakeholders and CDC/CSELS/DHIS.
o The workgroup should convene on a frequent basis through webinars, conference calls or other virtual collaboration strategies that provide an opportunity for broad participation while controlling costs.
• Convene a working group of stakeholders from epidemiologsts and surveillance experts participating in public health surveillance activities at the State, Local, and Territorial level and other key stakeholders to identify improvements in NNDSS data presentation and dissemination. The data are currently published on a weekly and annual basis on the NNDSS website and consist of limited number of data elements in a simple table format. With the ultimate goal of making data available in a more interactive format, the working group should:
o Examine current data elements and the level of granularity presented in weekly and annual data tables on the NNDSS website.
o Develop consensus about any additional data elements for inclusion and the level of granularity for presentation.
o Develop consensus about data suppression rules that should be applied to ensure confidentiality.
o Convene on a frequent basis through webinars, conference calls or other virtual collaboration strategies that provide an opportunity for broad participation while controlling costs.
• Support a pre-conference workshop at a national conference for state and local health department epidemiologists and informaticians to improve public health informatics and surveillance practices. This will include:
o Coordination of logistic support for the workshop.
o Identification of a committee to help plan the workshop.
o Travel to support attendance of approximately 25 epidemiologists/informaticians at the workshop.
Expected Outputs:
• Monthly eSHARE webinars; facilitation of workgroup meetings, weekly NMI ccordination workgroups meetings, and evaluation reports on ways to improve NMI processes and procedures.
• A set of consensus reports (3-4 per year) to increase the consistency of surveillance data and practices.
• Documentation of consensus guidance on any new data elements and on suppression rules for interactive presentation of NNDSS weekly and annual data.
• A pre-conference workshop for state and local health department epidemiologists and informaticians to improve public health informatics and surveillance practices.
Expected Outcomes:
• Increase in the number of jurisdictions using the NMI-developed case notifications and the volume of HL7 case notifications sent to CDC to provide comprehensive, timely, and higher quality data for public health decision making.
• Improved consistency, interoperability and availability of surveillance data across public health jurisdictions, disease programs and disciplines.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 92/200 words maximum

• Ability to convene representative workgroups of epidemiologists and informaticians who conduct public health surveillance, support public health surveillance systems, and utilize surveillance data to guide public health action.
• Functional understanding of public health epidemiology, surveillance and informatics practices at the state, local, territorial and national level.
• Ability to establish a practical workplan, facilitate a collaborative processes with broad participation of remotely located stakeholders, facilitate and clearly document discussions and other information used to arrive at consensus conclusions, and develop and disseminate recommendations, tools and other resources to encourage the adoption.

13 Applicant Program Experience:* 68/200 words maximum

Demonstrates knowledge, capacity and experience to:
• convene work a representative workgroup of epidemiologists and informaticians who conduct public health surveillance, support public health surveillance systems, and utilize surveillance data to guide public health action;
• facilitate processes with remotely located participants to arrive at actionable decisions; and
• develop and disseminate reports, tools, and additional resources to increase adoption of consensus recommendations and guidance.
• Support CDC's NNDSS and NMI activities.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 62/200 words maximum

The recipient will be expected to collaborate with state and local health department staff engaged in disease surveillance, CDC and other identified partners and stakeholders to ensure success in achieving the activities, outputs and outcomes of the project. CDC/CSELS/DHIS will have substantial programmatic involvement to ensure the programmatic priorities are met, including the development of key activities and the final workplan

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 48/200 words maximum

The organization may elect to subcontract logistical support, facilitation, and documentation of activities. The use of subcontractors should be limited and subcontractors are expected to demonstrate understanding of public health epidemiology, surveillance and informatics as well as success in facilitating consensus processes with remotely located participants.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 29/200 words maximum

	The activity serves state, local and territorial governmental public health agencies as well as CDC by improving the consistency, and interoperability of public health surveillance data and practices
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 61/100 words maximum
	It is anticipated that funds will be used by the recipient organization to support the proposed activities including the planning and convening of a pre-conference workshop; convening of remotely located participants through webinars, conference calls or other collaboration strategies that provide an opportunity for broad participation while controlling costs; facilitation of the collaborative process; and documentation and dissemination of recommendations.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. CSELS/FY18 (Year 1)/PP/10

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Epidemiology and Surveillance CBA for STLT.

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Vernellia Johnson

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
hft9@cdc.gov

CIO POC phone number(es):*
404-498-2466

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 9/25 words maximum
Epidemiologist working in local and State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
376/1,000 words maximum

This Base funding project is managed by CSELS OD and will support cross cutting initiatives and provide leadership, management support and governance for project activities and the grantee. Cross cutting management initiatives include board of directors leadership training and capacity building, technical assistance, monitoring and evaluation. Ensuring a strong governance for cross cutting programs to include workforce development, data surveillance work, communications (print, electronic and on social media), institutional research (including program evaluation) and public policy.
Purpose: Infrastructure sustainable supporting STLT epidemiologists with surveillance and monitoring activities in STLT public health agencies.

Proposed Activities:
• Build and maintain the grantee's organizational effectiveness and governance structure to enhance the nation's epidemiology and surveillance workforce.
• Serve STLT with an organization with effective BOD to improve operational capacity, policies, administration, and management.
• Provide scientific writing and editorial services support to STLT scientists in an effort to increase the number and quality of articles submitted to the MMWR.
• Provide an opportunity for new state epidemiologists to become familiar with CDC activities and resources that enhance CDC support of state health departments.
• Provide up-to-date information to membership, strategic partners, and policymakers through your organization's website, newsletters, and other communications mechanisms on CDC issues of importance (e.g. MMWR, Vital Signs, Community Guide, etc.)
• Sponsor, and co-sponsor, national and regional meetings that provide a forum for public health practitioners, academic researchers, policy makers, federal organizations, partners and the public to gain an understanding of relevant epidemiology and surveillance issues affecting state and local health agencies.
• Identify and share best and promising practices for using epidemiologic data to address disparities in health outcomes and determinants

Expected Outputs:
• An organization with effective BOD that serves STLT to improve operational capacity, policies, administration, and management
• Summaries and e-newsletters from the Surveilliance/Informatics Sterring Committee
• Distribution of Policy and Position Statements and updates to Nationally Notifiable Conditions tables
• Written summaries of epidemiology subcommittee meetings and teleconferences
• Guidelines, publications and web-based forums
• Repository for Epidemiology methods used in state health agencies
• Repository of surveillance/epidemiology consulations
• Informatics training material

Expected Outcomes:
• Increase epidemiology, surveillance and informatics competency of STLT public health workforce
• Increase STLT epidemiology, surveillance and informatics capacity
• Increase collaboration between STLT health agencies and CDC
• Provide timely communication to STLT programs regarding information on the changes in regulatory actions/rules/guidelines by federal partners that are applicable to their needs
• Identify and distribute best practices to improve surveillance and public health

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 58/200 words maximum

To effectively carry out this project, the applicant organization must:
Membership consstituenced comprised of state and territorial epidemiologist
Demonstrate experience successfully working with STLT partners.
Provide access to subject matter expertise for public health, informatics, and epidemiology.
Experience in providing logistical support for conferences (e.g., orientations, meetings)
Experience as a national organization working with informatics and epidemiology professionals.
Work in collaboration with CDC

13 Applicant Program Experience:* 8/200 words maximum

Demonstrate experience working effectively with target population

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 17/200 words maximum

The awardee must collaborate with CDC and other national organizations to accomplish proposed goals and objectives.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 24/200 words maximum

All functions can be performed by one organization or through appropriate sub-contracting mechanism as determined by the funded organization's capabilities or past performance.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 5/200 words maximum

Enhanced epidemiology and surveillance sustainability.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 22/100 words maximum

	Funds will be used to support collaborations, policy and standards that advance public health surveillance in accordance with the project description.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. CSELS/FY18 (Year 1)/PP/13

Center for State, Tribal, Local, and Territorial Support (proposed)
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/15 words maximum
Reportable Conditions Knowledge Management System

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Laura Conn

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lconn@cdc.gov

CIO POC phone number(es):*
404 498 0971

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 12/25 words maximum
Public health surveillance epidemiologists in state, territorial and some local public health agencies

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$3,000,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
491/1,000 words maximum

Purpose: To provide an authoritative, real-time portal of comprehensive information on public health reporting to public health reporters such as clinicians and laboratories to enhance disease surveillance. To operate and support, collaboratively with health care and other public health partners, the system to advance the implementation of electronic case reporting.
Proposed Activities:
• Develop, implement and support the following production operational components in support of electronic disease surveillance, specifically electronic case reporting and electronic laboratory reporting:
1. Authoring Interface: A web portal for public health agencies to input, edit and manage their jurisdictional reporting criteria
a. Train and support public health users to enter their jurisdictional reporting specifications and condition specific resources for healthcare providers through the Authoring Interface
b. Develop and keep current default reporting specifications that take into account updated reporting criteria based on position statements, new or emergent conditions (that may not yet have position statements), and updates to LOINC, SNOMED and ICD-10 codes (to support Reportable Conditions Trigger Codes(RCTC)).
c. Develop and maintain jurisdiction specific optional reporting specifications if requested by a jurisdictions.
2. Knowledge Repository: The database containing data on reporting specifications
a. Develop and manage a development, test, onboarding, and production level repository, as needed.
b. Deploy/distribute reporting specifications for use in decision support service tools in standard format such as CQL.
c. Based on updates to codes listed above, export RCTC as Excel spreadsheets and FHIR Value Sets to support their distribution.
3. Decision Support Service: A decision support service (DSS) that healthcare reporters can invoke to determine if a potential case is reportable, and to which jurisdiction(s)
a. Develop, implement and support a decision support service that will process the electronic initial case report and provide a reportability determination for specific conditions and public health agencies with related resources for healthcare providers to be included in the Reportability Response)
b. Assist and support the deployment and production of the decision support service on the APHL AIMS platform and explore other deployment models for the future

• Participate in the development of data and technology standards to support nationwide electronic case reporting and electronic laboratory reporting.
• Facilitate discussion of the data needed and its harmonization to support surveillance beyond the electronic initial case report and participate in discussion of approaches for the collection of this supplemental data
• Participate in eCR implementations with clinical care organizations, their vendors and public health agencies
• Support production operations of RCKMS with clinical care organizations, their vendors and public health agencies

Expected Outputs:
• Continuous engagement with STLT public health agencies, PH member organizations, healthcare and health IT vendors.
• Regular content updates and releases of default reporting criteria and RCTC
• STLT authored reporting specifications and condition-specific resources using a production RCKMS authoring interface
• Production version of the decision support service hosted on APHL AIMS and used in eCR

Expected Outcomes:
• Improve completeness, accuracy and timeliness of case reports sent to public health by reporters
• Increase the awareness and facilitate discussion of the variability in reporting existing across jurisdictions
• Increase communication between clinical care and public health
• Decrease the time and effort needed by healthcare professionals to comply with reporting requirements by providing.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☑	Improved operational capacity to evaluate, manage, and improve public health systems
	☐	Improved leadership capacity to identify and prioritize public health needs
	☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance

- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 21/200 words maximum

Awardee must have the skills sets and staff capable of achieving the project goals using highly collaborative approaches in a multi-stakeholder environment.

13 Applicant Program Experience:* 78/200 words maximum

Awaredee must demonstrate experience with:
- Analyzing reportable condition position statement and working with state health departments to build consensus for common criteria for reporting specifications for reportable conditions
- Working with Health IT vendors and public health experts to define requirements and technical specifications that result in an operational Authoring Interface and Decision Support Service.
-Collaboration with healthcare, HIT vendors, public health and standards development organizations.
- working with Public Health Agencies to author reporting specifications using the Authoring Interface.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 18/200 words maximum

The awardee must collaborate with CDC and other national organizations working on public health surveillance and informatics.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum

It is likely that some sub-contract work may be needed if the applicant organization or CDC resources are unable to provide technical or subject matter expertise.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 57/200 words maximum

State public health agencies play an integral role in the implementation of public health information exchange, adoption of standards, development of HIT policies, strategies and system that impact public health. This project will build informatics capacities and capabilities to support electronic case reporting and electronic laboratory reporting across the healthcare enterprise that ultimately improves population health.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 2/100 words maximum

	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/18/2018 You will be directed to a confirmation screen upon successful save or submission. CSELS/FY18 (Year 1)/PP/14

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Multi-component approach to prevent opioid overdose (mortality) and reduce opioid associated harms: Addressing upstream factors

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Judy Lipshutz

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
jel6@cdc.gov

CIO POC phone number(es):*
404-498-6775

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 5/25 words maximum
Local/county public health agencies

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$5,000,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
551/1,000 words maximum

Purpose:
Build capacity of health departments to
• Establish risk reduction strategies that increase community understanding of conditions that increase likelihood of opioid addiction
• Develop community cohesion around strategies that both respond to overdose events and reduce Opioid Use Disorder (OUD) in a community
• Create multi-component, sustainable systems to respond to OUD including how to address community-level conditions that contribute to overdoses.

Proposed Activities:
Awardee will select 5-10 local or county-level health departments within various types of areas (e.g., urban, rural, suburban) to serve as demonstration projects for primary prevention in coordination with Medically Assisted Treatment (MAT) interventions for Opiate Use Disorder (OUD). Awardee will provide technical assistance to health department demonstration sites to
a) Collect and analyze data that expands the understanding of the problem to inform risk reduction strategies:
Along with any available information on fatal and non-fatal overdoses, projects will review community-level non-health data on contextual factors (e.g., housing security, food security, incarceration rates, domestic violence, prevalence of mental illnesses,) for incorporation in the problem analysis. Awardee will coordinate establishment of common data and criteria across projects.
b) Develop and activate workforce and organizational structures to both respond to and reduce OUD in their jurisdictions
o Immediate responders: Create incident command sort of set-up that includes broad base of responders under leadership of local public health department including representatives from public safety, emergency response, corrections, non-profit organizations, drug treatment centers and other who can address not just individuals impacted by overdose but also the community in which they live.
o Long-term prevention: Create cross sector partnerships/coalitions to develop strategies to generate innovative primary prevention solutions and also result in long-term, community buy-in. Representatives from incident command system as well as individuals with OUD or their family members should be part of these partnerships along with other key community members who many not be part of the immediate response teams (e.g., faith, business, healthcare, education, policy makers)
c) Conduct Evaluation: Awardee will coordinate cross-project evaluation that describes successes and challenges of
Models of workforce teams set up to readily respond to overdoses, individuals' contextual challenges, and communities' contextual challenges that support/enable opioid use
Models for cross-sector coalition of organizations with established procedures to identify primary prevention efforts that the community can take on, including addressing upstream issues.
d) Develop Guidance: Based on evaluation, develop guidance that helps local/county health departments more comprehensively respond to and prevent OUD in their communities through assessment, workforce development and response system, and long-term prevention practices. For long-term prevention, guidance will reflect recommendations based on findings about addressing upstream factors

Expected Outputs:
• Community-level analyses of non-health contextual factors that impact OUD in communities
• Models of workforce teams that can readily respond to overdoses, individuals' contextual challenges, and communities' contextual challenges that support/enable opioid use
• Models for cross-sector coalition of organizations with established procedures to identify primary prevention efforts that the community can take on, including addressing upstream issues.
• Evaluation of all aspects of demonstration projects with recommendation for practice by public health departments. Evaluation should include comparisons across projects.

Expected Outcomes:
• Broadened understanding of conditions that increase the likelihood of opioid addictions including analysis of community-based interventiosn that may address those conditions. Data will increase understanding of differences on impact of opioids on geographically different populations
• Guidance for local/county health departments to build broad-based, multiple component system for responding to and prevention of OUD in their communities to goes beyond crisis treatment and physicians prescribing practices

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 44/200 words maximum

Recipient should include public health agencies as part of its primary constituency and demonstrated ability to collect/analyze data from multiple jurisdictions

Recipient should have strong understanding of the challenges faced by health departments in both conducting routine business and addressing emerging public health problems

13 Applicant Program Experience:* 19/200 words maximum

- Experience managing research/data analysis, programs and cross-sector collaborative efforts
- Understanding/experience with implementation science
- Some experience with addressing substance abuse issues

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 35/200 words maximum

Awardee will oversee collaboration between public health agencies and other non-health sectors in a community. Such local collaboration may also require collaboration between awardee and other national groups related to these non-health sectors.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

N/A

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 33/200 words maximum

As a result of this project, public health agencies will have a better understanding of their role in addressing the opioid epidemic in addition to specific tools to help them do so.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 49/100 words maximum

	Funds would be used to support the 3 components proposed @ approximately $500,000/project area. Public Health departments should be included at minimum in a coordinating role and funds should be provided accordingly to support them. Proposed effort can be scaled up or down depending on availability of funds.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. CSTLTS/FY18 (Year 1)/PP/25

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

You can edit and save a draft of your plan by clicking the "Save and Close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the NOFO.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Enhancing Informatics, Health Systems, Laboratories to Improve Population Health

2 CIO:*
CENTER FOR GLOBAL HEALTH

3 Division, office, or unit:*
Division Of Global Hiv/Aids

4 CIO Point of Contact (POC) name(s):*
Patricia Riley

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
pyr0@cdc.gov

CIO POC phone number(es):*
404-639-8106

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 23/25 words maximum
Health professionals, such as informatics specialists , laboratory professionals, health systems specialists, clinicians, and educators serving ministries of health in sub-Saharan Africa

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$690,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
935/1,000 words maximum

Purpose:
This project is designed to improve the public health systems within ministries of health (MOH) primarily located in sub-Saharan Africa. Project components comprise a medley of interventions that enhance overall public health competence.
Proposed Activities:
The project's activities comprise the following domains:
• Health systems enhancements
o In 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and partners launched the 90–90–90 targets; the aim was to diagnose 90% of all HIV-positive persons, provide antiretroviral therapy (ART) for 90% of those diagnosed, and achieve viral suppression for 90% of those treated by 2020. For the past two years, CDC's Division of Global HIV and TB has identified viral suppression—the third 90--as a Division-wide priority. Integral to realizing this priority are efforts that support public health laboratories, informatics, and health professional competence. These competencies involve: i) accurately identifying/referring affected HIV clients for viral load testing; ii) efficiently collecting and processing laboratory specimens and relaying this information using informatics technology (IT); iii) ensuring timely and accurate HIV specimen testing; iv) providing viral load laboratory results in a timely manner so that they can be correctly interpreted and managed with HIV care. When successfully undertaken, these collective steps not only result in appropriate patient management and contribute to the reduction of HIV within communities affected by the HIV epidemic.
o The health systems activity to be implemented in 2018-2019, is the Laboratory African Regional Collaborative or LARC. LARC will introduce health systems improvements by developing and piloting a related curriculum within local ministry of health facilities. The LARC curriculum will comprise quality improvement (CQI) methodologies (i.e., Business Process Analysis, Capability Maturing Model mapping, communication improvements between laboratory personnel and clinicians, etc.) delivered through and didactic and practice-based modalities. These activities will involve protocol development and evaluation of short-term impact. Initially, Kenya will be targeted for the intervention; however expansion to other countries may occur, depending upon a successful Kenya roll-out.
• Informatics
o The informatics activity supports informaticians and the development and implementation of e-tools related to HIV laboratory diagnostics. Components of this project includes developing, improving and implementing viral load (VL), early infant diagnosis (EID), recency testing e-tools that enhance the public health laboratory-clinical interface, thereby resulting in improved quality of HIV diagnostic testing and client management.
• Biosafety Training and Public Private Partnerships (PPP)
o In 2017, DGHT's International Laboratory Branch (ILB) developed an e-learning health facility safety course for health professionals and a companion safety course for the non-regulated health workforce (e.g., housekeeping staff, specimen transporters, security personnel, etc.) who otherwise lack health facility safety/biosafety orientation.
o During 2018-2019, a regional meeting in which these training tools and curricula will be disseminated will convene in South Africa in collaboration with ILB's Public Private Partner, Roche. This meeting will target public health leaders serving in MOH and will ensure the adoption of current biosafety information/recommendations tailored to low-income countries.
o Additional training activities include: development of a laboratory safety leadership course within an African academic center; development and piloting of a Tier 3 Biosafety Management Course targeting senior laboratory personnel; and development and implementation of guidance for low-income countries regarding safe disposal and destruction of mixed biological/chemical waste generated by HIV viral load testing platforms.
• Implementation of Continuous Quality Improvement (CQI) for laboratories and the Strengthening Laboratory Management Toward Accreditation (SLMTA) program
o The SLMTA program has been introduced in over 1150 laboratories in low-to middle-income countries. During 2018-2019, existing curricula (SLMTA 1, SLMTA 2, SLMTA TOT, and QC and Method Validation) will be implemented and a new curriculum on competency assessment will be developed. Additional activities include organizing a SLMTA Symposium for program implementers.

Expected Outputs:
Specific outputs for the Health Systems/LARC activity include training public health practitioners in a specially designed curriculum for low-income countries and launching a companion health systems intervention in local ministry of health facilities.
Outputs for the Informatics component include: developing, enhancing, and implementing a viral load sample management system (VLMS), a Viral Load Dashboard, and a short message service (SMS) system for use by public health laboratorians and clinicians. Additional components include: providing data management support for an HIV proficiency testing (PT) program and developing, enhancing, and implementing e-tools for HIV initiatives –including CQI.
Biosafety outputs include: the creation of a biosafety and laboratory senior management curriculum; dissemination of these materials at a regional level; biosafety white paper formation; and training for biosafety laboratory leaders and senior laboratory managers. Collaboration with PPP will involve ILB's private partners, who will assist in convening regional dissemination meetings, trainings, and hosting e-curricula platforms. SLMTA outputs include CQI viral load laboratory testing through training and a regionally-convened 2018 Symposium.

Expected Outcomes:

LARC and SLMTA's outcomes encompass various aspects related to ensuring accurate laboratory testing and timely release of VL results to health facility personnel. As a result of the LARC intervention, health practitioners will improve their management of HIV-infected clients. Through improved utilization of laboratory results and informatics, viral load suppression has a greater likelihood of being achieved. It is also expected that improved collaboration between laboratory and clinic personnel will result with public health practitioners becoming more aware of the importance of inter-cadre collaboration in providing HIV services.

The Informatics outcomes include the creation of information system/s that enhance accurate laboratory testing and timely release of the results to providers and patients. Improved access to IT data that will increase the integration of laboratory results in patient treatment. It is expected that these enhancements will result in population HIV viral suppression. Information and data management services provided through this activity will also support and analyze HIV laboratory proficiency data.
Biosafety/PPP outcomes include the creation and dissemination of biosafety and senior laboratory management curricula; in-person training of Tier 3 biosafety laboratory professionals; and formation of white paper policy documents regarding disposal and destruction of chemical waste products generated by HIV VL testing platforms.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [x] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 201/200 words maximum

The recipient organization must be a non-profit professional organization with an indirect rate less than 20%. The recipient organization's staffing should be comprised of a diverse set of public health practitioners who are well versed in CDC's public health and global health priorities – including HIV informatics and related health systems advancements. Since the thrust of the proposed activities address public health systems enhancement, organizational staffing should reflect depth and expertise in a variety of health systems interventions, including Business Process Analysis (BPA), Capability Maturity Modeling, informatics, and continuous quality improvements (CQI). The proposal is based within CDC's International Laboratory Branch (ILB), therefore familiarity and capability to address laboratory health systems issues is an organizational requirement.
Since some of the proposed activities involve collaboration with private partners, the capability to facilitate and enhance ILB's public private partnerships is essential. It is preferred that the applicant have at least 20 years of experience conducting activities in health systems training, informatics design, and experience partnering with public health professionals. Given that the target audience primarily resides in sub-Saharan, cultural competency to work within health systems in low-income settings and collaborate with public health practitioners in these settings is a critical aspect to applicant selection.

13 Applicant Program Experience:* 147/200 words maximum

	The recipient organization's experience should demonstrate depth, capacity, and experience in developing and executing health systems interventions in public health settings. These experiences should reflect the delivery of essential public health services through capacity-building assistance (CBA). The organization's experience should provide examples of past successes in strengthening public health/global health infrastructure. The applicant should also have experienced staffing who have collaborated and conducted training in low-income settings. Examples of successful health systems engagement in public and global health settings should be evident in the applicant's response to the Notice of Funding Opportunity (NOFO). The applicant should have at least 20 years of experience working with public health and global health systems and capacity development. It is also expected the awarded organization will have a stellar track record in project management; demonstrate fiscal efficiency; be fiscally sound; and experienced in responding to publicly awarded funding announcements.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 197/200 words maximum
	It is expected that upon receipt of this award, the recipient organization will contact ILB's Technical Monitor (TM), Patricia Riley, and arrange for a meeting with her as soon as possible so that the proposed activities can begin as soon as possible. ILB has subject matter experts (SMEs) who are involved in the project's proposed activities and these staff members request engagement with the recipient organization in order that their experience and knowledge can be leveraged most effectively. Given the shortened time line for project implementation, the recipient organization should anticipate a minimum of bi-weekly (i.e., every two weeks) meetings and/or conference calls. If any manuscripts or protocols result from the previously described activities, it is anticipated that relevant staff from the recipient organization will be invited to serve as co-authors on any manuscript emanating from these activities. Also, there must be transparency with regard to the recipient organization's sub-contracted work and budget allocations. This information should be readily shared with the CDC sponsoring unit (ILB) and the TM), Patricia Riley. Quarterly updates regarding the project's budget should also be shared with the project TM so that appropriate planning and project implementation can be assured.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 127/200 words maximum
	It is expected that sub-components of the project's activities will be facilitated by sub-contractors with specific experience outside the recipient organization. For example, the biosafety training, SLMTA, and certain informatics activity may involve the engagement of outside SMEs with specific expertise in biosafety requirements for low-income countries; training laboratory professionals in SLMTA's CQI; and the development of IT platforms designed to facilitate and communicate laboratory HIV results to a variety of health professionals. The specific budget allocation for these services will be negotiated by the recipient organization based on input from the project TM and expected costs of services used in prior or similar consultations. The recipient organization will oversee and ensure timely service provision and provide routine updates to the CIO TM, Patricia Riley.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 93/200 words maximum
	Because the project targets workforce cadres serving governmental public health departments, such as informaticians, laboratorians, health systems leaders, biosafety specialists, etc., it is expected their increased capacity will strengthen the overall health department infrastructure responsible for HIV service delivery. Since these technical areas (e.g., informatics, health systems specialists, biosafety/environmental specialists) are relatively new to African ministries of health, increasing their functionality is especially critical for achieving the Global HIV program's overall health goals. Without this project assistance, it is unlikely the local ministries of health would have resources to support (or access to) these IT platforms and health systems, laboratory, biosafety trainings.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 85/100 words maximum
	The project's budget will support the recipient organization's staffing (salaries, wages, and fringe benefits). It is expected that the staff salary will reflect the percentage of personnel time required to implement and support the project and its subcomponents. A subset of the budget will be allocated to pay for those SMEs who are outside the organization. The budget will also support direct costs related to convening regional overseas training (including travel support for ministry of health officials), symposium, private-partnership engagement, and curriculum development.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/05/2018 You will be directed to a confirmation screen upon successful save or submission. CGH/FY18 (Year 1)/PP/1

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Informatics Support, Collaboration and Consultation – STLT HDs

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Nedra Garrett

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ngarrett@cdc.gov

CIO POC phone number(es):*
404.498.6446

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 9/25 words maximum
Local, state, territorial and tribal public health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$400,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
426/1,000 words maximum

Purpose: To provide informatics support to improve efficiency, effectiveness and interoperability of public health information systems and their integrations with other healthcare systems primarily at STLT health departments.

Proposed Activities:
• Develop and implement strategies that assist STLT public health departments, in the exchange of electronic data across organizational and jurisdictional boundaries, particularly with clinical care, in accordance with national guiding policies and standards
• Develop and implement processes to encourage STLT public health departments to contribute toward informatics, e.g. data, systems, services, platforms, workforce and other discussions; recommendations; and standards development and implementation
• Facilitate the development and harmonization of health information technology standards and technical specifications to support national initiatives such as electronic case reporting (eCR), NNDS, Syndromic Surveillance, data preparedness and other priorities.
• Facilitate harmonization of data to support surveillance and emergency preparedness between clinical care and STLT public health departments
• Participate in pilots (e.g. eCR, data preparedness) that focus on understanding the informatics needs of STLT public health departments
• Assess STLT public health departments to identify gaps around data and information exchange including their capacity to support Electronic Health Record (EHR), MACRA, Digital Bridge and other health information technology initiatives
• Support relationships between STLT public health departments and other health data organizations in an effort to increase the availability of clinical data that can be used to improve public health
• Identify and disseminate informatics training opportunities for STLT public health departments
• Develop communications material such as tool kits and host seminars for STLT public health departments
• Facilitate the collaboration of public health associations and other stakeholders for the development and implementation of public health information technologies priorities and policies to improve the public health system
• Coordinate and facilitate workgroups comprised of informatics leaders at STLT public health departments to identify and address public health information technology to include data standards and harmonization issues
• Translate health information policies and initiatives into practical guidelines for STLT public health departments

Expected Outputs:
• Continuous engagement in national health IT initiatives e.g. Digital Bridge
• Formulated/documented comments and policies with STLT perspectives
• Webinars to increase awareness and communications with STLTs
• Workgroup meetings of SHD representatives to gather input/feedback from STLTs
Expected Outcomes:
• Increase the capacity and interoperability of public health information systems at STLT public health departments
• Increase the electronic case reporting (eCR) capabilities of public health departments
• Increase the awareness and adoption of national initiatives across STLT jurisdictions and partners to include states, territorial, and federal public health agencies, laboratories, healthcare institutions, etc.)
• Improve CDC shared enterprise standardization services for STLT public health departments
• Increase advocacy and engagement in health IT policies for STLT public health providing consultation to federal and STLT public health agencies as needed

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
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- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 92/200 words maximum

Awardee must have the skill set and staff capable of executing communication, outreach strategies, and resource development to:
• Provide background and understanding of public health informatics initiatives, evaluation, and translation to practice.
Facilitate national dialogue and to assist STLT public health departments with framing opportunities and challenges for public health information exchange
• Facilitate standardization and interoperability policies for public health data sharing across the public health enterprise and healthcare
• Build the capacity of STLT public health departments to use information for decision making
• Work with legislative stakeholders and positively impact health IT policies

13 Applicant Program Experience:* 41/200 words maximum

Awardee must demonstrate experience:
• Working with STLT public health departments to increase public health informatics capabilities, e.g. data, systems, standards, health IT policies, workforce and other capabilities.
• Working with standards development organizations (SDO), healthcare, public health and other healthcare partners.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 37/200 words maximum

The awardee must collaborate with CDC and other national organizations working on public health informatics such as AMIA, HIMSS, Health IT Policy Committee, ASTHO, CSTE, Robert Woods Johnson Foundation etc. as well as contracts as needed.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum

It is possible that some sub-contractual work may be needed if the applicant organization or CDC resources are unable to provide subject matter expertise, technical guidance or other.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 55/200 words maximum

STLT public health agencies play an integral role in the implementation of public health information systems, adoption of standards, development of health IT policies and strategies that impact public health. This project will build informatics capacities and capabilities to support data sharing across public health and healthcare enterprise that ultimately improve population health.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 2/100 words maximum

	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. CSELS/FY18 (Year 1)/PP/6

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/15 words maximum
Informatics Field Assignee Project

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Nedra Garrett

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ngarrett@cdc.gov

CIO POC phone number(es):*
404.498.6446

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 13/25 words maximum
Informatics workforce of Public Health Emergency Preparedness (PHEP) Cooperative Agreement recipients.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$700,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
459/1,000 words maximum

Purpose: To provide informatics field assignees (IFAs) to support state efforts to advance CDC's Public Health Data Strategy and other national initiatives with respect to syndromic surveillance, data preparedness, National Notifiable Disease Surveillance System (NNDSS), electronic case reporting (eCR), and their integrations with other healthcare systems primarily at state health departments.
Proposed Activities:
The IFA should provide expertise and capacity that allow the jurisdiction to undertake needed surveillance-oriented informatics initiatives. Following is a list of suggested activities that might be considered; however, the specific projects assigned to the IFA should be selected based on identified jurisdiction needs.
• Work collaboratively with CDC and programs within the health department to provide greater understanding of informatics needs (such as data, technologies, resources, and organizational capacity) to support NNDSS and syndromic surveillance within states/jurisdictions.
• Provide subject matter expertise in electronic information exchange using standard based messages, including support for implementation of
  o NNDSS HL7 message mapping guides
  o Syndromic Surveillance message mapping guide, including submission of syndromic data to BioSense Platform
  o Electronic laboratory reporting (ELR)
  o Electronic case reporting (eCR)
• Support better understanding of syndromic surveillance data to include data collection, processing, analysis and visualization and transmission.
• Increase utilization of syndromic data for public health purposes.
• Support jurisdictions in identifying and implementing processes to improve surveillance data quality.
• Identify opportunities to integrate or create interoperability between and among health information systems to better support surveillance activities
• Enhancing existing public health surveillance information systems by adding or improving functionality.
• Implement new/replacement public health surveillance information systems
• Develop and implement a plan to enhance informatics capacity within the jurisdiction workforce. This may include mentoring and training health department staff.
• Implement integrated dashboards for situational awareness using surveillance data
• Evaluate information workflows and processes in the health jurisdiction to improve quality and utilization of surveillance data.
• Coordinate and collaborate with other public health agencies and/or public health partners (e.g., agencies in neighboring states, the health care sector) to establish/implement standards for effective health information sharing and exchange.
• Provide consultation and evaluation for informatics initiatives.
• Assist in the development of strategic roadmaps to improve state and local surveillance systems in support of public health preparedness.
• Advise health departments on strategic health information technology investments, policies and legislation, and data quality improvement.

Expected Outputs:
• An RFP to identify PHEP jurisdictions eligible to participate in the IFA Pilot Project
• A timeline for completion and an outline of activities jurisdictions are expected to complete during the IFA Pilot
• Summaries and statements of impact from the selected jurisdictions and Field Assignees

Expected Outcomes:
• Increased epidemiology, surveillance and informatics competency of STLT Surveillance public health workforce
• Identified best practices to improve informatics capacity
• Advanced CDC Surveillance Strategy and Public Health Data Strategy goals, which many include advancing syndromic surveillance capability, electronic death reporting (EDR), electronic laboratory reporting (ELR), National Notifiable Disease Surveillance System (NNDSS) Modernization Initiative (NMI), and electronic case reporting (eCR)

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs

- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 101/200 words maximum

To effectively carry out this project, the applicant organization must:
1. Demonstrate capability to work with partner organizations in coordinating and delivering administrative and logisitical aspects for three fellowships.
2. Act as a coordinating agency to market, solicit/recruit, select, match IFAs to sites, provide human resources, and provide administrative guidance.
3. Demonstrate experience successfully working with STLT partners.
4. Provide access to subject matter expertise for public health, informatics, and epidemiology.
5. Experience providing administrative oversight for multiple fellowship programs.
6. Experience in providing logistical support for conferences (e.g., orientations, meetings)
7. Experience as a national organization working with informatics and epidemiology professionals.
All aspects of the project will be conducted in collaboration with CDC

13 Applicant Program Experience:* 140/200 words maximum

To effectively carry out this project, the applicant organization must have the following experience:
1. Successful implementation of two or more projects involving marketing, recruiting, selection, matching, and oversight of national fellowships.
2. Implementation of effective processes for:
a) Marketing and recruitment to reach (1) qualified high quality candidates for a PHIF, I-ITPP, HSIP; (2) host sites with capacity to supervise staff selected to participate in the IFA project. This includes:
I. Use of program-relevant marketing venues e.g., web site, social media, partner organizations, attendance in conferences, online webinars, print ads, and others.
II. Use of program-relevant trainee recruitment sites.
b) Rigorous evaluation and selection of high quality host sites and IFAs.
c) Administrative support – logistics handling (credentialing, onboarding, salary/benefits, travel).
d) Program coordination across partner organizations and across disciplines.
In addition, the applicant organization must show evidence that it has personnel who are subject matter experts in the following areas: Project Management, Program Evaluation

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 71/200 words maximum

Projects must advance informatics capacity in support of the CDC Surveillance Strategy and Public Health Data Strategy, specifically in relation to the National Syndromic Surveillance Program (NSSP) Cooperative Agreement, the ELC Cooperative Agreement, and the PHEP Cooperative Agreement. The PHEP grantees selected for collaboration should be far enough along in activities that they can support an IFA and the addition of an IFA can demonstrate value added to the grantee.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 24/200 words maximum

	All functions can be performed by one organization or through appropriate sub-contracting mechanism as determined by the funded organization's capabilities or past performance.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 44/200 words maximum This project will increase informatics workforce capacity and capabilities by providing senior level expertise in STLT agencies to develop and implement systems and their integration with other public health and healthcare systems, as well as increase engagement in national health IT initiatives.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Capacity Building for the Public Health Workforce: E-Learning Institute (ELI) Fellowship

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Division Of Scientific Education And Professional Development

4 CIO Point of Contact (POC) name(s):*
Martha Alexander

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
mea3@cdc.gov

CIO POC phone number(es):*
404-498-3964

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 19/25 words maximum
Public health professionals in STLT HDs working to improve quality, performance, and outcomes of individuals, programs, and organizations.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$35,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
377/1,000 words maximum

Project Description – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit):*

Purpose: Provide training through the E-Learning Institute (ELI) Fellowship for up to 14 education and training staff in STLT HDs and other public health organizations who are in need of tools and resources to help them effectively develop e-learning modules. ELI is a six-month online fellowship (except for an initial in-person one day kick off workshop and a final showcase, both in Atlanta) that offers access to CDC-developed materials and subject matter experts, as well as the opportunity to learn from peers in a positive, experiential environment. Each participant is assigned a mentor who has public health e-learning experience. Participants achieve competency in instructional design and e-learning best practices, collaborate and network with public health training professionals in federal, state, local, tribal, international, academic, or hospital settings, and develop a functional online training product in six-months that will be posted on TRAIN. The public health community benefits from Increased capacity of the public health workforce to create quality e-learning in a variety of settings, enhanced connection to a community of practice for public health learning professionals, and increased learning opportunities for the public health workforce through TRAIN.

Proposed Activities:
• Collaborate with CDC to develop and post the ELI "Call for Participants".
• Collaborate with CDC to develop and implement an ELI promotional plan to help ensure that applicants come from a diverse range of geographic locations, work settings, and professional roles.
• Develop content for CDC's ELI web page, including success stories (e.g., blog post, e-news articles) about how ELI alumni have applied what they have learned from ELI and applied on their job
• Support CDC activities to select ELI participants from a pool of applicants and send out corresponding notifications, including identifying process improvements to streamline the application review process.
• Provide support for in-person CDC events.
• Collect feedback from participants for the purpose of program improvement.
• Arrange travel/lodging for the in-person Fellowship Kick-off Workshop in Atlanta which may include participants and mentors.
• Arrange travel/lodging to the in-person ELI Final Showcase in Atlanta which may include participants and mentors.

Expected Outputs:
• List of ELI applicants
• Content for CDC's ELI web page
• ELI in-person Fellowship Kick-off Workshop
• ELI Final Showcase

Expected Outcomes:
• Improved capacity of participants to create quality competency-based e-learning products.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 54/200 words maximum

Partner selected for this project must
• Be able to recruit and process fellowship applications
• Be able to manage travel and logistics

• Have long standing, collaborative partnerships that address workforce development issues with national and state public health organizations with whom to promote the fellowship.

• Be able to gather information for use in program improvement.

13 Applicant Program Experience:* 53/200 words maximum

Partner selected for this project must have experience in:
• Developing and implementing fellowship and/or workforce development training programs.
• Promoting fellowship and/or workforce development training programs (including developing recruitment content).
• Recruiting and processing fellowship applications.
• Collecting information for use in program improvement.
• Planning and implementing communication campaigns, particularly around fellowship and/or workforce development programs.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 12/200 words maximum

• Facilitate collaboration with STLT health departments to promote the E-Learning fellowship.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 3/200 words maximum

Not expected

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 80/200 words maximum

Because the training is primarily online, the program will benefit governmental public health agencies by reducing their travel costs for in-person training. Because ELI Fellows develop e-learning that is posted on TRAIN the program will increase learning opportunities for the public health workforce through TRAIN. The E-Learning Institute will increase capacity of the public health workforce to create quality e-learning in a variety of settings and establish a connection to a community of practice for public health learning professionals.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 21/100 words maximum

• Offer capacity-building opportunity for public health training professionals in STLT jurisdictions.
• Use the remainder of funds for CDC-approved workforce development activities.

CIO CERTIFICATION

18

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Training Health Department staff in Public Health Informatics

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Division Of Scientific Education And Professional Development

4 CIO Point of Contact (POC) name(s):*
Laura Franzke

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ljf7@cdc.gov

CIO POC phone number(es):*
404-317-9386

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 14/25 words maximum
State and local health department staff requesting training in public health informatics.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
991/1,000 words maximum

This applied informatics team training program is designed for health department staff to learn about the fundamentals of Public Health Informatics (PHI). This on-the-job training program will allow a multi-disciplinary team at a health department apply their trainings to a health department project.

The selected vendor will develop the marketing/recruiting, team application, curriculum content, a community of practice, performance requirements and evaluation for this applied team informatics training program.

The vendor will develop marketing materials to ensure ample applicants apply. The vendor collaborate with national public health associations to advertise. Public health informatics definitions and project examples (or characteristics) will be included in the marketing materials. Vendor will advertised on a website and utilize software to manage the application process. This program will be marketed as a CDC-sponsored training.

There will be a single application per team applying to this training program; every team member does not need to submit separate applications. It is suggested to have at least 20-25 teams with 4-5 members per team and external members are allowable (e.g., academia, healthcare). The target goal is at least n=100 trainees. The vendor and CDC will define the eligibility criteria.

Develop two types of applications for applicants from either high or low informatics-capacity health departments; each category of applications competes separately. A screening metric will be developed to allow applicants to enter the appropriate pool. The team application evaluation scorecard will have objective and metric-based methods to score each team application.

The vendor with CDC's input will develop a team application and evaluation scorecard. At a minimum, the team application needs to include a section about a team project and also, a baseline skill assessment for each team member. The vendor should develop a framework of questions to ascertain the project's intent and impact. For example, the project framework will include historical background (to the problem), organizational context, community impact, organizational impact, available resources, short/long term

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 56/200 words maximum

The organization needs to have: access to state and local health departments via national memberships or access to such networks, expertise in providing public health informatics trainings and mentorship, project management experience, technology to support a remote training program (e.g., learning management platform, virtual online tools, application management system) and evaluation experience.

13 Applicant Program Experience:* 28/200 words maximum

The organization needs to demonstrate past success with implementing virtual, online, field-based applied public health informatics training programs and/or fellowships for state and local health department.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 0/200 words maximum

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 17/200 words maximum

	There will be teams at state or local health departments obtaining public health informatics trainings.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/22/2018 You will be directed to a confirmation screen upon successful save or submission. CSELS/FY18 (Year 1)/PP/2

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Training Health Department staff in Public Health Informatics

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Division Of Scientific Education And Professional Development

4 CIO Point of Contact (POC) name(s):*
Laura Franzke

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ljf7@cdc.gov

CIO POC phone number(es):*
404-317-9386

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 14/25 words maximum
State and local health department staff requesting training in public health informatics.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
991/1,000 words maximum

This applied informatics team training program is designed for health department staff to learn about the fundamentals of Public Health Informatics (PHI). This on-the-job training program will allow a multi-disciplinary team at a health department apply their trainings to a health department project.

The selected vendor will develop the marketing/recruiting, team application, curriculum content, a community of practice, performance requirements and evaluation for this applied team informatics training program.

The vendor will develop marketing materials to ensure ample applicants apply. The vendor collaborate with national public health associations to advertise. Public health informatics definitions and project examples (or characteristics) will be included in the marketing materials. Vendor will advertised on a website and utilize software to manage the application process. This program will be marketed as a CDC-sponsored training.

There will be a single application per team applying to this training program; every team member does not need to submit separate applications. It is suggested to have at least 20-25 teams with 4-5 members per team and external members are allowable (e.g., academia, healthcare). The target goal is at least n=100 trainees. The vendor and CDC will define the eligibility criteria.

Develop two types of applications for applicants from either high or low informatics-capacity health departments; each category of applications competes separately. A screening metric will be developed to allow applicants to enter the appropriate pool. The team application evaluation scorecard will have objective and metric-based methods to score each team application.

The vendor with CDC's input will develop a team application and evaluation scorecard. At a minimum, the team application needs to include a section about a team project and also, a baseline skill assessment for each team member. The vendor should develop a framework of questions to ascertain the project's intent and impact. For example, the project framework will include historical background (to the problem), organizational context, community impact, organizational impact, available resources, short/long term

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 56/200 words maximum

The organization needs to have: access to state and local health departments via national memberships or access to such networks, expertise in providing public health informatics trainings and mentorship, project management experience, technology to support a remote training program (e.g., learning management platform, virtual online tools, application management system) and evaluation experience.

13 Applicant Program Experience:* 28/200 words maximum

The organization needs to demonstrate past success with implementing virtual, online, field-based applied public health informatics training programs and/or fellowships for state and local health department.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 0/200 words maximum

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 17/200 words maximum

	There will be teams at state or local health departments obtaining public health informatics trainings.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/22/2018 You will be directed to a confirmation screen upon successful save or submission. CSELS/FY18 (Year 1)/PP/2

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
NSSP Regional and National Data Sharing Workshops

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Division Of Health Informatics And Surveillance

4 CIO Point of Contact (POC) name(s):*
Michael Coletta; Mark Hansey

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
mac0@cdc.gov; cvf7@cdc.gov

CIO POC phone number(es):*
(404)498-2332; 404-498-0399

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 13/25 words maximum
State and local public health departments advancing their syndromic surveillance operational capacities.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$200,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
934/1,000 words maximum

Purpose: Through the National Syndromic Surveillance Program (NSSP) Community of Practice, develop and host five 3-day NSSP Data Sharing Workshops, with four workshops coordinated at the multi-HHS Regional level, and one final National Data Sharing Workshop.
Proposed Activities: NSSP and the partner organization will convene a series of five data sharing workshops for the NSSP Community of Practice to encourage and develop collegial data and information sharing relationships between states and local health departments actively performing syndromic surveillance. The workshops will identify and address common barriers related to regional data sharing. Barriers may include but are not limited to legal issues, data quality and standards issues, as well as confidentiality and privacy concerns. To address barriers to regional data sharing during public health crises, such as the opioid overdose epidemic, the workshops are intended to advance strategies, tools, and training opportunities that promote sharing data and information between and among jurisdictional systems, and to promote using the national syndromic surveillance interface and analytical software hosted by CDC.
This data sharing workshop initiative will build upon or replicate the structure of well-received workshops previously hosted by a partner organization in 2014-2015. Since 2015, additional jurisdictions have been brought onboard with NSSP Community of Practice to increase representation to 45 states with a large number of local jurisdictions. This data sharing workshop initiative will offer new participants opportunities to learn about data and information sharing techniques while advancing the skills of previous workshop participants. The long-term goal of the workshops is to enhance national situational awareness and public health decision-making by better preparing state and local health departments to share data and information during a public health emergency, and promote sharing of standardized analytical techniques and report generation processes.
The project will use the NSSP Community of Practice as a hub for sharing data and information among state and local jurisdictions. For the 2014 initiative, one 2-day workshop was conducted for each of the 10 HHS Regions. The process for the workshops was as follows. In the months before each workshop, participants collaboratively developed a public health event of interest to use for their workshop. Then using these events, CDC staff generated standardized syndrome definitions. Workshop participants then applied these definitions to the data representing their jurisdiction, using either their local system, or the national system hosted by CDC. Reports were generated and submitted to the workshop organizer one week before the scheduled workshop. Then, during the workshop, participants reviewed analyses and reports produced by jurisdictions other than their own and evaluated strengths and weaknesses of different analytical techniques or data holdings. This process allowed participants to become knowledgeable of data and analytical capacity of neighboring jurisdictions, and facilitated data sharing and emergence of working relationships.
The 2019 data sharing workshops will be similar to the 2014 workshops, but will also focus on building collaboration with a broad range of CDC programs and looking at the Regional and National perspectives of syndromic surveillance. The process will be as follows. Workshop participants will be asked to identify a public health event of interest. CDC programs will convene event-specific workgroups to gather data sharing and analysis recommendations from the state and local workshop participants. For example, if the state or local workshop participant choses the opioid epidemic as the public health event topic, a Syndromic Surveillance Opioid Overdose Workgroup will be convened to gather data sharing and analysis recommendations from state and local public health department workshop participants. Once a topic is selected, state or local participants will submit locally-generated analyses and reports, and collaboratively review the results. In addition to state and local jurisdictions performing analysis, NSSP program staff will generate analyses and results at the Regional and National level, and CDC disease specific subject-matter-experts will provide examples of how the results could be applied in Regional or National situation awareness and response coordination.
In collaboration with the partner-hosted NSSP Community of Practice, NSSP staff will facilitate information sharing across jurisdictions within the Regions, and at the National level.
For this 2019-2020 data sharing workshop initiative, there will be five 3-day workshops. Four of the workshops will include participants from multiple regions. The fifth workshop will include representatives from all HHS regions. One multi-region workshops will include Regions 1, 2, and 3 from the Northeast. Another multi-region workshop will include regions 5 and 7 from the mid-west. One multi-region workshop will include regions 4 and 6 from the south, and one multi-region workshop will include regions 8, 9, and 10 from the west. The national workshop will include at least one jurisdictional partner from each of the ten HHS Regions.
Expected Outputs: The partner organization will work with the NSSP Community of Practice and with CDC staff to organize and facilitate each of the data sharing workshops. Two staff from each jurisdiction participating in the Regional workshop will be invited to attend, with travel coordinated and funded by the partner organization. The partner organization will conduct pre-workshop conference calls to identify public health event to characterize, and will receive the syndromic surveillance reports from each jurisdiction. The partner organization will compile the reports, present an event overview at the workshop, and facilitate discussion among the workshop participants. The partner organization will provide a detailed report following each workshop to program participants, the Community of Practice, and to CDC within 30 days of the event.
Expected Outcomes: The ultimate goal will be to promote a more active NSSP Community of Practice whereby state and local jurisdictions implement strategies to address barriers to regional data sharing data, and to develop operational data and information sharing relationships with neighboring jurisdictions and with CDC.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 74/200 words maximum

The organization must have the capacity to convene representatives from state/local public health departments for conference calls, workshops, and similar collaborative discussions, coordinate and host monthly conference calls, and coordinate and facilitate small, 50-person, 3-day conferences, and to provide administrative assistance for the above activities. Administrative activities will include maintaining participant lists, facilitating meeting room and participant travel arrangements, gathering and organizing workshop materials, and distributing meeting materials electronically and in written formats.

13 Applicant Program Experience:* 72/200 words maximum

The organization must have experience in facilitating discussions among public health professionals, both on conference calls and in on-site workshops. The organization must have experience coordinating, convening, and facilitating on-going public health work groups with at least monthly conference calls. The organization must have experience leading discussions that include public health surveillance, informatics, and program activities such as data sharing and information exchange commonly required in responding to public health outbreaks.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 56/200 words maximum

The organization will be expected to collaborate extensively with CDC and state/local public health staff, convening and facilitating conference call and work groups that will require active engagement by workshop participants. The organization will be required to collaborate with other public health partnership organizations as required to fully engage with the NSSP Community of Practice.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 42/200 words maximum

The organization may be required to subcontract for public health data and information sharing expertise to plan, develop, facilitate, and report on workgroup activities, multi-day workshops, and to expertly summarize and document findings and recommendations generated from workgroup or workshop participants.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 42/200 words maximum

This activity will allow state and local public health agencies performing syndromic surveillance to establish working relationships with other jurisdictions, and with partner organizations, to promote data and information sharing when addressing events of public health concern that span jurisdictional boundaries.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 71/100 words maximum
	The funds for this activity shall be utilized for a) acquiring partner organization staff necessary to facilitate and administer work groups and workshops over a two-year period, b) acquire meeting space for five 3-day workshops, each consisting of 50 participants, to be conducted over a two-year periods, c) fund travel for workshop participants as allowed by law, and d) other direct costs associated with generating, printing, and/or mailing workshop materials.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. CSTLTS/FY18 (Year 1)/PP/17

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 3/15 words maximum Selected Syndrome Definition Evaluation		
2	CIO:* CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV	3	Division, office, or unit:* Division Of Health Informatics And Surveillance
4	CIO Point of Contact (POC) name(s):* Michael Coletta; Mark Hansey		CIO POC email address(es):* mac0@cdc.gov; cvf7@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404-498-2332; 404-498-0399
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 11/25 words maximum Epidemiologists at the state and local levels of public health		

PROJECT FUNDING
OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $250,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 118/1,000 words maximum
	Purpose: To evaluate and improve performance of selected syndrome categories. Proposed Activities: Convene a group of public health syndromic surveillance practicionters from the NSSP Community of Practice (CoP) to analyze underlying chief complaint text (and history), discharge diagnosis (and history), and other relevant variables as appropriate. This work should use the Chief Complaint Query Validation (CCQV) data source available in the BioSense Platform. Expected Outputs: New and improved syndrome definitions (text and codes) for the selected syndromes that can be operationalized in the BioSense Platform. Expected Outcomes: Improvements in user confidence of existing syndrome categories, bringing in new public health domains through expansion of syndromic definition concepts, and so resulting in broader use of these tools for public health response and improve decision making.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 49/200 words maximum

The recipient must be able to organize an engaged workgroup of experienced users of syndromic surveillance and facilitate a process for evaluation of chosen syndromes. This will require keeping track of workgroup participation, outreach to members and other experts, version control, and an understanding of the purpose.

13 Applicant Program Experience:* 45/200 words maximum

The recipient must have experience with syndromic surveillance, the landscape of the syndromic surveillance community of practice, familiar with the process of syndrome evaluation, and access to a network of experienced users that can contribute to the workgroup that is formed for this purpose.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 18/200 words maximum

Fully expect collaboration across levels of government and from partner organizations to achieve this project and outcomes.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 34/200 words maximum At the end of the project – governmental public health agencies will have more understanding/confidence in selected syndromes to use and react to their data to make public health decisions in near-real time.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 17/100 words maximum
	Funds should be used to convene and facilitate meeting/conference calls, project management, and report writing..
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. CSELS/FY18 (Year 1)/PP/11

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Increasing preparedness for an influenza pandemic or other potential large scale infectious disease outbreak

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

3 Division, office, or unit:*
Influenza Division

4 CIO Point of Contact (POC) name(s):*
Alicia Fry, Ashley Fowlkes

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
AGF1@cdc.gov, AHL4@cdc.gov

CIO POC phone number(es):*
404-639-2680, 404-639-4830

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 20/25 words maximum
State, local and territorial epidemiologists; domestic and global epidemiologists and public health officials (e.g. vaccine program managers, public health clinic personnel).

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$2,020,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
988/1,000 words maximum

Purpose:
To facilitate collaboration with public health partner organizations to increase influenza pandemic preparedness through improved surveillance and pandemic preparedness response methods, determine the health burden of influenza, provide sound information to policy makers and the public, promote vaccination, evaluate vaccination strategies, detect changes in influenza viruses including detection of novel viruses with pandemic potential, and to guide public health interventions to limit morbidity and mortality as described in position statement 06-ID-04.

Proposed Activities:
Influenza Hospitalization Surveillance Project. Continue an existing group of states to estimate hospitalization rates that can be examined by race/ethnicity, sex and age group in a timely manner; describe the temporal trends of laboratory-confirmed influenza hospitalization, including by influenza subtype; describe characteristics of persons hospitalized with severe influenza illness; describe the clinical features and course of influenza disease among persons hospitalized with influenza; examine risk and protective factors for severe sequelae of influenza infections, including co-morbid conditions and statin medications; examine etiologic agents associated with severe bacterial illness, including pneumonia among influenza-infected adults; establish the completeness of case ascertainment by this population-based hospitalization surveillance system.

Support a national workshop for state and local Influenza Surveillance Coordinators. The workshop will focus on enhancement of influenza surveillance and novel influenza pilot projects. The purpose of the workshop is to provide a forum for states and CDC to discuss changes in influenza surveillance, new activities, and increasing demands on states to effectively perform surveillance functions. Invited participants include Influenza Coordinators from state, territorial, and large local health departments. Participants will also include representatives from the Centers for Disease Control and Prevention.

Technical consultation to global partners related to pandemic preparedness. Provide short-term technical assistance consultations and influenza surveillance reviews to the Ministries of Health and U.S. Embassies globally, as identified by CDC to help develop and

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 200/200 words maximum

The partnership between CDC/NCIRD and the recipient will develop enhanced surveillance and response systems and methods to increase state, local and global preparedness during an influenza pandemic and interpandemic influenza seasons. The program goals include:

- Improve the public's health by supporting the efforts of epidemiologists working at the state, local, tribal and territorial levels of the public health system.
- Promote the effective use of epidemiologic data to guide public health practice and improve health.
- Provide an evidence base for influencing public health programs and policy.
- Influence surveillance standards for all categorical programs in state, territorial and local health agencies.
- Provide an established resource to public health agencies and partners for epidemiology and surveillance.
- Apply epidemiologic expertise of partners to support US health security through work with global partners.

Organizational capacity requires the following skill set: Program director capable of managing all focus areas and activities including leading influenza projects and programs and staff supervision. A research analyst to manage all state influenza projects, provide consultation on data collection, surveys, and assessments focusing on influenza and public health informatics programs and related activities, and provide technical support for state-based influenza projects. An accountant will be required to maintain day to day accounting activities related to state subgrants.

13 Applicant Program Experience:* 93/200 words maximum

To accomplish the Influenza Division program goals, the recipient will require experience in communication and coordination with state, local and federal public health agencies to guide and facilitate the promotion of effective public health decision making. Experience in epidemiology of influenza and in operating influenza surveillance systems in public health departments. Experience in conducting training in surveillance. Experience in collecting, analyzing and reporting data from epidemiologic studies and surveillance systems. Experience in working with partners to provide technical assistance on surveillance data. Experience in working with CDC programs to implement surveillance systems.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 62/200 words maximum

Information gathered from this collaboration will help CDC determine the health burden of influenza, provide sound information to policy makers and the public, promote vaccination, evaluate vaccination strategies, guide vaccine development (antigenic characterization of circulating influenza viruses), detect changes in influenza viruses including detection of novel viruses with pandemic potential, and to guide public health interventions to limit morbidity and mortality.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 6/200 words maximum

	No expectations of contracted work.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 30/200 words maximum The partnership between CDC/NCIRD and the recipient will develop enhanced surveillance and response systems and methods to increase state, local and global preparedness during an influenza pandemic and interpandemic influenza seasons.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 30/100 words maximum
	Funds will be allocated for meeting and conference attendance, personnel support for position descriptions, and subawards to public health agencies to accommodate the activities listed in Section 9.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/9

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 14/15 words maximum Nurse Triage Line Project: Building Capacity for Implementation during an Influenza Pandemic for State Epis		
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES	3	Division, office, or unit:* Influenza Coordination Unit
4	CIO Point of Contact (POC) name(s):* Anita Patel		CIO POC email address(es):* apatel7@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 4046392425
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 11/25 words maximum Epidemiologists working at the state, local and territorial level.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $20,000 (Whole numbers only)	○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
91/1,000 words maximum

The Nurse Triage Line project ("Flu on Call") seeks to improve public access to antiviral medications and lessen surge on healthcare facilities during an influenza pandemic through a model of a nationwide network of nurse triage lines that would provide antiviral prescriptions to symptomatic callers meeting a standard set of clinical criteria. This initiative supports the CDC Influenza Coordination Unit's mission of ensuring that the nation is "as prepared as possible for the next pandemic." The project will continue to build on substantial efforts conducted over the last few years.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 56/200 words maximum

The organization must have the ability to effectively convene and communicate with state, local and territorial epidemiologists on a wide range of issues related to pandemic influenza preparedness. The organization must also be able to represent epidemiologists in national-level meetings and effectively communicate epidemiologists' perspectives when state, local, territorial representatives are unable to participate.

13 Applicant Program Experience:* 77/200 words maximum

The organization should have comprehensive experience working with state, local, territorial epidemiologists on issues related to pandemic influenza preparedness and be very familiar with the unique issues that must consider as they prepare for an influenza pandemic. The organization should also have experience in working with county and city health officials, state and local health departments, and other public health partners that either are currently or will need to be engaged on pandemic preparedness issues.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 26/200 words maximum

Some collaboration with county and city health officials, and state health departments, may be required to comprehensively address the issues associated with this project's goals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum

While no sub contractual work is expected at this time, recommended criteria will be offered if such work is proposed.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 7/200 words maximum This project will improve public health
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 23/100 words maximum
	Funds may be used for personnel, travel, equipment, and supplies that are directly related to the outputs and outcomes of this project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/18

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 14/15 words maximum Healthcare System Impact: increasing STLT epidemiologists understanding of impact of influenza pandemic on healthcare systems		
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES	3	Division, office, or unit:* Influenza Coordination Unit
4	CIO Point of Contact (POC) name(s):* Anita Patel		CIO POC email address(es):* apatel7@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 4046392425
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 11/25 words maximum Epidemiologists working at the state, local and territorial level.		

PROJECT FUNDING
OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $300,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 66/1,000 words maximum
	This project will explore ways to better understand the impact of an influenza pandemic on the US healthcare system through information gathered by state epis and informing the development of a common operating picture to be used by public health. Better understanding the impact of an outbreak on healthcare systems, will allow CDC, States and local health departments to make more informed decisions on response actions.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 16/200 words maximum

The organization should be able to understand the needs of epidemiologist and effectively communicate epidemiologists' perspectives .

13 Applicant Program Experience:* 37/200 words maximum

The organization should have experience understanding epidemiology and epi data needs as it related to pandemic influenza preparedness and be very familiar with the unique issues that must consider as they prepare for an influenza pandemic.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 26/200 words maximum

Some collaboration with county and city health officials, and state health departments, may be required to comprehensively address the issues associated with this project's goals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum

While no sub contractual work is expected at this time, recommended criteria will be offered if such work is proposed.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 5/200 words maximum improve public health
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 23/100 words maximum
	Funds may be used for personnel, travel, equipment, and supplies that are directly related to the outputs and outcomes of this project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/25/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/12

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 6/15 words maximum Using electronic tools to inform pandemic response		
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES	3	Division, office, or unit:* Influenza Coordination Unit
4	CIO Point of Contact (POC) name(s):* Anita Patel		CIO POC email address(es):* apatel7@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 4046392425
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 11/25 words maximum Epidemiologists working at the state, local and territorial level.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $300,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 52/1,000 words maximum
	This project will develop and test electronic tools to optimize inform pandemic response activities. These tools could include use of social media, web queries, and other online 'big' data or meta data. This can also include developing innovative electronic patient self assessment tools to improve access to medical countermeasures or care.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 19/200 words maximum

The organization should be able to understand the needs of epidemiologist and effectively communicate epidemiologists' perspectives .

13 Applicant Program Experience:* 38/200 words maximum

The organization should have experience understanding epidemiology and epi data needs as it related to pandemic influenza preparedness and be very familiar with the unique issues that must consider as they prepare for an influenza pandemic.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 26/200 words maximum

Some collaboration with county and city health officials, and state health departments, may be required to comprehensively address the issues associated with this project's goals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum

While no sub contractual work is expected at this time, recommended criteria will be offered if such work is proposed.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 7/200 words maximum This project will improve public health
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 23/100 words maximum
	Funds may be used for personnel, travel, equipment, and supplies that are directly related to the outputs and outcomes of this project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/21

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Engaging Employers and Healthcare Purchasers to Improve Utilization of 6|18 Evidence-Informed Interventions

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Office of Health System Collaboration

4 CIO Point of Contact (POC) name(s):*
Christa-Marie Singleton; Jocelyn Wheaton

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
zbi9@cdc.gov; kzw9@cdc.gov

CIO POC phone number(es):*
404 639-7107

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 24/25 words maximum
Chronic disease staff with expertise with health care plan design and health care purchasers (employers) seeking interventions that improve health and cost outcomes

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$200,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
356/1,000 words maximum

Project Description – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit):*

Purpose: Obtain and utilize the expertise of subject matter experts who have documented experience in chronic disease prevention and management, health plan design, healthcare purchaser (employer) engagement/messaging, and provider solutions. This expertise will be used to inform efforts to advance the utilization of 6|18 evidence-informed prevention interventions in a critical gap area - healthcare purchasers (employers), commercial health plans, and provider networks. A critical desired purpose of this project is to better support the public health system's ability to engage and support non-governmental public health organizations' increased use of prevention inteventions that have been shown to improve health and cost outcomes.

Proposed Activities:

- Gather intelligence using and building upon the award recipient's existing expertise and experience with potential employers/self-funded plans/provider networks to better understand what these organizations prioritize in regard to health plan benefit design
- Gather intelligence using and building upon the award recipient's existing expertise and experience to identify the 6|18 interventions that are currently available to these potential large employers/self-funded plans/provider networks

Expected Outputs:

- Create, as a result of the intelligence gathering review and process, an evidence-informed draft report that provides a roadmap for the potential design of two-page marketing pieces on select 6|18 interventions which can resonate with employer/self-funded plan priorities
- Create, as a result of the intelligence gathering review and process, a change package/draft report that contains information as to what agencies may want to consider regarding advancing adoption of 6|18 interventions among employers/plans and their associated provider networks. This deliverable would also include the application of these interventions within advanced payment models, as well as to help build state public health leaders' capacity for intersecting and engaging with employers, health systems, and health care purchasers

Expected Outcomes:

- Improve the knowledge and operational capacity of agencies and organizations who support state public health leadership so that these groups can utilize this new capacity to interface with healthcare purchasers/employers
- Improve the number of healthcare purchasers (employers) who are able to begin health plan benefit policy or operational changes that result in increased utilization of evidence-informed prevention interventions that improve health and cost outcomes

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑	Improved operational capacity to evaluate, manage, and improve public health systems
☑	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
☐	Improved communication and information technology 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
☐	Increased capacity to evaluate laws and policies to affect health

	☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☐ Increased capability of public health systems to achieve nationally established standards
	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 116/200 words maximum
	Demonstrated capacity and expertise leading chronic disease prevention and control programs along with a demonstrated capacity of being an authority and expert organization that can translate chronic disease prevention and control topics into resources that resonate with employers and commercial health plans; documented experience bringing together industry stakeholders and thought leaders to produce products that summarize the dialogue surrounding healthcare issues most important to employers and providers (i.e. employer mandates, wellness programs, health plan benefit design, value-based payment arrangements); documented experience translating the various approaches that healthcare purchasers (employers) consider when engaging healthcare delivery systems (including but not limited to hospital networks, accountable care organizations) when these purchasers consider evidence-informed prevention interventions for their workforce.
13	Applicant Program Experience:* 77/200 words maximum
	Experience developing and conducting evidence-based public health capacity building programs for public health and healthcare practitioners; documented (published) experience surveying, collating, and translating the perspectives of physicians, employers, and consumers to better understand these perspectives in the transforming health care system; documented experience bringing together industry stakeholders and thought leaders where the recipient's products summarize the dialogue regarding healthcare issues most important to employers (i.e. employer mandates, wellness programs, health plan benefit design, value-based payment arrangements).
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 95/200 words maximum
	Recipient will be expected to consult with CDC/OADPS at the beginning of this project and at several milestones throughout the process in order to optimize opportunities to build upon their existing body of work in conducting this project. The recipient will be expected to advise how their previous work and experience in conducting evidence-based public health capacity building programs for public health and healthcare practitioners and their documented (published) experience surveying, collating, and translating the perspectives of physicians, employers, and consumers can be applied to advance the uptake and utilization of the 6|18 interventions.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 118/200 words maximum
	Although the primary recipient will be expected to have experience developing and conducting evidence-based public health capacity building programs for public health and healthcare practitioners as well as experience surveying, collating, and translating the perspectives of physicians, employers, and consumers in the transforming health care system, if there is a need to subcontract a portion of this work to a second expert who has additional unique expertise, the expectation is that this subcontractor will have additional experience with convening employer-based healthcare summits, as well as additional expertise in translating the evolving role of value-based health care and alternate payment models by their work in informing, advising, and convening industry leaders on value market analytics, alternative payment models.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 89/200 words maximum
	As the healthcare system transforms toward a model that shifts risk to healthcare purchasers (employers) and providers, it is imperative that CDC and associated state and local public health leadership be able to articulate its evidence-informed 6|18 interventions in language that resonates with these key drivers of the transforming healthcare system. This project would inform and fill a critical gap area for agencies and organizations who support state public health leadership; these CDC partner programs and organizations have requested help to better understand how to interface with healthcare purchasers/employers.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 19/100 words maximum

	See proposed activities and outputs in Project Details section, as well as expectations for collaboration and sub-contractual work.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. OADP/FY18 (Year 1)/PP/0

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Enhancing state and territorial epidemiologic emergency preparedness and response

2 CIO:*
OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE

3 Division, office, or unit:*
Division Of State And Local Readiness

4 CIO Point of Contact (POC) name(s):*
Todd Talbert; Andrea Harris

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
eup2@cdc.gov; fdn7@cdc.gov

CIO POC phone number(es):*
404-639-7876; 404-639-8411

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 23/25 words maximum
Applied epidemiologists in state, tribal, local, and territorial health departments with primary responsibilities related to public health emergency preparedness and response

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$100,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
736/1,000 words maximum

1) Public Health Systems Infrastructure- Activities to improve public health emergency management systems and programs.

• Provide technical assistance through stakeholder engagement and analysis of workforce development efforts, promising practices, research, related to surveillance and informatics (e.g. electronic death records).
- Expected Output(s): Summary report of technical assistance provided.

• Collaborate with the CDC Incident Management System State Coordination Task Force during exercises and responses related to national health security.
- Expected Output(s): Tools and resources.

• Assist with review of updated content to support program evaluation via the Operational Readiness Review (ORR) and capabilities development.
- Expected Output(s): Development of planning questions and guidance on maintenance of performance measure migration.

CBA short-term expected outcome: Improved operational capacity to evaluate, manage and improve public health systems; and

CBA long-term expected outcome: Increased capability of public health systems to achieve nationally established standards.

2) Data and Information Systems- Activities to improve the collections, management, interpretation, and dissemination of data to guide decision-making.

• Train Public Health Emergency Preparedness (PHEP) recipients in the utilization disaster epidemiology with CASPER as requested.
- Expected Output(s): Development of tools and resources.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL		
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships

- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 95/200 words maximum

The overarching goals specific to this project reflect a need for a more prepared public health and healthcare system by targeting those 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 and territorial applied epidemiologists and federal policy makers to make informed policy and operational decisions; to develop greater efficiency and effectiveness of state and public health programs ; to promote collaboration between state health agencies and other stakeholders; and to develop the discipline of community resilience.

13 Applicant Program Experience:* 67/200 words maximum

The applicant organization must possess solid experience and expertise in building the programmatic capacity of its members, the states and territories representing public health epidemiologists. The organization should support 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 practicing epidemiologists in state and territorial public health emergency preparedness programs.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 0/200 words maximum

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

	Briefly describe how. : * 86/200 words maximum
	The applicant's capability, expertise, resources, national reach, and history of providing capacity-building are relevant to implementing this program's key strategies and activities to achieve expected outcomes. The program strategies include strengthening the capacities and capabilities of public health systems infrastructure; leadership and workforce; data and information systems; communication and information technology; partnerships; laws and policies; and programs and services. The capacity-building efforts of this program are expected to strengthen and optimize the public health system and services to improve and protect the nation's health.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. OPHPR/FY18 (Year 1)/PP/2

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 2/15 words maximum
Applied Epidemiology Fellowship

2 CIO:*
OFFICE OF PUBLIC HEALTH SCIENTIFIC SERVICES

3 Division, office, or unit:*
Division Of Scientific Education And Professional Development

4 CIO Point of Contact (POC) name(s):*
Beth Lee; Sean Flynn

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
exw6@cdc.gov; wfo1@cdc.gov

CIO POC phone number(es):*
(404) 498-6183; (404) 498-0553

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 21/25 words maximum
Epidemiologists who recently graduated from an accredited school of or program in public health with a master's or doctoral degree

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
500/1,000 words maximum

Purpose: There continues to be a shortage of qualified epidemiologists to address the evolving needs of state, territorial, local, or tribal (STLT) health departments. The purpose of this project is to place newly graduated master's- or doctoral-level epidemiologists (within three years of degree receipt) into two-year, field-based practicum assignments with STLT health departments to: a) receive competency-based training in applied epidemiology, b) provide service in meeting the public health needs of the populations served by the host agency, and c) develop a competent STLT public health workforce for the future. This funding opportunity requests a public health organization to act as a coordinating agency to: a) solicit, evaluate, and select fellowship positions with STLT health departments, b) recruit, select, and match appropriate candidates to those positions, c) provide orientation and other appropriate competency-based training for fellows and supervisors, d) monitor quality of assignments, e) manage and administer the program, and f) periodically conduct a process and program evaluation of this project. All aspects of the project will be conducted in collaboration with CDC.

The overall goal is to ensure that the epidemiology workforce in STLT health departments is sufficient to protect the health of communities they serve by providing competency-based experiential training to new, academically trained professionals entering the workforce and desiring to work at the STLT level.

Proposed Activities:
1) A national effort to solicit and select STLT health agencies to participate in the fellowship program as host sites. Sites should offer experiences in a variety of subject matter areas including infectious disease, chronic disease, maternal and child health, environmental health, occupational health, and injury prevention. The mixture of positions in these areas should be guided by a needs assessment of STLT health departments, availability of qualified supervisors, and availability of health department programs capable of providing an adequate training experience.
2) A national effort to recruit and select qualified and diverse applicants for the program. Recruitment efforts should target new graduates holding a master's of public health or equivalent degree who have demonstrated a significant focus in epidemiology during their coursework. Applicants should represent the diversity of qualified graduates and a diversity of interests corresponding to the opportunities presented by host sites.
3) A matching process to promote a two-year experience mutually beneficial to the fellow and the host site.
4) An orientation and competency-based training curriculum provided to all fellows on entry into the program to ensure the fellow has basic introduction to the practice of applied epidemiology and is familiar with their responsibilities as fellows.
5) Management of all aspects of the program including placement, training, quality assurance, evaluation, and fellow compensation, support, and travel.

Expected Outputs: Anticipated outputs include fellow presentations and publications of successfully completed epidemiology projects or investigations; semiannual reports to CDC on program progress, planned activities, and expenditures; and timely reports on completed evaluations.

Expected Outcomes: The expected outcomes of this project over each two-year fellowship period are up to 22 (funding dependent) competent epidemiologists who have completed the program and accepted jobs with STLT health departments.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability of public health systems to achieve nationally established standards

☐ Increased leadership decision-making to address public health needs strategically and systematically

☑ Strengthened capability of public health workforce to deliver essential public health services

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

☐ Strengthened capability to systematically apply and use laws and policies to improve health

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 97/200 words maximum

1) Staff with sufficient training, skills, and experience in managing a national applied epidemiology fellowship program, including recruitment, selection, matching, site solicitation, orientation, training, fellow support, and evaluation.
2) Staff with sufficient knowledge and experience in epidemiology. Staff should include at least one senior member with at least ten years of experience in epidemiology, with a minimum of five years in a public health practice setting.
3) Ready access to an advisory committee including senior epidemiologists representing STLT health departments throughout the nation.
4) Demonstrated ability to work collaboratively with CDC in areas of workforce development and epidemiologic capacity.

13 Applicant Program Experience:* 46/200 words maximum

The public health organization must demonstrate a minimum of ten years of experience working collaboratively with CDC and with STLT health departments and in managing a national applied epidemiology fellowship program. Experience must demonstrate successful partnership activities and the ability to successfully meet project goals.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 38/200 words maximum

The organization is expected to collaborate with CDC in all critical aspects of the fellowship program; STLT health departments to identify, develop, and monitor host sites; and accredited schools and programs of public health to recruit fellows.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 41/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable (200 word limit):
Work is expected to be completed directly by the selected public health organization. Any subcontractual work must be limited in nature, justified, and approved by CDC.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 78/200 words maximum

There continues to be a shortage of qualified epidemiologists to address the evolving needs of STLT health departments. This fellowship program will provide temporary assistance to host STLTs in meeting the public health needs of the populations they serve. The long-term goal is for the participating fellows to pursue employment with STLTs after completion of the program so that the epidemiology workforce in STLT health departments is better positioned to protect the health of communities they serve.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 31/100 words maximum

All funds must be used to support the key activities of the fellowship program. A minimum of 85% of direct costs should support stipends, expenses, and travel of the fellows.

CIO CERTIFICATION

18

	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. OPHSS/FY18 (Year 1)/PP/1

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Capacity Building for the Public Health Workforce: National Learning Management System: Part 2

2 CIO:*
OFFICE OF PUBLIC HEALTH SCIENTIFIC SERVICES

3 Division, office, or unit:*
Division Of Scientific Education And Professional Development

4 CIO Point of Contact (POC) name(s):*
Molly Kellum; Quashawnda Berry

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
zkc7@cdc.gov; Fmt3@cdc.gov

CIO POC phone number(es):*
404-498-6468; 404-498-6421

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 20/25 words maximum
Public health professionals in STLT HDs working to improve quality, performance, and outcomes of individuals, programs, and organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$100,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
295/1,000 words maximum

Purpose: The primary goal is to ensure that state, tribal, local, and territorial (STLT) public health and private health-care professionals have the knowledge and skills to best serve their communities. This will be achieved by utilizing and expanding upon an existing learning management system (LMS) already supported by CDC. This LMS provides high-quality training resources from a large network of affiliate portals and makes them available to STLT health workforce. Among its benefits, this LMS provides a uniform architecture to enable data sharing among affiliate portals as well as aggregate reporting. Additionally, this coordinated system provides a single place where health professionals can search for, register, and track participation in educational activities offered locally, nationally, and internationally. CDC's affiliate portal into this LMS allows CDC to easily offer courses to the wider public health community, to develop training plans for the public health professionals, and to identify gaps in training that support established competencies such as the Core Competencies for Public Health Professionals and Bioterrorism and Emergency Readiness Competencies. Expected outputs of this project are to make improvements to the national LMS and convene an annual meeting for the national LMS affiliate members.

Proposed Activities:
• Strengthen the national LMS through modifications and improvements based on CDC and other affiliate member feedback
• Collaborate with existing affiliate members and other public health partners to maximize existing learning content and disseminate public health learning resources

Expected Outputs:
• Implementation of at least three modifications or enhancements to the national LMS and/or CDC affiliate portal
• Plan and convene an annual meeting for national LMS affiliate members

Expected Outcomes:
• Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources.
• Improved collaboration with public health and preparedness professionals who may or may not be part of the TRAIN Learning Network.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 116/200 words maximum
	The partner selected for this project must • Have at least 10 years of experience managing a nationwide, coordinated public health learning management system (LMS). • Have at least 1.5 million registered learners across the national LMS. • Have successful, long-standing collaborative partnerships that address workforce development issues with numerous national public health organizations, as well as academia. • Have proven ability to enhance the performance and effectiveness of public health agencies and systems through established partnerships with STLT health departments, national public health organizations, and academia. • Have the technological capacity to serve the changing needs of public health learners, content providers, and affiliate members. • Have access to server space to host course content including SCORM-compliant e-learning courses for delivery on the national LMS.
13	Applicant Program Experience:* 141/200 words maximum
	The ideal partner selected for this project is a single organization that has a long-standing history of providing resources, tools, and services to state, tribal, local, and territorial (STLT) health departments to build capacity and strengthen the public health workforce. Specifically, the partner should have substantial expertise in developing, managing, supporting, and overseeing a national learning management system (LMS) comprised of many interconnected federal and state affiliate portals. This LMS should have demonstrated the ability to help the STLT public health workforce meet training needs through a comprehensive, coordinated, and robust design and have a consistent way to assign and identify courses built on the Core Competencies for Public health Professionals and/or the Bioterrorism and Emergency Readiness Competencies. In addition, the partner must have established strategies, including meetings, listservs, teleconferences, councils, and learning communities, for collaborating with STLT health departments.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 34/200 words maximum
	Facilitate collaboration with STLT distance learning leaders to strengthen public health training by addressing identified distance learning needs, propagating best practices, and enhancing systems to facilitate the sharing of training across jurisdictions.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 42/200 words maximum
	Potential subcontractual work may include that necessary to ensure: • The technological capability to serve needs of learners, content providers, and affiliates through coordinated system that provides free user support. • Development of modifications and enhancements to the national LMS and/or CDC's affiliate portal.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 58/200 words maximum The proposed CBA will benefit CDC as well as other governmental public health agencies by providing a central location where health professionals will gain access to high-quality, competency-based, accredited training offered by CDC. As a result, the ability for public health and preparedness professionals to provide core public health services to their constituents will be enhanced.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 41/100 words maximum
	• Make improvements to the national LMS and/or CDC affiliate portal • Plan and convene an annual meeting for affiliate members of the national LMS • Utilize the remainder of funds for CDC-approved activities such as strengthening the LMS through additional modifications and enhancements.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/20/2018 You will be directed to a confirmation screen upon successful save or submission. OPHSS/FY18 (Year 1)/PP/0

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 13/15 words maximum Improving STD Prevention and Care by Addressing the Needs of the Public Health Workforce		
2	CIO:* NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE	3	Division, office, or unit:* Division Of Sexually Transmitted Disease Prevention
4	CIO Point of Contact (POC) name(s):* Dan Lentine; Shean Johnson		CIO POC email address(es):* dhl2@cdc.gov; imq9@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404-639-0462; 404-639-6168
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 12/25 words maximum Infectious Disease Workforce in State, Local and Territorial Public Health Departments		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $3,000,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 68/1,000 words maximum
	Purpose: The purpose of this project is to develop and provide training, resources, and support to the public health workforce involved in STD prevention Proposed Activities: Activities will include the development and implementation of training, certification, and other workforce support. Expected Outputs: The outputs will be training resources, number of trainings provided, and other outputs to be determined. Expected Outcomes: A better prepared public health workforce that demonstrates improved capacity to reduce STD's.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 20/200 words maximum

The organization should have robust capacity to develop and implement training and capacity building for segments of the public health workforce.

13 Applicant Program Experience:* 19/200 words maximum

The applicant should have experience in training and addressing the needs of segments of the public health workforce.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 58/200 words maximum

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, 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.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum

If subcontractors are deemed necessary, the recipient should work with CDC to establish the scope of work and selection of subcontractors.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 8/200 words maximum The government will benefit from a better prepared workforce.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 81/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/33

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 4/15 words maximum ICD-10-CM Injury Surveillance Methodology Workgroup(s)		
2	CIO:* NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL	3	Division, office, or unit:* Other Enter other division, office, or unit:* Division of Analysis, Research, and Practice Integration (DARPI)
4	CIO Point of Contact (POC) name(s):* Angela (Angie) Deokar; Renee L Johnson		CIO POC email address(es):* ftm4@cdc.gov; rej2@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770-488-5327; 770-488-1479
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 9/25 words maximum Epidemiologists working in state and territorial health departments.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $400,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 162/1,000 words maximum
	The magnitude of the injury related coding changes involved in the transition of hospitalization and emergency department data from ICD-9-CM coded data to ICD-10-CM coded data in October 2015 has large scale implications for injury surveillance nationwide and at all levels of government. In preparation for the transition and in the absence of any data, CDC has proposed injury case definitions, analysis frameworks and surveillance tools based in ICD-10-CM that required validation through broad scale assessment prior to finalization. This project will provide leadership and support for cross jurisdictional coordination of the implementation and validation of the Proposed ICD-10-CM Injury Diagnosis and External Cause Frameworks, Proposed Injury Case Definitions and the CDC ICD-10-CM Based Drug Poisoning Indicators. The result of this work will be the development of injury surveillance tools to support state, territorial and tribal epidemiologists. It will include the development and testing of Injury Indicators as well as the exploration of additional injury surveillance topics as they arise.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 20/200 words maximum

The recipient organization must have active epidemiologist members and/or collaborative epidemiologist partners in all US states and territories.

13 Applicant Program Experience:* 41/200 words maximum

The recipient organization must have experience and expertise in conducting multi-jurisdictional data analysis, facilitating epidemiologic focused workgroups, developing of consensus surveillance tools, and direct experience with the transition of medical provider data from the ICD-9-CM to the ICD-10-CM coding systems.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 43/200 words maximum

The recipient will convene and manage at least two distinct workgroups of epidemiologists to address in the injury methods transition of ICD-10-CM coded data. Workgroups should be inclusive of general injury, drug overdose surveillance, and other injury and violence priorities that arise.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 15/200 words maximum

	Sub-contracted work is permissible and should be done in collaboration with NCIPC staff.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 48/200 words maximum Governmental public health agencies at the federal, state, and local levels are dependent on high quality surveillance data and methods. This critically important work is central to developing ICD-10-CM based injury surveillance methodology and forms a strong science based foundation for the future of injury surveillance.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/09/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/1

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Modify New York STEADI Intervention to increase Patient Receptiveness

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Gwen Bergen; Terri Head

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
gjb8@cdc.gov; iio1@cdc.gov

CIO POC phone number(es):*
770-488-1394; 770-488-5341

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 7/25 words maximum
Health strategist workforce in STLT HDs

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$150,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
489/1,000 words maximum

The purpose of this project is to improve the implementation of STEADI (Stopping Elderly Accidents, Deaths & Injuries) initiative to prevent older adult falls. The project has three parts. 1. Improve the implementation of STEADI-based falls prevention at United Health Services (UHS) in Broome County, NY. This new project will be guided by a previously conducted qualitative study of patient receptiveness and includes incorporating the findings of the previous study into the health system and conducting a process evaluation to determine if the challenges of STEADI implementation were addressed. 2. Update a previous outcome evaluation of the UHS STEADI implementation by obtaining Electronic Health Record (EHR) patient data from 2016 and 2017 and abstracting 2016-2017 EHRs for anyone who received a falls plan of care, then conducting quantitative analysis to complete a paper. 3. Organize a reverse site visit in Atlanta with other CDC STEADI partners who have worked on implementing STEADI into a health care system.

Falls are the most common cause of fatal and nonfatal unintentional injuries in adults over the age of 65 costing the U.S. an estimated $50 billion annually. Fortunately falls are preventable. In order to equip healthcare providers with the tools and resources they need to help their older patients prevent falls, the Centers for Disease Control and Prevention has worked with a variety of partners to create and test Stopping Elderly Accidents, Deaths, and Injuries (STEADI). Past studies have evaluated the implementation process, health outcomes, and patient receptiveness to STEADI at UHS and other sites. Building on these past projects, the grantee will apply the results to refine the implementation of STEADI at UHS and evaluate the refinement. This evaluation will be nonintrusive. Additionally, the grantee will organize and conduct a reverse site visit of CDC STEADI partners to share lessons learned from implementing and evaluating STEADI.

Objective 1: Modify UHS STEADI implementation to increase patient receptiveness to falls prevention strategies and evaluate modification.
Activity: Coordinate with UHS and other partners as needed (Broome County, community programs) to design modification, implement modification, and evaluate modification.
Output: Evaluation report or publication.
Outcome: An improved implementation that increases patient use of strategies and reduces falls.

Objective 2: Update existing outcomes evaluation to determine if STEADI reduced the number of medically treated falls within UHS through 2016 and 2017.
Activity: Analyze medically treated falls outcome data.
Output: Draft publication.
Outcome: Updated information on the long-term effectiveness of STEADI.

Objective 3: The grantee will organize and plan a reverse site visit in Atlanta, GA inviting an estimated 15 to 20 external CDC STEADI partners who have worked on implementing STEADI into a health care system and 10 CDC staff implemented STEADI. Dates and times TBD.
Activity: Draft an agenda for the meeting, organize travel for up to 10 NNPHI and New York attendees, plan for accommodations, and produce meeting minutes.
Output: Meeting minutes.
Outcome: Increased collaboration among STEADI sites leading to improved implementations of the STEADI initiative based on lessons learned from multiple sites.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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

	☐ Increased capacity to evaluate laws and policies to affect health
	☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☐ Increased capability of public health systems to achieve nationally established standards
	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 45/200 words maximum
	The applicant should be able to: 1. collaborate with state and local health departments and clinical systems. 2. conduct and/or oversee assessments, 3. perform quantitative and qualitative analyses, 4. write reports and publications, 5. improve programs to increase organizational capacity in public health 6. plan and facilitate meetings
13	Applicant Program Experience:* 25/200 words maximum
	The successful applicant should have expertise in: 1. Working with state and county health departments. 2. Working with clinical providers. 3. Older adult falls.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 84/200 words maximum
	This collaborative process will require efforts by the grantee, Broome County Health Department (BCHD), United Health Services Hospitals (UHS) and (potentially) community based organizations under the leadership and funding of the CDC. The grantee will lead both the redesign process of STEADI implementation, lead data collection and analysis, and facilitate the reverse site visit. BCHD will continue to provide input and feedback on the implementation plans and evaluation plans and work with UHS to connect with prospective participants in the UHS clinical setting.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum
	The grantee staff will subcontract with UHS to implement STEADI in an older adult population. The grantee will also subcontract with Broome County Health Department to support implementation efforts.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 23/200 words maximum This CBA will provide information on effectiveness of falls prevention strategies and how to increase older adult participation in falls prevention strategies.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/26/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/10

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Legal assistance to enhance use of public health data for epidemiology, surveillance, and overdose prevention

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Wesley Sargent, Terry Davis

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
wsargent@cdc.gov; Tdavis5@cdc.gov

CIO POC phone number(es):*
770-488-7740; 770–488–3940

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 20/25 words maximum
STLT health department staff in need of legal T/A to implement activities funded under CDC's opioid overdose prevention initiatives

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
608/1,000 words maximum

Objective 1: Educate grantees in targeted states regarding current public health system data laws (Prescription Drug Monitoring Program, Health Information Exchange, State Unintentional Drug Overdose Reporting System), the availability of legal and policy evaluation technical assistance, and best and promising practices for the utilization of public health data systems for public health epidemiology, surveillance, and overdose prevention.

Objective 1 Activities:
1. Work with CDC to conduct outreach to state health departments in funded states to publicize the availability of the opportunity to receive targeted TA to enhance state public health departments' ability to complete activities under CDC opioid overdose prevention initiatives.
2. Conduct or participate in at least one in-person, web-based, or telephonic training, OR create up to 10 pages of educational materials for grantees depending on CDC priorities and funding. Trainings or materials created will provide information about the current state of public health data systems law as well as best and promising practices to maximize the use of public health data systems for public health epidemiology, surveillance, overdose prevention, and other purposes. These trainings or materials will enhance state public health departments' timely and comprehensive access to public health data systems to reduce opioid misuse, abuse, and overdose
3. Provide up to 20 instances of responsive technical assistance to grantees in funded states to assist them in improving access to and use of state public health data systems, and to assist states in implementing and evaluating plans for policy action targeted to the unique needs of each state

Objective 1 Outputs:
1. One training or one document (up to 10 pages in length) that provides information to enhance grantees' knowledge of the opioid overdose epidemic, about the importance of law and regulation in addressing opioid overdose, and about the importance of timely and comprehensive access to public health data systems to reduce opioid overdose
2. Up to 20 instances of technical assistance to state health department personnel to assist them in improving access to and use of state public health data systems as well as support the implementation of community and insurer initiatives, and evaluate policy initiatives regarding opioid misuse, abuse, and overdose.

Objective 1 Outcomes:
1. Increased implementation of evidence-based public health programs, policies, and services
2. Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources
Objective 3: Provide ongoing legal technical assistance to CDC regarding one or more of the priority strategies identified in opioid overdose prevention initiatives, including the enhancement and maximization of state public health data systems (e.g., PDMPs), insurer and health system interventions, policy evaluation and assisting with proposed rapid response activities.

Objective 2: Develop policy resources relevant to opioid overdose and use of state public health data systems. The resources will be developed for decision makers, health departments, and other stakeholders. Each resource will be approximately a 10-page document or deliverable of similar length/complexity.

Objective 2 Activities:
1. Collaborate with CDC to determine and refine topics of the resources
2. Conduct research and analysis as appropriate to create resource appropriate for specific topic and audience identified
3. Provide CDC with approximately three 10-page documents or products of similar length/complexity that provides an overview of the relevant area as well as actionable information for target audience

Objective 2 Outputs:
1. Three resources for decision makers, health departments, and stakeholders that outlines best practices on how to improve use of public health data systems for public health epidemiology, surveillance, and overdose prevention.

Objective 2 Outcomes:
1. Increased implementation of evidence-based public health programs, policies, and services
2. Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources
3. Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 145/200 words maximum

The organization should have the capacity to provide legal and policy capacity building assistance (CBA) to the public health workforce and its constituents and to deliver trainings and workshops to public health stakeholders; develop a large online library of high-quality, customizable legal and policy tools available; and to respond to requests to provide CBA. The organization should be comprised of a diverse team of lawyers and land use planners; transportation, housing, and economic development specialists; and business development, communications, and administrative professionals. They should have the capacity to provide in-depth research and analysis on legal and policy questions; translate complex information into practical tools such as model policies, fact sheets and toolkits; and deliver high quality training to public health stakeholders nationwide. Additionally, the organization should have the capacity to develop web-based trainings and seminars and to develop interactive web-based tools and products for easy accessibility by our public health stakeholders.

13 Applicant Program Experience:* 154/200 words maximum

The organization must have experience working to strengthen and support local, tribal, and territorial public health departments and their constituents in the development , evaluation, and enforcement of law and policy to improve health outcomes. The organization should have experience working directly with government agencies, elected officials, and community groups by providing in-depth legal and policy analysis that serves to strengthen each of their capabilities, and to enable stakeholders to take effective action towards positive health outcomes. The organization should have experience using a multidisciplinary framework for solving tough public health challenges that are grounded in a Health in All Policies approach for developing and implementing public health strategies. This approach delivers a unique capacity to address complex, systemic contributors to disease and health disparities by leveraging knowledge and expertise across professional disciplines to break down traditional silos, create new partnerships, and achieve positive health outcomes through a variety of local government actions.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 50/200 words maximum

The organization should collaborate with law programs that work to advance health rights for those in need. The funded organization may also need to collaborate with an organization that works to increase the use and the effectiveness of public health laws in protecting, promoting and improving public health.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 29/200 words maximum

The funded organization may need to subcontract with other organizations. CDC will provide input on selection criteria to assist the funded organization in soliciting and awarding subcontracts.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 141/200 words maximum
	Governmental public health agencies will benefit from legal and evaluation technical assistance from subject matter experts, the development and dissemination of trainings or materials created to provide information about the current state of public health data systems law as well as best and promising practices to maximize the use of public health data systems for public health epidemiology, surveillance, overdose prevention, and other purposes. The legal and technical assistance, as well as the trainings or materials, will enhance state public health departments' timely and comprehensive access to public health data systems to reduce opioid misuse, abuse, and overdose. Other benefits include increased implementation of evidence-based public health programs, policies, and services, improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources, and the enhancement and maximization of state public health data systems (e.g., PDMPs).
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 24/100 words maximum
	An itemized budget with appropriate justification and indirect costs is part of the budget narrative that should be submitted with this work plan.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/6

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Opioid Overdose Prevention in Tribes: Technical Assistance through Public Health Institutes

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Reshma Mahendra

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
zep0@cdc.gov

CIO POC phone number(es):*
770-488-1207

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 16/25 words maximum
Health strategist workforce (leaders and mid-career professionals) in state, tribal, local, and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
715/1,000 words maximum

Goal: To increase the capacity of tribal health systems to prevent and respond to opioid overdose, while providing technical assistance and resources to improve data collection and epidemiologic surveillance capacity, increase the implementation of evidence-based prevention strategies within tribal health systems, and evaluate current effective activities.
Background: The opioid overdose crisis spans the entire nation, with tribal communities bearing an overwhelming share of the burden. The rate of drug overdose deaths among American Indians and Alaska Natives is twice that of the general population and recent data shows this trend continuing. In 2016, the death rate from opioid overdoses in AI/AN communities rose by almost 15 percent, with the majority of deaths being driven by illicit opioids, such as heroin and illicitly manufactured fentanyl. These statistics, however, may represent an undercount due to various challenges in reporting data on opioid use and overdose within AI/AN populations.
CDC recognizes the importance of data in informing prevention activities and targeting resources to high burden communities. Data collection and activities within tribal health systems can be improved in ways that can enhance the ability to respond to a continuously evolving epidemic. For example, data may lead some tribal communities to implement prevention activities within health systems, while others may strengthen partnerships to counter the emergence of illicit substances and improve linkages to treatment.
Increasing capacity and infrastructure for data and surveillance, as well as the ability for tribal health systems to leverage this data as a public health tool, is integral to reversing the opioid overdose epidemic within tribal communities.
Currently, CDC funds 45 states and the District of Columbia through its Overdose Prevention in States program, which seeks to equip state health departments with resources and support needed to advance prevention interventions and to increase the timeliness and comprehensiveness opioid overdose reporting. In addition to its work with states, CDC is facilitating implementation of the CDC Guideline into practice, including working with IHS and tribal health systems to increase use of the Guideline recommendations. The proposed project would allow CDC to leverage its resources in order to improve capacity and infrastructure within tribal populations, particularly in regards to improving data and enhancing evidence-based strategies within health systems.
Project Description:
This project would improve activities within tribal populations through three main activities:
(1) Strengthening epidemiologic surveillance and public health data infrastructure. This may include the following:
a. Leveraging relationships with Tribal Epidemiology Centers to assess current barriers in obtaining quality and timely surveillance data
b. Creating models for tribes to create or improve internal data management systems
c. Examining and redefining AI/AN data elements and terms to improve reporting
d. Increase the use of data to inform evidence-based prevention and treatment strategies within tribal communities
e. Provide training and technical assistance related to data collection, data use, and data sharing
(2) Increasing the implementation of evidence-based health interventions within health systems. This may include the following:
a. Increasing use and access to Prescription Drug Monitoring Programs (PDMPs) by clinicians
b. Improving health systems infrastructure and capacity to implement safer prescribing practices, such as implementing CDC's opioid prescribing guideline, embedding clinical decision supports within electronic health records
c. Addressing challenges that providers within tribal health systems and the Indian Health Service encounter in accessing state PDMPs
d. Provide training and technical assistance on the coordination of care and linking people to treatment services
(3) Highlight effective current opioid overdose prevention activities. This may include the following:
a. Evaluating current strategies to identify effective culturally relevant interventions between tribal public health experts and tribal leaders
b. Developing an inter-Tribal exchange of evidence-based practices
c. Provide training and technical assistance on evaluating program effectiveness
Products:
• Description of models for tribes to create or improve internal data management systems
• Briefing document that identifies effective culturally relevant interventions that address the opioid overdose epidemic
• Briefing document that improved health systems infrastructure and capacity to implement safer prescribing practices
• Completion of training and technical assistance related to data collection, data use, and data sharing
• Completion training and technical assistance on the coordination of care and linking people to treatment services

Products:
• Description of models for tribes to create or improve internal data management systems
• Briefing document that identifies effective culturally relevant interventions that address the opioid overdose epidemic
• Briefing document that improved health systems infrastructure and capacity to implement safer prescribing practices
• Completion of training and technical assistance related to data collection, data use, and data sharing
• Completion training and technical assistance on the coordination of care and linking people to treatment services

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 46/200 words maximum

Applicant should have the organizational and institutional capacity to develop strategic public health approaches that are tribally relevant and appropriate, collaborate with (or direct) other public health partners and resources. Applicant must also demonstrate reach and collaborative opportunities with public health institutes in tribal communities.

13 Applicant Program Experience:* 89/200 words maximum

Applicant should have experience with public health programs (a plus if the applicant has experience with prescription drug overdose or opioid overdose public health programs) and experience outlining effective public health action through a multi-agency approach. Should have experience bringing together personnel from multiple agencies and organizations and handling logistics, coordinating and following-up with work groups. Have knowledge of CDC Opioid Overdose Prevention activities in states. Applicant should have capacity to help support, guide, and collaborate with public health partners in tribal communities, particularly public health institutes.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 85/200 words maximum

Meaningful collaborations with groups most directly involved with opioid overdose (or drug) surveillance. Any other collaborations should only be with organizations that: (1) have experience with prescription drug overdose or opioid overdose public health programs and experience outlining effective public health action through a multi-agency approach; (2) have experience in providing technical assistance around surveillance in opioid overdose and (3) have experience bringing together personnel from multiple agencies and organizations. Tribal communities and other tribal organizations should be the center of the collaboration.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 72/200 words maximum

The applicant may contract (or acquire consultant services) as needed, to assist in the development of implementation of strategies. Potential contractors may assist in the development of tribal approaches to opioid overdose prevention based on existing assessments. If any subcontracting required, subcontractors must have the following areas of expertise: Experience working in with tribal and multi-sector collaboratives, particularly with a diverse array of decision-makers (e.g. Governors, state legislative bodies, etc.).

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 19/200 words maximum

	The proposed CBA proposes improving public health resources to address the opioid overdose crisis, specifically in tribal communities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 14/100 words maximum
	Budget should include appropriate funding for travel, contracting, and product development, as appropriate.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/16/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/21

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Surveillance and Epidemiology Technical Assistance and Training for CDC Grantees in Opioid Overdose

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Shelby Alexander; Reshma Mahendra

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
fyx9@cdc.gov; zep0@cdc.gov

CIO POC phone number(es):*
(770) 488-0075; (770)488-1207

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 26/25 words maximum
State health departments, specifically epidemiologists in CDC awardee states who are designing, conducting, or analyzing epidemiologic investigations related to opioid use, misuse, overdose and death.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$600,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
380/1,000 words maximum

Purpose: This project would increase the capacity of state health departments in awardee and a subset of non-awardee states to investigate and interpret epidemiologic and surveillance data, thereby improving the understanding of the opioid epidemic within their particular state. Such insights are crucial for tailoring the use of program resources to have the greatest impacts.
Background: As part of its Opioid Prevention in States portfolio, CDC funds 42 states and the District of Columbia through the Data-Driven Prevention Initiative (DDPI) and Prevention for States (PfS) programs; as well as 32 states and the District of Columbia through the Enhanced State Opioid Overdose Surveillance (ESOOS) program. These awardees have been tasked with tracking nonfatal and fatal overdose trends as well as implementing strategies that will ultimately decrease opioid abuse, nonfatal overdoses, including ED visits related to opioid overdose, and overdose death rates.

Proposed Activities:
Activities should focus on modes and approaches to build epidemiological and surveillance capacity. Proposed activities may include:
• In collaboration with CDC, build a cadre of expert training and technical assistance providers to support epidemiological and surveillance projects for opioid overdose. In particular, these experts should gain expertise in ESOOS, PfS, and DDPI. This may be accomplished through trainings, shadowing of experts, etc.
• Development and implementation of peer-to-peer learning modules. For example, skilled state epidemiologists from states with deep expertise in CDC programs and opioid surveillance and epidemiology (e.g. CDC_funded ESOOS states) would be able to travel to other states with more limited capacities to provide in-person training and technical assistance (TA) for ESOOS, PfS and DDPI awardees.
• The provision of intensive and direct TA to funded and unfunded sites by experienced and trained epidemiologists (e.g. membership in an organization that supports epidemiologists, retired/experienced epidemiologists, etc.)
• In collaboration with CDC, the applicant should implement and leverage exisiting CDC and other public health tools to provide training via various modes (e.g. in person, web-based, etc.)
• Development and dissemination of resources (e.g. factsheets) that share actionable surveillance data with recommendations for prevention.
Products:
• Peer-to-peer trainings for states,
• Direct TA provisions
• Tracking and monitoring system to track progress and TA needs identified and addressed through this project.
• Provide subject matter training for awardee states as needed.
• Products that disseminate data from ESOOS, particularly actionable data with specific recommendations that help inform prevention efforts

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 116/200 words maximum
	Applicant should have the organizational and institutional capacity, along with the infrastructure, to identify, administer and track TA needs of state health departments related to state-level surveillance activities associated with fatal and non-fatal drug overdose, including – but not limited to - prescription and illicit opioids. 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 comprehensive tailored technical assistance to ESOOS Awardees (state health departments). Applicant should have the capacity to deliver a variety of training modalities to a large state-based program. Expertise in epidemiology is required, as well as reach into networks of highly skilled epidemiologists.
13	Applicant Program Experience:* 89/200 words maximum
	Applicant should have experience delivering opioid overdose-related TA to health departments, have comprehensive knowledge and awareness of public health programs or subject matter experts who can inform opioid overdose surveillance strategies and have experience outlining effective public health action through a multi-agency approach. Applicant should have experience working with CDC, state programs, and state-based epidemiologists, which includes a variety of training and technical assistance to these kinds of audiences. Some expertise in injury prevention and opioid overdose prevention is desirable, including experience with CDC-funded programs, such as NVDRS and ESOOS.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 77/200 words maximum
	Applicant is expected to work with CDC, state program officials, and injury epidemiologists in state health departments. Meaningful collaborations with groups most directly involved with opioid overdose public health surveillance strategies. Any other collaborations should only be with organizations that: (1) have experience with prescription drug overdose or opioid overdose public health programs and experience outlining effective public health action through a multi-agency approach; and 2) have experience with implementing, enhancing or evaluating opioid overdose surveillance programs;
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 32/200 words maximum
	As required, the applicant may wish to draw upon subcontractors who can support the range of training and technical assistance activities that may not reside within the applicant's own organizational structure.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 119/200 words maximum The CBA will provide tailored support and resources to state health agencies to address the serious public health threat posed by the opioid overdose epidemic. This CBA will assist states in addressing both prescription and illicit opioids, and may also include other prescription or illicit drugs to the extent that they are associated with the opioid epidemic (e.g., stimulants). Through this CBA state health agencies will increase their ability to advance surveillance activities by • Increasing state health departments access to resources and tools that inform implementation and advancement opioid overdose surveillance strategies • Strengthening state health departments' organizational capacity to implement and evaluate comprehensive opioid overdose surveillance strategies • Strengthening state health departments' capacity to collect, analyze, and translate data into impactful action
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 21/100 words maximum
	Travel should be included in any budget plan, as peer-to-peer and direct TA provision are key elements of the plan.
	CIO CERTIFICATION
18	

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/27

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 9/15 words maximum Provision of Technical and Capacity Building Assistance for Immunization Partners		
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES	3	Division, office, or unit:* Other Enter other division, office, or unit:* Health Communication Science Office (HCSO)
4	CIO Point of Contact (POC) name(s):* Leslie Rodriguez		CIO POC email address(es):* iwn3@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404-639-8421
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 12/25 words maximum Immunization partners nationwide, especially those communicating to the public about vaccines.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $285,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
231/1,000 words maximum

NCIRD's project goals are to collaborate, educate, and provide tools to health communication professionals in state and local public health departments, as well as other immunization partners, on effective communication strategies regarding vaccine-preventable disease prevention to reduce the incidence of vaccine-preventable diseases and respiratory diseases, increase awareness of the importance of the recommended immunization schedule, and increase awareness of the importance of vaccination for all ages.

NCIRD is seeking assistance with developing a series of webinars to share knowledge, espertise, and resources across public health communicators in the United States. Some of the webinar topics would be pre-established based on annual events and observances, but others would be based on current happenings in vaccine-preventable and respiratory diseases. The webinars would provide a channel for information sharing. The webinars should be recorded and archived on the organization's website. The archived presentations will have to meet guidelines for 508 compliance, including closed captioning.

An additional goal for NCIRD is a partner for our work during National Immunization Awareness Month (NIAM) each August. For that observance, we need a partner for the following:
-Maintain a website with toolkits focusing on the various audiences we are targeting throughout the month
-Develop social/digital resources to help promote the observance
-Provide outreach and assistance to public health communicators across the U.S. so that they can expand the reach of NIAM messages throughout the month.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 100/200 words maximum

The applicant organization should have the capacity to organize webinars and tele-conferences and archive webinars on their website. They should have an established network of public health communicators across the U.S. that they work with regularly and can reach out to in order to promote webinars. The organization should help communication professionals understand, adjust, and implement best or promising practices taht will enable state and local health organizations to reduce the incidence of vaccine-preventable and respiratory diseases, increase awareness of the importance of the recommended immunization schedule, and increase awareness of the importance of vaccination for all ages.

13 Applicant Program Experience:* 77/200 words maximum

The applicant should have the ability to partner with NCIRD and other public health organizations to collaborate with health communication professionals in states and communities and to educate state and local public health partners on effective communication strategies regarding vaccine-preventable disease prevention and respiratory disease prevention and control, the importance of vaccinate for all ages, the importance of following the recommended immunization schedule, and utilization of new technologies to reach diverse audiences.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 100/200 words maximum

	It is expected that NCIRD will collaborate with the organization to develop webinar topics, distribute webinar announcements, propose speakers, etc. The collaborating organization should be able to reach out to health communication professionals and networks at the local, state, and national levels. The collaborating orgnaization should also have the web capacity to host the National Immunization Awareness Month (NIAM) webpages and assist with updating weekly toolkits. They should also have graphic design capacity to revise social and digital promotion tools for the month, as well as have social media channels and contacts to assist in distributing and promoting materials.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 24/200 words maximum The proposed CBA will help disseminate up to date vaccine-related information to governmental public health agencies at the local, state, and federal levels.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/2

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Standards Support for the Immunization Information Systems (IIS) Community

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

3 Division, office, or unit:*
Immunization Services Division

4 CIO Point of Contact (POC) name(s):*
Kafayat Adeniyi

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
kga9@cdc.gov

CIO POC phone number(es):*
404-639-6236

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 42/25 words maximum
The project will benefit state, tribal, local, and territorial health departments by providing facilitation, consultative, and technical support for the development and/or enhancement of Immunization Information Systems (IIS) standards, practices, and operations for state, tribal, local, and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
785/1,000 words maximum

As the IIS community continues to grow and expand its linkages with various partners, the need for common functions, standards, and protocols across IIS as well as for timely, accurate, and complete data is increasingly relevant. Additionally the community needs to not only adopt common standards, but also to promote and enable their implementation. Also increasingly relevant is the need to communicate IIS progress and value and solicit input from IIS stakeholders during this complex process. Unlike most public health programs, IIS are unique in that they have a large and diverse stakeholder community. Organizations who share an interest with IIS in improving immunization services, increasing immunization coverage, and reducing the incidence of vaccine-preventable diseases comprise a broad spectrum of both the public and private sectors. The National Center for Immunization and Respiratory Diseases (NCIRD) recently completed an Immunization Information Systems (IIS) Strategic Plan. As NCIRD begins to develop and execute an implementation roadmap for the IIS Strategic Plan, it will conduct a number of projects within the focus areas defined in the Plan. Many of the projects are directly tied to key focus areas of Provider Services and Public Health Services. Standards support in the IIS community is a key factor of both the strategic plan and existing focus areas for IIS. The activities in this program directly support these strategic directions.
Purpose:
The Purpose of the program is to provide facilitation, consultative, and technical support for the development and/or enhancement of Immunization Information Systems (IIS) standards, practices, and operations. IIS community stakeholders frequently need to have a unified perspective on operational, technical and system-based components to make IIS operational in their federated state. This program would enhance the IIS community ability to support these efforts.

Proposed Activities:

1) Propose strategies for accomplishing all parts of this program.
2) Work jointly with CDC on the planning and implementation of activities in fulfillment of all parts of this program.
3) Participate in a post-award meeting (to occur no later than 45 days after each Notice of Award) to share information, clarify expectations, and establish regular conference calls to discuss issues and report progress.
4) Participate in annual face-to-face site visits to review progress to date, planned activities, and exchange of ideas for future activities.
5) Participate in regularly scheduled and/or ad hoc status conference calls with CDC.
6) Convene groups of subject-matter experts and/or stakeholders to assess a current practice or technical/operational challenge in the IIS community and develop, refine, or modify standards in response to gaps
7) Conduct formal evaluations of IIS practice or operations
8) Coordinate and facilitate joint collaborative development of specific tools, applications or technologies that can be implemented in multiple IIS programs
9) Establish and maintain a repository for applications, source code, requirements specifications, report methodology, and documents that can be accessed and used by the IIS community
10) Provide other communications, training, or collaborative services as needed to advance the creation and implementation of standard practice in IIS across the country

Expected Outputs:

1. New or revised consensus-based standards or best-practices document(s) published
• Specific standards documents, functional specifications, or business rules documents that contribute to improved interoperability with Electronic Health Records systems, promote consistency among IIS or improved connectivity with other health information systems.
• Immunization operations best practices and recommendations documents produced, which may include IIS and Vaccines for Children (VFC) program integration efforts such as Assessment, Feedback, Incentives, and Exchange (AFIX), EHR Integration efforts, and vaccine inventory management.

2. Evaluation report(s) provided to specific immunization programs or to the IIS community
• Evaluation activities conducted and documented, including short surveys and analytic activities as necessary.

3. Applications, modules, or tools developed and made available to community
• This may include joint development of model provider data sharing agreements; technical or operational best practice documents and/or implementations; descriptions of data exchange variances IIS-specific interoperability variances and other entities' interoperability documents; sample legislation, rules and policies impacting IIS; and supporting IIS service catalog.
• One or more joint-development activities made available on a repository or through sources maintained and provided by awardee.
• Documentation and functional repositories developed and made available to the community, including catalogs of technical and operational community services as described above.

4. IIS community is able to share knowledge and technology through a common, accessible, and curated portal
• Establish and maintain a repository for applications, source code, requirements specifications, report methodology, and documents that can be accessed and used by the IIS community

5. Improved communication and implementation of standards of practice among member IIS programs
• Collaboration sites developed and/or communication tools provided to the IIS community which facilitate the working activities of IIS community partners.
• Community engagement activities facilitated as needed, including logistics support, face-to-face meetings conducted, etc.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 84/200 words maximum

Eligible applicants for this project have a large IIS membership in their organizations and have extensive experience in facilitation, standards support, and community engagement. The applicant must demonstrate an organizational infrastructure and capacity to bring together IIS professionals, evaluators, and information technology professionals to accomplish program activities, specifically illustrating ability to produce products that benefit the entire IIS community. Examples of infrastructure include a national perspective, board of directors, established communication channels, and active workgroups and committees and experience conducting similar work.

13 Applicant Program Experience:* 30/200 words maximum

Applicants should have the ability and relevant experience to achieve the purpose, activities and outcomes of this project. Applicants must include examples of demonstrated capacity in their application

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 32/200 words maximum

	Partner will be expected to work collaboratively with: • IIS & EHR Vendors, implementers, end users & Subject Matter Experts • Grantee and Provider communities • Other non-governmental agencies in developing IIS strategic goals and objectives
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 151/200 words maximum
	The proposed CBA is designed to assist health departments in state, local and territorial jurisdictions with the promotion, development and implementation of immunization information systems (IIS). IIS are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area. At the point of clinical care, an IIS can provide consolidated immunization histories for use by a vaccination provider in determining appropriate client vaccinations. At the population level, an IIS provides aggregate data on vaccinations for use in surveillance and program operations, and in guiding public health action with the goals of improving vaccination rates and reducing vaccine-preventable disease. This CBA will assist health departments around the country build capacity for IIS programs and enhance their programs to ensure quality and complete vaccination data exists for improving vaccination rates and preventing VPDs in each jurisdiction and ultimately nation wide.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 151/200 words maximum
	The proposed CBA is designed to assist health departments in state, local and territorial jurisdictions with the promotion, development and implementation of immunization information systems (IIS). IIS are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area. At the point of clinical care, an IIS can provide consolidated immunization histories for use by a vaccination provider in determining appropriate client vaccinations. At the population level, an IIS provides aggregate data on vaccinations for use in surveillance and program operations, and in guiding public health action with the goals of improving vaccination rates and reducing vaccine-preventable disease. This CBA will assist health departments around the country build capacity for IIS programs and enhance their programs to ensure quality and complete vaccination data exists for improving vaccination rates and preventing VPDs in each jurisdiction and ultimately nation wide.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 81/100 words maximum
	Our CIO plans to sunset an existing Notice of Funding Opportunity (NOFO) with comparable activities noted in this project plan for supporting IIS if it's determined qualified receipients make the award list. We've vetted this strategy with the OSTLTS team in our transition planning and was informed it was feasible and proceeded accordingly. We'll also work with our ADS prior to funding to determine the appropriate clearance process for a scenario where the existing comparable NOFO will be sunsetted.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/4

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Electronic Case Reporting for the Sexually Transmitted Infections

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Sexually Transmitted Disease Prevention

4 CIO Point of Contact (POC) name(s):*
Ninad Mishra; Shean Johnson; Dan Lentine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
enl5@cdc.gov; imq9@cdc.gov; dhl2@cdc.gov

CIO POC phone number(es):*
404.639.6494; 404-639-6168; 404-639-0462

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 8/25 words maximum
Public Health Informaticians in STLT health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$800,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
324/1,000 words maximum

Purpose:
CDC seeks to improve public health stakeholder ability to participate in electronic case reporting (ECR) of sexually transmitted infections (STIs) and deliver electronic clinical decision support (CDS) to ensure appropriate treatment. The objectives proposed below build off previous collaborations between CDC Division of STD Prevention (DSTDP) and partners. Proposed objectives could require modification to meet project constraints as they are identified. Achieving these objectives will build the evidence-base for ECR and CDS, strengthen DSTDP relationships with implementers, and align emerging health information technology standards with DSTDP and OSTLT requirements for STI surveillance and treatment.
Proposed Activities:
• Based on Phase 1 findings, modify gonorrhea/chlamydia ECR technical guidance to improve its efficacy or adoption.
• Maintain codes used in the technical guidance
• Help with distribution of technical guidance via scientific and white paper publications
• Provide technical assistance to states on CCDA based reporting part of the technical guidance
• Provide project management for the STI-ECR onboarding of states, also deploy ECR trained workforce to conduct an evaluation of the project earlier performed for one of the ECR pilots
• Advocate for the approach used in the technical guidance for wider adoption by coordinating it with standard setting bodies and other important entities
• Make ECR technical guidance available for download and distribution on an external website and take up activities to disseminate its finding in the ECR community
• Based on prior experience, develop evaluation plan to assess efficacy of ECR and guide future refinements to technical guidance.
This project is an effort to link electronic case reporting with the clinical decision support to complete the information loop between public health and the clinical entity in that jurisdiction. One pilot establishing the loop is desired and expected.

Expected Outputs:

Expected Outcomes:
• Reduced burden of current manual reporting mechanisms for public health agencies by automating the building and sending of STD case reports.
• Improved data accuracy, timeliness, and completeness of case reports.
• Increased integration of state-of-the-art technology into data collection and surveillance systems.
• Increased implementation of evidence-based public health services.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards

	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☑ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 24/200 words maximum
	The potential organization should have a public health informatics workforce including the knowledge of codes and triggers associated with the electronic case reporting.
13	Applicant Program Experience:* 33/200 words maximum
	The recipient program should have knowledge of HL7 C-CDA or HL7 FHIR standards for the electronic case reporting and ability to work with national informatics organizations, content experts, CDC, and health departments.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 19/200 words maximum
	The recipient should have the ability to work with national informatics organizations, content experts, CDC, and health departments.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 47/200 words maximum
	The recipient may consult with DSTDP/CDC to determine if a subcontract is necessary to complete the work. Criteria for identifying/selecting such subcontractors may include cost, timeliness of work, and quality of the products. The reciepient should work with CDC in the selection and award of subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 25/200 words maximum The project will benefit governmental public health agencies by improving capacity of data and information systems to conduct public health monitoring and surveillance.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 75/100 words maximum
	It is anticipated that the majority of the budget will be used on personnel in completion of the project. Use of funds for other purposes (equipment, travel, etc.) as directly related to the project should be justified. 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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/9

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Network Analysis Capacity Building for DTSDP SURRG, MATRIX, NEST Grantees

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Sexually Transmitted Disease Prevention

4 CIO Point of Contact (POC) name(s):*
Karen Schlanger; Shean Johnson; Dan Lentine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
khs4@cdc.gov; imq9@cdc.gov; dhl2@cdc.gov

CIO POC phone number(es):*
404)718-5660; 404-639-6168; 404-639-0462

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 19/25 words maximum
Epidemiologists and data analysts from state and local health departments participating in DSTDP-funded projects, SURRG, MATRIX, and NEST

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
461/1,000 words maximum

Purpose: Jurisdictions funded through the DSTDP's Strengthening U.S. Response to Resistant Gonorrhea (SURRG), MSM and Transgender Interventions (MATRIX), and Network Epidemiology of Syphilis Transmission (NEST) programs are required to conduct social and sexual network analysis as part of their scope of work, as a way to better understand local epidemiology and transmission patterns of bacterial STDs and inform local prevention activities. However, most of these jurisdictions do not yet have local expertise or experience conducting such analyses. This project is intended to provide network analysis training and on-going support for these jurisdictions.
Proposed Activities:
1. With input from jurisdictions and DSTDP, define scope of sexual network analysis training and capacity building activities to be developed. This should include one face-to-face meeting with key DSTDP staff in Atlanta in addition to other email or phone based communication about the scope of the CBA.
2. Develop and implement a series of webinars (2-5) on Sexual Network Analysis related to bacterial STD transmission to funded jurisdictions (1-5 staff from each of the 17 funded jurisdictions may participate). Scope of webinars TBD, but will include at minimum the following:
a. Role and scope of network analysis for bacterial STD prevention, including examples
b. Provide an overview of various network analysis software programs and the strengths and limitations of each in relation to different STD-related analysis interests
c. Present an overview of key steps required for performing sexual network analysis
d. Present key parameters and metrics relevant to STD sexual network analysis
3. Develop and implement an on-line network analysis training lab (1-3 sessions) to build core network analysis programming skills (1-5 staff from each of the 17 funded jurisdictions may participate). This will include: identifying and facilitating local access to the network analysis software to be used in the lab; creating a network dataset to use in the training lab; setting up the platform for the lab; creating and implementing the lab curriculum (number of lab sessions TBD).
4. Establish and facilitate an STD network analysis learning collaborative. This learning collaborative will consist of jurisdictions committed to: completing a network analysis using local data in a defined period of time, workshopping their analysis with other work-group members, providing feedback to other work-group members. It is estimated that 5-10 jurisdictions will participate in this learning collaborative.
5. Provide individual network analysis phone consultations to specified jurisdictions for a defined period of time (estimated 10-20 hour long phone consultations total).
Develop and implement evaluation of skills development and programmatic impact as a result of the capacity building activities

Expected Outputs: Development and facilitation of a sexual network analysis webinar series, on-line training lab (series), and learning collaborative, provision of sexual network analysis phone consultations to individual jurisdictions, and evaluation of skills development and programmatic impact of these capacity building activities.

Expected Outcomes: Increased health department capacity to conduct sexual network analyses related to bacterial STDs.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 61/200 words maximum

Applicant must have: 1) expertise in public health training and capacity building, ideally including implementing a learning collaborative 2) documented ability to collaborate with, and a reputation for excellent communication with partners (e.g. CDC, local city and state health departments), 3) in-house expertise in sexual network analysis or the ability to identify and subcontract with a subject matter expert(s).

13 Applicant Program Experience:* 57/200 words maximum

The applicant should have experience and documented ability to: 1) conduct public health training and capacity building activities with city and state health department staff, ideally around HIV and STD, and inclusive of facilitating learning collaboratives, 2) extensive experience conducting social and sexual network analyses, or experience identifying and subcontracting with highly qualified subject matter experts

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 27/200 words maximum

It is expected that the applicant will collaborate with CDC and epidemiologists from participating grantees throughout the project, and other subject matter experts as appropriate.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 100/200 words maximum

It is anticipated that the funded entity will sub-contact for a network analysis subject matter expert(s). The subject matter expert(s) should have extensive network analysis experience, including expertise with conducting and interpreting sexual network analyses (ideally as related to bacterial STDs), use of UCINET, and at least 2 sexual network analysis publications (as author or co-author). Ideally the SME should also have experience teaching on the topic of social/sexual network analyses, including how to use network analysis software. If subcontractors are deemed necessary, the recipient should work with CDC to establish the scope of work and selection of subcontractors.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 36/200 words maximum

The activity will increase the capacity of participating health department staff to be able to conduct sexual network analyses for their DSTDP funded project (SURRG, MATRIX or NEST) as well as for other local needs

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 102/100 words maximum

The majority of funds will be used on a) personnel to complete the project, including any subcontracts for sexual network analysis SME, b) to administer and cover all training and consultation costs (eg. hosting didactic webinars, interactive lab-based webinars on how to use UCINET, training materials, etc.), and c) one trip to Atlanta for the SME(s) and other project staff to meet with DSTDP staff to discuss the design on the capacity building activities to be developed. Funds for other project purposes (e.g. equipment) must be justified. The project will be scaled to match the actual funding amount available in consultation with CDC.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/18

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 3/15 words maximum Enhancing STD Surveillance Capacity		
2	CIO:* NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE	3	Division, office, or unit:* Division Of Sexually Transmitted Disease Prevention
4	CIO Point of Contact (POC) name(s):* Elizabeth Torrone; Shean Johnson; Dan Lentine		CIO POC email address(es):* igf0@cdc.gov; imq9@cdc.gov; dhl2@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404-639-8948; 404-639-6168; 404-639-0462
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 22/25 words maximum State, Local, and Territorial infectious disease health department staff with oversight over HIV, STD, and hepatitis Care/Treatment, Prevention, and Surveillance programs		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $300,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
186/1,000 words maximum

Purpose: The purpose of this project is to improve state and local STD surveillance by maintaining a national network of STD surveillance coordinators and creating STD surveillance technical guidance.

Proposed Activities: Coordinate a network of STD surveillance coordinators, including, but not limited to: maintaining a list of current STD surveillance coordinators in state and territorial health departments, creating a contact board, and organizing periodic (e.g., quarterly) conference calls/webinars with coordinators, as well as in-person meetings. Develop STD surveillance-related technical assistance materials, including but not limited to: guidance documents and tool-kits.

Expected Outputs: List of current STD surveillance coordinators in each state and territorial health department that is current and available via a contact board. A forum to discuss improvements to STD surveillance at the national, state and local levels and to disseminate surveillance-related information. Technical assistance materials that provide guidance on practices to improve state, territorial, and national STD surveillance programs.

Expected Outcomes: Improved STD surveillance at the local, state, and national level through increased collaboration between state and territorial health departments and between state/territorial health departments and CDC, and the development of technical assistance materials.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

☐

- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 127/200 words maximum

Organization must have the capacity to advance public health policy and epidemiologic capacity through provision of information, education, and developmental support of practicing epidemiologists in a wide range of areas as well as expertise for program and surveillance efforts. The organization should have experience providing technical advice and assistance to partner organizations and to federal public health agencies such as the Centers for Disease Control and Prevention (CDC), as well as experience in training, capacity development, and peer consultation to support effective public health surveillance and sound epidemiologic practice.

The organization must have 1) established relationships practicing epidemiologists in all state and territorial health departments, 2) the ability to coordinate and facilitate webinars and in-person meetings, and 3) the ability to create surveillance-related guidance documents.

13 Applicant Program Experience:* 43/200 words maximum

The organization must have documented experience working on STD-related surveillance projects to improve surveillance capacity. Organization must have demonstrated experience working with state and territorial infectious disease health department staff with oversight over HIV, STD, and hepatitis Care/Treatment, Prevention, and Surveillance programs.

COLLABORATIVE WORK

14

	Expectations for Collaboration, as applicable: 27/200 words maximum
	The recipient should work collaboratively with CDC to establish the work plan and deliverables to be in accord with the actual funds available for this project.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 61/200 words maximum
	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. If subcontractors are deemed necessary, the recipient should work with CDC to establish the scope of work and selection of subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 16/200 words maximum
	CBA is anticipated to improve STD surveillance and use of surveillance for public health action.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 53/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/10

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Electronic Case Reporting (ECR) Adoption by Health Departments

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Sexually Transmitted Disease Prevention

4 CIO Point of Contact (POC) name(s):*
Ninad Mishra; Shean Johnson; Dan Lentine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
enl5@cdc.gov; imq9@cdc.gov; dhl2@cdc.gov

CIO POC phone number(es):*
404.639.6494; 404-639-6168; 404-639-0462

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 6/25 words maximum
Health strategist workforce across STLTs

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,000,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
279/1,000 words maximum

Purpose: CDC seeks to improve public health stakeholder ability to participate in electronic case reporting (ECR) of sexually transmitted infections (STIs) by adopting the technical guidance jointly issued by an expert panel convened by CDC and Public Health Informatics Institute. The technical guidance document "Advancing ECR of STIs: Technical Guidance for Public Helath Departments" can be accessed at CDC's website or can be made accesible at request. Our main goal here is to make sure that we can work with the state health departments so that they can be in touch with the major clinical partners and EHR vendors in their jurisdiction to encourage them to do electronic case reporting for the STIs as per the technical guidance document provided by the DSTDP and partners. The recipient health departments should also have good informatics capacity and a willingness to engage with our partners working on FHIR based ELR enhancements etc.
Proposed Activities: The objective will be to onboard four (3) health departments working in collaboration with their sexually transmitted disease (STD) program to enable their receipt and processing of Health Level-7 (HL7) Consolidated Clinical Document Architecture (C-CDA) or HL7 Fast Healthcare Interoperability Resources (FHIR) based electronic case reports from at least one or more major clinical entity network (covering approximately 30% of STD cases) in their jurisdiction.
Division of STD Prevention (DSTDP) will work with health departments to provide guidance on C-CDA based reporting or FHIR based reporting.
Expected Outputs:

Expected Outcomes:
• Reduced burden of current manual reporting mechanisms for public health agencies by automating the building and sending of STD case reports.
• Improved data accuracy, timeliness, and completeness of case reports.
• Increased integration of state-of-the-art technology into data collection and surveillance

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 49/200 words maximum

Recipient Organizational Capacity (200 word limit):*
The potential organization should have a public health informatics workforce including the knowledge of codes and triggers associated with the electronic case reporting. The health department should also have relationship with a clinical entity having expertise in health informatics and electronic case reporting.

13 Applicant Program Experience:* 38/200 words maximum

Recipient Program Experience (200 word limit):*
The recipient program should have knowledge of HL7 C-CDA or HL7 FHIR standards for the electronic case reporting and ability to work with national informatics organizations, content experts, CDC, and health departments.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 75/200 words maximum

	The recipient program should have knowledge of HL7 C-CDA or HL7 FHIR standards for the electronic case reporting and ability to work with national informatics organizations, content experts, CDC, and health departments. The health departments should have the ability to work with a clinical entity having expertise in health informatics and electronic case reporting. To avoid any confusion we should keep the pilot sites independent of other national or local ECR based initiatives.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 59/200 words maximum
	The recipient may opt to subcontract some of the informatics services work to a relevant vendor. Criteria for identifying/selecting such subcontractors may include cost, timeliness of work, and quality of the products. If subcontractors are deemed necessary, the recipient should work with CDC to establish the scope of work and selection of subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 25/200 words maximum The project will benefit governmental public health agencies by improving capacity of data and information systems to conduct public health monitoring and surveillance.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 101/100 words maximum
	It is anticipated that the majority of the budget will be used on establishing partnership with the clinical entities in the jurisdiction and informatics workforce . CDC is funding another partner to share some of the the project management responsibilities and hence reducing the burden of project management (especially related to the evaluation of the project) on our partners through this cooperative agreement. Use of funds for other purposes (equipment, travel, etc.) as directly related to the project should be justified. The recipient should collaborate with CDC to establish a reasonable work plan and deliverables based on the actual funding available.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/8

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Leveraging Healthcare Data Assets and Partners to Improve LTBI Surveillance and Intervention

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Abigail Viall

CIO POC email address(es):*
bzv3@cdc.gov

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*
404-639-2010

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 20/25 words maximum
Public health staff involved in surveillance and other health information technology services/activities (e.g., epidemiologists, health technology informaticists and informaticians).

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$700,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
906/1,000 words maximum

Purpose: Tuberculosis is a leading cause of death worldwide, and while the United States has made great progress toward eliminating TB, it remains a public health concern. In 2016, the incidence of active tuberculosis (TB) in the U.S. was 2.9 cases per 100,000, a slight reduction from the previous year. Currently, the CDC's Division of Tuberculosis Elimination (DTBE) is working toward the goal of <=1 case/million in the U.S. . Central to this goal is treating cases of active TB and identifying cases of latent tuberculosis infection (LTBI). LTBI occurs in individuals infected with Mycobacterium tuberculosis without signs and symptoms or radiographic or bacteriologic evidence of active TB. LTBI is diagnosed using a tuberculosis skin test (TST) or a blood test called an Interferon Gamma Release Assay (IGRA) . Timely identification and treatment of LTBI, in order to prevent progression to active TB, is a critical component of the national TB elimination campaign Among active TB cases in the United States, >80% are due to reactivation of the disease. Foreign born populations experience a heightened risk for LTBI and active TB, accounting for about 68% of all active TB cases in the United States in 2016 Moreover, 93% of active TB cases among foreign born populations are associated with reactivation Populations residing in congregate settings like long-term healthcare facilities or those with HIV or diabetes are also at increased risk for LTBI and active TBIf targeted appropriately, screening and treating populations at risk for LTBI could reduce the number of active TB cases.

Appropriate and targeted interventions require a robust surveillance system capable of measuring various screening, treatment and risk factor variables. Current LTBI surveillance is limited in its ability to fully measure LTBI metrics and key risk factors. Ongoing LTBI surveillance is a product of laboratory-based testing, which usually fails to include the reason the person is at risk for LTBI or at risk for progression to active TB, if LTBI is diagnosed. Paradoxically, many high-risk persons are often not tested for LTBI, while many low-risk persons are tested.

The primary goals of this project are to:

1. Evaluate the utility and feasibility of data generated through routine healthcare delivery as a surveillance tool for LTBI.
2. Provide accurate LTBI screening metrics by identifying patients at risk for LTBI using CDM and some non-CDM data elements.
3. Identify appropriate partnerships and institutional mechanisms needed to transform data into improved action.

Proposed Activities: This project will fund an organization to partner with one or more nationally representative entities or distributed networks to develop, distribute and analyze queries aimed at collecting data on LTBI screening, screening results, and treatment of persons diagnosed with LTBI. Among other things, key elements of the project will include the following:

1. Define population(s) and procedures of interest and identify key data elements needed to recognize them within existing data sets. Examples of such populations and elements needed to define them include the following:

- Patients of interest include those with (1) a CPT code for TST or IGRA test, (2) a positive test result by code or lab test for TST or IGRA, or diagnostic code for LTBI (3) indication of LTBI treatment by diagnostic code or prescription record for INH+ rifapentine, rifampin only or INH only, (4) diagnostic code or medication record indicating active TB.
- Several risk factors are important to capture and measure. These include: country of origin, language other than English, congregated living, select medication history and history of HIV or diabetes. Medical and medication history are easily accessible through the diagnosis, condition and prescribing tables. Encounter type can identify patients residing in congregated healthcare settings like non-acute institutional facilities.

2. Develop and distribute queries across participating networks and entities.
3. Analyze results with respect to both healthcare delivery and public health outcomes of interest (e.g. percentage of persons with diagnosed LTBI who initiate treatment; prevalence of LTBI cases that develop or reactivate to active TB).
4. Collaborate with healthcare providers and public health staff to identify opportunities and strategies for improving LTBI-related outcomes

Additional Instructions for Activities: The applicant should build its project proposal in a modular fashion. Specifically, it should indicate what activities could be accomplished with which partners if total funding received was closer to $200,000, and then what additional activities or sites could be added if funding doubled (to $400,000) or more than trebled (to the project cap of $700,000)

Expected Outputs: Expected outputs for year 1 include, but are not limited to,
1. Detailed specifications for each population or population component (e.g., denominator and numerator populations) included in key surveillance metrics of interest (e.g., % persons diagnosed with LTBI who begin treatment)
2. Queries that can be run against existing healthcare data assets (even if those assets are distributed across multiple sites)
3. De-identified patient- and encounter-level datasets returned by queries (should be generated for multiple years of data)
4. Descriptive analyses of the data and key LTBI surveillance related outcomes, as well as assessments of the utility, feasibility, and public health value of using distributed query mechanisms to monitor LTBI-related epidemiologic and health outcome trends.
5. Processes and strategies for turning results into clinical and public health action through partnerships with healthcare sites contributing data and/or local health departments.

Expected Outcomes:
1. Increased capacity to detect and monitor trends in LTBI incidence and prevalence, as well as outcomes along the LTBI care continuum (including diagnosis, linkage to care, treatment, and cure)
2. Improved targeting and delivery of appropriate public health and healthcare interventions related to LTBI prevention and care
3. Reduced incidence and prevalence of LTBI
4. Reduced incidence of active TB

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 152/200 words maximum

The applicant should have a detailed understanding of the target population and capacity to coordinate and manage projects that include multiple partner entities, including those organized into formal networks. Through internal or external partnerships (including potential sub-contractual agreements, as outlined below), the applicant should have capacity to:

1. Access electronic data generated within, and gathered from, a variety of healthcare settings, including hospitals, doctors' offices, and community clinics.
2. Build and execute queries against the aforementioned data—even if those data are not housed in a centralized repository (i.e., capacity to conduct distributed queries across multiple health systems or networks). Query development and execution should be suitably agile to accommodate potential iterative refinements based on the initial data generated.
3. Synthesize data returned by the aforementioned queries to generate descriptive statistics and other metrics of interest
4. Engage with healthcare entities that generate the accessed data, as well as health departments serving those communities, to identify potential improvement opportunities.

13 Applicant Program Experience:* 101/200 words maximum

The applicant should have experience that demonstrates maturity of the capacities outlined above. Specifically, the applicant should have experience coordinating and managing projects that involve multiple institutions or networks of institutions. The applicant (and/or any proposed partners and subcontractors) should also demonstrate experience bringing together, standardizing, and evaluating information generated by and collected from a variety of healthcare sites using disparate electronic health record and other information management systems. Finally, the applicant should have experience working with public health and healthcare entities to support their ability to replicate such analyses or otherwise use the data and results for performance improvement.

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 46/200 words maximum
	It is expected that the awardee will collaborate with CDC on query development and analyses. The awardee is also expected to identify and collaborate with one or more organizations or networks that provide it with the necessary capacity (as outlined above) to execute the project.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 202/200 words maximum
	The awardee is encouraged to subcontract with entities that can improve the delivery of the expected outputs. In particular, the awardee is encouraged to subcontract with entities or established networks that offer geographic breadth, access to large amounts of health data from a variety of settings (e.g., hospitals, doctors' offices, and community clinics), a common data model for core data pulled from across contributers, direct relationships with the providers contributing data, and experience conducting patient-centered outcome studies and evaluations. Preferred subcontractors include those that acquire and aggregate data from healthcare settings that serve high-risk populations, such as persons born abroad, especially from high-risk countries, such as South and Central America, Sub-Saharan Africa, and South, East, and Southeast Asia—particularly persons who have recently arrived from these high-risk countries. Entities or established networks that also acquire and aggregate data from healthcare settings serving minorities and the homeless are also highly important. A critical data requirement for a surveillance system is information on country of birth, or if that is not available, language preference, since we have shown that having a language preference other than English signifies a high risk for LTBI. Subcontracted entities should have the capacity to collect this information on a broad scale.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 113/200 words maximum
	Current LTBI surveillance is limited. Leveraging the power of the nationally representative networks of electronic health information creates a unique opportunity to quickly measure LTBI surveillance metrics across large, geographically diverse populations. The project can also help establish robust LTBI surveillance by focusing estimates on populations most at-risk for LTBI. By developing definitions of LTBI-related priority populations/procedures, and then evaluating mechanisms for accessing and running those definitions against distributed healthcare data, this project may identify hot spots of LTBI infection and innovative strategies for surveillance that are quicker, easier and more accurate. Identifying new approaches/opportunities to support robust LTBI surveillance will, in turn, result in better and more informed population health interventions.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/4

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Establishing performance standards for Syringe Services Programs

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Viral Hepatitis

4 CIO Point of Contact (POC) name(s):*
Alice Asher

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
luq1@cdc.gov

CIO POC phone number(es):*
404 718 8284

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 12/25 words maximum
Infectious disease workforce in state, tribal, local, and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$100,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
346/1,000 words maximum

Purpose: To write syringe services program performance standards in accordance with other public health accreditation standards
Activities Outputs and outcomes
Proposed activities:
1. Convene SMEs and key stakeholders to develop performance standards, including defining process and evaluation measures. Similar to public health accreditation, these standards would be closely connected to the 10 essential public health services.
Expected output
a) In-person and virtual meetings of SMEs and key stakeholders to develop framework from which performance standards will be written
b) At least one virtual 'Town Hall-style' meeting to solicit other input from key informants, including from SSP staff, health department officials and PWID utilizing SSPs
2. Define SSP standards
Expected output
a) Performance standards for SSPs addressing issues related to programming including: communicable disease prevention, community partnerships, quality, customer service, patient education, linkage to care and services, staff education and skill development, public education, and surveillance
3. Develop evaluation tools based on performance standards so SSPs can use standardized measures to examine their programs and identify changes that can be made to work towards meeting expected goals
Expected output
a) Tools to facilitate evaluation of programs and standardized measures for assessing quality of programs and delivery of services. Tools will address ability of program to provide services that can prevent the spread of communicable disease, maintain strong community partnerships, provide good customer service, quality patient education, robust linkages to care, ongoing staff education and skill development, public education and surveillance
4. Disseminate standards [via CDC and national organizations] and expectations for how standards are used
Expected output
a) Documents in which the purpose, standards and evaluation are described
b) Webinars and other public presentations (i.e. national conferences) to describe standards and utility of evaluation tools
c) Webpage to host standards and tools
Outcomes:
1. SSPs will provide comprehensive services that enable them to meet goals of reducing the harms related to injection drug use and link clients to related services
2. Health departments and community-based organizations supporting SSPs will have standards from which to operate. Given the experience most health departments have with the accrediting agencies, these standards will be packaged in a familiar and accessible manner, making adoption easier within their already-existing framework
3. SSPs will have tools to evaluate their effectiveness in meeting their intended goals

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑	Improved operational capacity to evaluate, manage, and improve public health systems
☑	Improved leadership capacity to identify and prioritize public health needs
☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
☑	Improved communication and information technology 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
☐	Increased capacity to evaluate laws and policies to affect health
☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

	☑ Increased capability of public health systems to achieve nationally established standards
	☑ Increased leadership decision-making to address public health needs strategically and systematically
	☑ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 57/200 words maximum
	Recipient should have the organizational reach, public health system knowledge and experience, expertise and capacity, and partnerships with SSPs, SMEs and other stakeholders necessary to accomplish the activities listed above. Staff capacity should include the ability to collaborate with CDC on the strategic direction of the project, coordinate with sub-contractors and partners, and implement multi-partner initiatives.
13	Applicant Program Experience:* 19/200 words maximum
	Recipient should have experience convening groups, supporting health departments and programs in setting and achieving performance standards
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 36/200 words maximum
	SMEs from CDC including DVH, DHAP, NCHHSTP OD and NCICP will be involved in this project on a day-to-day level. The recipient works closely with and maintains strong working relationships with CDC subject matter experts.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 32/200 words maximum
	As the need for subcontracts arises for various aspects of this work, CDC Division of Viral Hepatitis and NCHHSTP subject matter experts would like to be involved in outlining selection criteria.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 101/200 words maximum Many existing SSPs offer limited services and have policies that don't support reducing the harmed related to IDU. There is growing concern that as these programs operating under suboptimal policies and practice are unable to accomplish their intended goals, including reducing infectious disease related to IDU, providing screening and linkage to care, and connecting PWID to MAT, they will lose funding and support. By providing a framework through which SSPs can develop policies and goals and evaluate their operations, best practices can be ensured, ultimately supporting governmental public health goals of addressing the opioid crisis and it's infectious disease consequences.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 65/100 words maximum
	Please provide line item detail for how funds will be allocated to each of the following activities: 1. Convening experts and stakeholders to develop standards and tools to evaluate if SSPs are meeting them 2. Supporting dissemination of performance standards, including presenting at national conferences, developing a website and providing TA for an SSPs who will vet the standards Within each activity's line item, provide additional detail as needed.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/20

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 14/15 words maximum Enhancing Surveillance Standards for state, local and territorial HIV surveillance programs through training and consultation		
2	CIO:* NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE	3	Division, office, or unit:* Other Enter other division, office, or unit:* Division of HIV/AIDS Prevention, HIV Incidence and Case Surveillanc...
4	CIO Point of Contact (POC) name(s):* Kim Safford		CIO POC email address(es):* ksafford@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* (404) 639-8879
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 22/25 words maximum Target population includes epidemiology and surveillance program coordinators across all 65 grantees, local, state, and territorial health agencies conducting HIV surveillance.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $58,235 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 178/1,000 words maximum
	Recipient will enhance Surveillance Standards for state, local and territorial HIV surveillance programs through training and consultation by: Objective 1: Establish and disseminate evidence and recommendations of effective approaches, strategies and policies for HIV epidemiology and surveillance in local, state and territorial health agencies through consensus building meetings, membership consultations and identification and exchange of best and promising practices. Objective 2: Provide competency based epidemiology training courses for the existing epidemiology workforce including HIV Surveillance Coordinators in state, local, and territorial health departments. Objective 3: Maintain an up to date peer-to-peer consultation system which will include the 65 HIV surveillance coordinators to support request for technical assistance and provide technical assistance to CDC and other public health partners on the subject of HIV surveillance. Objective 4: Continue to develop a model from which states, regions, and local areas can determine specific capacity numbers for the HIV/AIDS surveillance workforce. Objective 5: Continue to promote and expand the Applied Epidemiology Fellowship Program, other applicable CDC programs to provide advanced training to prepare recently graduated epidemiologists for successful careers in state or local health agencies.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 181/200 words maximum

The recipient will have expertise in public health surveillance and epidemiology across a broad range of public health disciplines including infectious diseases, immunization, environmental health, chronic disease, occupational health and injury. Epidemiologists working in public health agencies are responsible for monitoring trends in health and health problems as well as devising prevention programs that enable the entire community to be healthy. Public health assessment includes surveillance, epidemiologic studies, program evaluation, and performance measurement. Public health surveillance is the foundation for developing a public health response to any disease threat. Surveillance is useful in (1) determining which groups are at highest risk; (2) identifying changes in infectious disease rates over time; (3) determining modes of transmission; (4) suggesting hypotheses for further study; and (5) planning and evaluating disease prevention and control programs. The grantee in representing states and its members, will represent two of the four basic components of public health – epidemiology and surveillance. With this knowledge in epidemiology and surveillance, the recipient will bring expertise in a broad range of specialty areas and bring a unique perspective to public health.

13 Applicant Program Experience:* 196/200 words maximum

	Through analysis of problems, results of surveys, convening focus groups, bringing together expertise across state boundaries, the recipient/staff must have served as major resource to local, state, tribal, or territorial and Federal health agencies. Recipient must have experience: • Providing state infrastructure in building grants in chronic disease epidemiology • Creating applied public health internships and scholarships for graduate students in state HD's • As part of its core activity, providing technical assistance to a wide variety of public health agencies and organizations and related institutions. Most notably include CDC by providing technical assistance for many standing committees and workgroups. State epidemiologists are frequently called on to provide their perspective to all areas of CDC and cuts across epidemiology, surveillance, reporting, informatics, public health systems, programs and assessments. • Supporting over 2,500 practicing epidemiologists in state and local HD's by providing a forum to discuss important topics affecting the practice of epidemiology by providing updates on leadership decisions; and briefings for members on various subjects. • As a resource to national and local regulatory bodies and policy forums (i.e. FDA, USDA, IOM,) regarding issues related to surveillance and public health practice. • Maintaining an extensive consultant system, which each member is given an opportunity to identify areas of expertise, interest, training, occupation.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 20/200 words maximum
	The recipient and CDC will collaborate to disseminate best practices for HIV surveillance, including technical guidance, consultation, and training.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum
	Subcontractual work may include assistance to local, state, tribal, or territorial health departments in improving processes of HIV surveillance to meet CDC program standards.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 28/200 words maximum Will benefit governmental public health agencies my disseminating best practices for surveillance and strengthen capacity to respond to public health inquires, and conduct public health monitoring and surveillance.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 13/15 words maximum Improving STD Prevention and Care by Addressing the Needs of the Public Health Workforce		
2	CIO:* NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE	3	Division, office, or unit:* Division Of Sexually Transmitted Disease Prevention
4	CIO Point of Contact (POC) name(s):* Dan Lentine; Shean Johnson		CIO POC email address(es):* dhl2@cdc.gov; imq9@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404-639-0462; 404-639-6168
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 12/25 words maximum Infectious Disease Workforce in State, Local and Territorial Public Health Departments		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $3,000,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 68/1,000 words maximum
	Purpose: The purpose of this project is to develop and provide training, resources, and support to the public health workforce involved in STD prevention Proposed Activities: Activities will include the development and implementation of training, certification, and other workforce support. Expected Outputs: The outputs will be training resources, number of trainings provided, and other outputs to be determined. Expected Outcomes: A better prepared public health workforce that demonstrates improved capacity to reduce STD's.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 20/200 words maximum

The organization should have robust capacity to develop and implement training and capacity building for segments of the public health workforce.

13 Applicant Program Experience:* 19/200 words maximum

The applicant should have experience in training and addressing the needs of segments of the public health workforce.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 58/200 words maximum

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, 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.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum

If subcontractors are deemed necessary, the recipient should work with CDC to establish the scope of work and selection of subcontractors.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 8/200 words maximum The government will benefit from a better prepared workforce.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 81/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/33

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Food Safety Activities for Environmental Health Professionals

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Foodborne, Waterborne, & Environmental Diseases

4 CIO Point of Contact (POC) name(s):*
Racquel Williams; Don Sharp

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
iic3@cdc.gov; das8@cdc.gov

CIO POC phone number(es):*
404-718-5286; 404-639-3845

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 13/25 words maximum
Environmental Health Scientists and Specialists Employed in State, Tribal, Local, and Territorial Governments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$100,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
515/1,000 words maximum

This project will improve local, state and territorial food safety. For the purpose of this project, food safety is defined as foodborne illness and outbreak surveillance and response. Foodborne illness is a substantial public health problem. State/territorial and local capacity to conduct effective, rapid foodborne illness and outbreak surveillance and response activities is a critical part of the overall public health approach to address food safety issues. The project will strengthen local, state and territorial food safety collaborations, improve foodborne illness and outbreak surveillance and response programs, and provide assistance to environmental health professionals.

Purpose:
• Increase the capacity of local, state and territorial health departments to detect, investigate, control and prevent foodborne illness.
• Build the Council to Improve Foodborne Outbreak Response's (CIFOR) ability to create critical guidance documents for local, state, territorial, and federal officials involved in foodborne disease surveillance, detection, and response activities.
• Provide technical resources and foster information exchanges for the environmental health workforce
• Provide an established resource to state/territorial, local and federal agencies and public health partners for environmental health.

Proposed Activities:
Council to Improve Foodborne Outbreak Response (CIFOR):
1. Support CIFOR activities (including the CIFOR Council, CIFOR Governance Committee, Development Teams, select projects and workgroups).

Meeting/Conference/Training Support:
1. Provide management, technical, and administrative support for trainings on foodborne illness and outbreak surveillance and response (e.g. Epi-Ready), including but not limited to: development of the agenda, participant list, certificates of attendance, and training materials/resources; providing logistical and travel support; providing continuing education credits; conducting evaluations of the courses; and providing CDC with a summary report of each course.
2. Support foodborne illness and outbreak surveillance and response trainings conducted by the CDC's Integrated Food Safety Centers of Excellence (CoEs) by facilitating the continuing education credit application/approval process for courses.
3. Provide technical and administrative support for national meetings/conferences such as InFORM, Regional Meetings, and other food safety meetings, trainings, or events as needed, including travel support for health department environmental health specialists and trainees (if funding allows).
4. Support other national stakeholder groups, as needed.

Expected Outputs:
CIFOR:
1. Active participation in the development, promotion, and evaluation of CIFOR products, and distribution of CIFOR materials to environmental health professionals

Meeting/Conference/Training Support:
1. Successful delivery of 1 foodborne illness and outbreak surveillance and response course (e.g. Epi-Ready train-the-trainer course)
2. Continuing education credits successfully obtained for foodborne illness and outbreak surveillance and response courses conducted by the CoEs.
3. Support environmental health staff and trainees to attend and participate in national or regional meetings/conferences and trainings related to food safety.
4. Successful partial support of at least one national or regional environmental health meeting/conference on food safety issues.

Expected Outcomes:
• Increased knowledge and competency of the environmental health workforce in food safety principles.
• Increased capacity of environmental health specialists and public health agencies to detect, investigate, control and prevent foodborne illness.
• Increased coordination/collaboration among epidemiology, laboratory, and environmental health units during foodborne disease outbreak response.
• Increased collaboration between local, state, and territorial health departments and federal agencies around food safety.
• Identified model practices to improve environmental health aspects of food safety at the local, state, territorial, and federal levels.
• Serve as a forum and network for environmental health professionals to provide critical input into development of guidance on policy, methods, reports, professional development, and other resources related to food safety.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [x] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 117/200 words maximum

Applicant should have close contact and communication with environmental health professionals at the local, state, and territorial levels and have contacts with the key federal agencies involved in food safety issues. Applicant should have administrative, professional, and IT capacity to simultaneously coordinate a variety activities related to the environmental health aspects of food safety. Applicant should have staff and/or members who have expertise in the environmental health aspects of food safety.

Additionally, the applicant should have robust access to trends and developments in the environmental health profession. Applicant should have website capabilities to solicit comments, suggestions and views of environmental health professionals, as well as to distribute training and educational material to environmental health professionals throughout the nation.

13 Applicant Program Experience:* 75/200 words maximum

Applicant should have extensive knowledge and experience developing and conducting team training courses related to food safety, including the Epi-Ready team training course and curriculum development.

Applicant should have extensive contact with and effectively represent environmental health professionals who participate in all aspects of food safety activities. Applicant should have extensive and documented experience providing programs that cover general environmental health issues, and which increase collaboration and coordination with epidemiological and laboratory professionals.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 35/200 words maximum

The Food Safety Office expects to collaborate closely with the successful applicant. The applicant should be fully capable of collaborating closely with CIFOR Council member organizations, and ideally, be a current CIFOR member organization.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum

Subcontractual work is expected with some CIFOR projects and possibly with other projects. Identification/selection of subcontractors will be conducted using an open, competitive process.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 128/200 words maximum

	This CBA benefits governmental public health departments, as the applicant will conduct activities that lead to: • Increased knowledge and competency of the environmental health workforce in food safety principles. • Increased capacity of environmental health specialists and public health agencies to detect, investigate, control and prevent foodborne illness. • Increased coordination/collaboration among epidemiology, laboratory, and environmental health units during foodborne disease outbreak response. • Increased collaboration between local, state, and territorial health departments and federal agencies around food safety. • Identified model practices to improve environmental health aspects of food safety at the local, state, territorial, and federal levels. • Serve as a forum and network for environmental health professionals to provide critical input into development of guidance on policy, methods, reports, professional development, and other resources related to food safety.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 19/100 words maximum
	DFWED has no special budget instructions; we suggest adhering to CDC OFR's budget and line item justification instructions.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/18

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
State Health Department Healthcare-Associated Infection (HAI) Antimicrobial Resistance (AR) Capacity Building Project

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Healthcare Quality Promotion

4 CIO Point of Contact (POC) name(s):*
Joe Perz, Elizabeth Wilkins, Wendy Vance

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
bzp4@cdc.gov, bvl5@cdc.gov, boo5@cdc.gov

CIO POC phone number(es):*
404-639-1544

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 16/25 words maximum
Epidemiologists in State Public Health Departments, Public Health Organizations with a focus on epidemiology

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$800,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
583/1,000 words maximum

Objective/Goals:
Accelerate epidemiology capacity building at the state health department level and nationally for Healthcare-associated Infection (HAI) prevention, improving antibiotic use, outbreak response across the healthcare continuum and in the community, and containment and controlling transmission of novel and emerging multi-drug resistant organisms (MDRO) by
• Determining detection and prevention needs across the healthcare spectrum
• Engaging policymakers, public health, healthcare partners, and other relevant stakeholders to provide evidence and education for effective policies and communications for preventing HAI/Antibiotic Resistance (AR), preventing transmission of MDRO across healthcare settings and in the community and improving antibiotic use
• Identifying and sharing best practices for public health departments, healthcare facilities, and other relevant stakeholders for detection, response, containment and prevention
• Providing technical assistance and education for enhancing and improving surveillance, detection, and response policies and practices locally, regionally, and nationally
Objective 1: The Public Health Organization will engage organizational leadership, state health department epidemiology leadership, and other public health leaders to support and promote education, policies, and communications around HAI/AR priority prevention areas, including preventing transmission of MDROs, antibiotic resistance, and outbreak response capacity, for example, through training activities, policy and position statements development, organizational communications channels, and policy and leadership committees.
Objective 1 Activity 1- The Public Health Organization will identify, assign and place up to 6 epidemiologists in HAI/AR fellowship assignments and communication strategies locally, regionally and nationally, that support HAI/AR fellowship assignments in state, territorial, local and tribal health agencies. CDC will collaborate with the Public Health Organization to recruit, select, and match appropriate candidates with health department field assignments to advance these strategies and goals.

Objective 1 Activity 2 – The Public Health Organization will provide support and leadership, including workgroup meetings and active day to day management for the Council for Outbreak Response: HAI and Antibiotic Resistance (CORHA), to improve practices and policies at the local, state and national levels for detection, investigation, control, and prevention of HAI/AR outbreaks across the healthcare continuum, including emerging infections and other risks with potential for healthcare transmission.

Objective 1 Activity 3- The Public Health Organization will provide guidance and support for additional opportunities to provide technical assistance to health department HAI/AR programs to support for HAI/AR priority areas, through workshops, meeting, webinars and/or conference calls in order to create work plans and strategies informed by CDC to move forward the described goals. This may include:
• Convening stakeholders including public health HAI/AR Program staff, epidemiologists and infection perfectionists, and other public health and healthcare partners through meetings, webinars, and/ or conference calls for education, training, technical assistance, and sharing best practices
• Provide peer- to peer
•Training opportunities for state health department staff
• HAI/AR activities, including between states (e.g., mentorship programs)
Provide training resources and expand technical assistance within states to build capacity and strengthen working relationships with regional, city or local health departments

Objective 2: The Public Health Organization will engage organizational leadership, state health department, epidemiology leadership, and other public health leaders to support and advance national planning and implementation efforts in relation to Antimicrobial Resistance Surveillance (ARS).
Objective 2 Activity 1- The Public Health Organization will provide support and leadership, including workgroup meetings and active day to day management for the ARS Task Force, including development and implementation of a Strategic Pan, to improve inter-organizational collaboration, coordination, and information AR laboratory data exchange.
Objective 2 Activity 2- Provide consultation and expertise to support workgroups and strategic objectives for the ARS Task Force. The Public Health Organization will provide HAI/AR expertise to help lead and manage meetings and calls, implement work plans, develop training materials and provide training to state and local health departments and/or external partners.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 72/200 words maximum

The funded organization will be a vital link and information conduit between state health departments and federal agencies to create a public health system that provides and supports safe healthcare and timely and appropriate response to healthcare associated infectious disease outbreaks, including containment of unusual or emerging antibiotic resistance pathogens. The organization should have experience in assisting state health departments by analyzing healthcare infection control programs, processes, policies, strategies, and best practices.

13 Applicant Program Experience:* 94/200 words maximum

The funded organization will have extensive experience working directly with state health departments to address healthcare associated infection and antibiotic resistance prevention, including improving antibiotic use, program support and analyses, and development of state prevention strategies. Funded organization will a so have experience leveraging national and state partnerships and relationships to collaborate and ensure coordination and optimal implementation of such strategies that will assist and build capacity in state health departments in their efforts to improve healthcare infection control and oversight and reduce healthcare associated infections and outbreaks and contain emerging antibiotic resistant pathogens.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 38/200 words maximum

It is expected that the funded organization will continue to strengthen its ongoing collaborative relationships with other key partner organizations that have a focus on improving infection control and outbreak response in healthcare and other federal agencies.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 29/200 words maximum

It is expected that identification and selection of subcontractors be in accordance with CDC policy and that sub-contractors fulfill the purposed and objectives of the specific work plan

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 25/200 words maximum

Accelerate capacity building for state health departments for prevention of HAIs and controlling transmission of emerging AR pathogens across healthcare and the community.

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 45/100 words maximum
	Funds should be used direct salaries and wages, including fringe for the funded organization. Cost of supplies and printing that will be required to meet the objectives, activities, and deliverables. Estimated travel that will be required to meet the objectives, activities, and deliverables.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/20

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National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 12/15 words maximum Federal, State, and Local Policies Regarding Sexually Transmitted Disease Prevention and Control		
2	CIO:* NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE	3	Division, office, or unit:* Division Of Sexually Transmitted Disease Prevention
4	CIO Point of Contact (POC) name(s):* Ryan Cramer; Shean Johnson; Dan Lentine		CIO POC email address(es):* uxj0@cdc.gov; imq9@cdc.gov; dhl2@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* (404) 639-0019; 404-639-6168; 404-639-0462
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B	
6	Description of the Target Population:* 26/25 words maximum Health strategist workforce across state, tribal, local, and territorial health departments to build capacity for making and executing policies related to STD prevention and control		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $250,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 198/1,000 words maximum
	Purpose: To investigate statutes, regulations, ordinances, judicial opinions, and other forms of binding and non-binding legal authority at the federal, state, and local levels as they relate to the prevention and control of sexually transmitted diseases. Increased knowledge of these policies, and increased public health policy research into these policies, will help in building the capacity of public health departments in making and executing these policies. Proposed Activities: To determine the scope of the project to collect and code policies from select jurisdictions, draft materials as they relate to project findings, and perform activities related to dissemination and communication. Expected Outputs: A compilation of policies, coded dataset of policies, codebook and protocol describing the research methods used, project report summarizing notable findings, and complete or partial materials related to the dissemination and communication of the project findings. Expected Outcomes: Increased understanding of this area of policy at different levels of government as well as stimulation and facilitation of policy-related public health research regarding STD prevention and control. Increased understanding of relevant policy and increased public health policy research will improve the capacity of governmental health departments in making and executing sexually transmitted disease prevention and control policy.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	

- **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 91/200 words maximum

Applicant must have legal assessment and analysis capacity with some experience in performing legal assessment and analysis of federal, state, and local statutes, regulations, ordinances, judicial opinions, and other binding and non-binding sources of law (i.e., successful applicant would include someone with a JD who has experience in measuring laws for evaluation research). Additionally, the applicant should have the capacity for qualitative data analysis (to the extent necessary to code legal texts for data analysis purposes), and access to sufficient staff and resources to collect laws from numerous jurisdictions.

13 Applicant Program Experience:* 58/200 words maximum

Applicant must have experience in interpreting and assessing laws across multiple jurisdictions for purposes of facilitating public health research (i.e., successful applicant would include someone with a JD who has experience in measuring laws for evaluation research), as well as an understanding of how policies may be correlated with social determinants of health and STD risk.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 41/200 words maximum

	It is expected that the applicant will collaborate with CDC throughout the project, and other subject matter experts as appropriate. The applicant is strongly encouraged to work with CDC on a peer-reviewed paper with findings from the primary project.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 53/200 words maximum
	Subcontractor must have experience in interpreting and assessing laws across multiple jurisdictions for purposes of facilitating public health research (i.e., successful applicant would include someone with a JD who has experience in measuring laws for evaluation research). Recipient should work with CDC to establish the scope of work and select subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 37/200 words maximum
	Increased understanding of policies related to STD prevention and control, and increased public health policy research, will improve the capacity of governmental health departments in making and executing sexually transmitted disease prevention and control policy.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 89/100 words maximum
	It is anticipated that the majority of the budget will be used on personnel in completion of the project. Use of funds for other purposes (equipment, travel, etc.) as directly related to the project should be justified. 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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/12

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 8/15 words maximum Evaluation and Program Improvement Capacity Building for STD Programs		
2	CIO:* NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE	3	Division, office, or unit:* Division Of Sexually Transmitted Disease Prevention
4	CIO Point of Contact (POC) name(s):* Marion Carter; Shean Johnson; Dan Lentine		CIO POC email address(es):* acq0@cdc.gov; imq9@cdc.gov; dhl2@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404-639-8035; 404-639-6168; 404-639-0462
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 5/25 words maximum STD program staff in health departments		

PROJECT FUNDING
OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $300,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 114/1,000 words maximum
	Purpose: To meet the need for evaluation capacity building in STD programs, given staff turnover and increased need to utilize evaluation and related program improvement strategies Proposed Activities: Plan and host a short course for 4 cohorts of about STD program staff (up to 15 people in each cohort) seeking to improve their evaluation and program improvement capacity and skills. Each short course will involve a limited number of virtual sessions, culminating in 2-day in-person training workshop. Expected Outputs: Training materials developed; trainings held Expected Outcomes: Increased knowledge and skills to apply evaluation and program improvement methods to work among STD program staff; improved use of program evaluation and program improvement methods among funded STD programs

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐

- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 13/200 words maximum

Partner needs expertise in training and capacity building, program evaluation, and quality improvement approaches

13 Applicant Program Experience:* 11/200 words maximum

Partner needs some awareness of STD program operations to be most effective

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 30/200 words maximum

In addition to collaborating closely with DSTDP throughout the project, the partner may benefit from collaborating with National Coalition of STD Directors (NCSD) for planning and implementing the workshops.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 56/200 words maximum

	No subcontractual work is clearly expected, though the partner may wish to subcontract some functions of workshop planning and some evaluation or programmatic expertise. Selection criteria for both would be based in part on demonstrated excellence in prior projects of a similar scope. Recipient should work with CDC to establish the scope of work and select subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 21/200 words maximum Governmental public health agencies should benefit from this CBA by obtaining skills to better evaluate their work and implement program improvements.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 89/100 words maximum
	It is anticipated that the majority of the budget will be used on personnel in completion of the project. Use of funds for other purposes (equipment, travel, etc.) as directly related to the project should be justified. 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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/5

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 2/15 words maximum
Advanced Molecular Detection

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Gregory Armstrong; Nathelia D. Barnes

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
gca3@cdc.gov; ncl7@cdc.gov

CIO POC phone number(es):*
(404) 639-0422; (404) 639-3682

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 24/25 words maximum
Infectious disease epidemiologists in state and local public health agencies; in particular, the project targets epidemiologists whose work involves interpretation of pathogen genomic data.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$170,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
396/1,000 words maximum

The CDC's Advanced Molecular Detection (AMD) program is in its fifth year, adapting next-generation DNA sequencing and bioinformatics for use in the US public health system. Advanced molecular detection capacity and technologies are rapidly increasing in state and local health departments. These technologies are being used to enhance response to public health threats, including foodborne illness, influenza, tuberculosis, viral hepatitis, and antimicrobial resistance. With the rapid expansion of AMD technologies, genomic data are increasingly being used by epidemiologists as part of their routine workflow. However, few epidemiologist have a background in microbial genomics to make most effective use of the genomic data output.

In response, at CDC, the AMD program developed a one-day course to provide the basic background on AMD technologies and bioinformatics data analysis; the course has been presented several times already for national, state, and local epidemiologists. The program is now expanding the AMD training course for epidemiologists to a 2-day course; the expanded course will include additional hands-on time and additional didactic material. The newly developed 2-day course will be offered to epidemiologists in state and local health departments. The AMD program is looking to partner with an external entity to organize and carry out these trainings. The trainings will initially be held in Atlanta; the courses may or may not continue to be held in Atlanta in future years.

Activities include:

- Meeting with the AMD program to develop a plan for this project.
- Developing a plan for soliciting course participants and for selecting those participants, as well as getting this approved with the AMD program.
- Soliciting and selecting course participants.
- Managing travel for participants.
- Helping to manage the course, including providing written materials for the course. CDC will provide the meeting space, but the applicant needs to work with CDC to get applicants cleared to come onto the CDC campus.
- Eliciting and compiling feedback from participants during or after each course and providing that feedback to the course faculty.

In the first year of the project, the program intends to hold two classes, tentatively in January 2019 and April 2019. The first course offering will host 25 participants and the second course offering will host 50. participants Starting in year 2, assuming that a class size of 50 works well, the program will likely increase to offering three or more courses per year, with 50 participants in each course. Applicants should include in their applications the costs of covering staff time to manage this and well as the anticipated travel costs for bringing participants to Atlanta for the 2-day course.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically

	☑ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 66/200 words maximum
	The organization should have the capacity to coordinate with state and local health departments across the United States and to be able to effectively solicit and screen class participants. The organization should be able to do so in a way that optimizes the utility of the course for health departments. The organization should be capable of managing travel and appropriately reimbursing course participants for travel.
13	Applicant Program Experience:* 28/200 words maximum
	The applicant should have experience working with state and local health departments and should have good understanding of infectious disease public health priorities in the United States.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 20/200 words maximum
	The applicant will collaborate with CDC's Office of Advanced Molecular Detection on the planning and execution of the courses.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum
	The awardee may subcontract with another firm, if required to manage travel, but should plan to manage the program from within their own organization.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 48/200 words maximum Recent advancements in microbial genomics capacity in US public health laboratories have created a need for additional training to educate the epidemiologic workforce on topics related to genetic analysis and date interpretation. This project will address the increasing need to establish and facilitate workforce development for the target audience.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 97/100 words maximum
	Applicants should include funds to manage the project, which may require some staff time in their organizations, as well funds to provide the travel necessary. For the first year of the program, the applicants should anticipate managing two courses, one with 25 participants and one with 50 participants. In subsequent years, there will likely be a larger number of courses. For this application, applicants should only include the amount of funding they will need for the upcoming year. It is anticipated that this budget will need to be increased in subsequent years to accommodate the larger number of courses.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/09/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/6

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 7/15 words maximum Strengthening the Nation's Infectious Diseases (ID) Epidemiology Capacity		
2	CIO:* NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE	3	Division, office, or unit:* Other Enter other division, office, or unit:* Division of Preparedness and Emerging Infections
4	CIO Point of Contact (POC) name(s):* Angela Slaughter		CIO POC email address(es):* ASlaughter@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404-639-7722
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 13/25 words maximum Epidemiology workforce in state, local, and tribal health agencies and U.S. territories		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $156,816 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 106/1,000 words maximum
	The purpose of this project is to build applied epidemiology workforce capacity for emerging infectious diseases in state, territorial, and local health departments. Expected Outputs of this project include the following activities: • Establish effective approaches, strategies and policies for epidemiology and surveillance of emerging infectious diseases in local, state and territorial health agencies through consensus building, consultation and exchange of best and promising practices • Provide a national applied epidemiology fellowship training program focusing on recent graduates with epidemiology backgrounds from schools of public health (Masters or Doctoral level), using the on-the-job training/mentorship model and applied epidemiology core competencies. Assure fellowship opportunities aimed specifically at emerging infectious diseases and healthcare associated infections.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐

- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 73/200 words maximum

The recipient must be an organization that works with public health epidemiologists. It must have the capacity to meet the needs of applied public health epidemiologists with surveillance and have the epidemiology expertise in a broad range of areas. The recipient must be a nationally recognized leader in building and sustaining applied epidemiology programs. The recipient must be well established with a diversity of funding sources, and not solely dependent upon federal funding to sustain its programs.

13 Applicant Program Experience:* 79/200 words maximum

The recipient must have demonstrated expertise in planning, implementing, monitoring, and evaluating experience based internships and fellowships. It must have demonstrated success in providing advanced training in infectious diseases epidemiology and informatics; developing standards of practice; providing consultation and technical assistance to state and federal public health agencies and other organizations, administering assessments, and improving epidemiologic reporting and data systems. The recipient must be experienced in advancing public health policy; developing and maintaining partnerships, assisting with applied translational research, and providing public health information.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 24/200 words maximum

The recipient must have established effective relationships and collaborations among state departments, Centers for Disease Control and Prevention, academic institutions, and other health-related agencies.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

	none
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 47/200 words maximum There is an ongoing need for training programs designed to complement academic preparation for epidemiology that involve mentorship by experienced public health workers and practical experience, specifically aimed at developing the state and local level epidemiology workforce. This program provides opportunities for long-term placement of applied epidemiologists at public health departments.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	none
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/22/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/2

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National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 2/15 words maximum Applied Epidemiology Training		
2	CIO:* NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE	3	Division, office, or unit:* Division Of Global Migration And Quarantine
4	CIO Point of Contact (POC) name(s):* Pamela Nonnenmacher; J Todd Mercer		CIO POC email address(es):* fsb6@cdc.gov;ztc9@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 4046397712;4046394489
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 36/25 words maximum Build public health capacity by providing training to epidemiology fellow(s) enabling DGMQ to more effectively assist local, state, tribal, and territorial health departments in reaching globally mobile populations such as refugees, immigrants, and travelers.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $200,156 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 123/1,000 words maximum
	Training for fellow(s) would span a number of epidemiologic activities as listed below: • Evaluation of TB control measures among foreign-born • Estimating prevalence of infectious disease in foreign-born • Determining epidemiology of active TB in recent immigrants, refugees • Assisting with evaluating binational notification communication pathways • Analyzing quarantine station illness response data • Evaluating communicable disease surveillance systems • Comparing clinical management and outcomes of immigrants and non-immigrant cases of TB referred to state departments of health • Conducting project(s) dealing with travel clinics • Analyzing clinical risk factors for developing active TB among patients from a cross-border binational basis • Evaluating use of CDC public health travel restrictions to detect land border travelers with TB who had been lost to follow up and evaluation • Surveillance regarding school-based absenteeism and early detection of community acquired infectious diseases • Assessing infectious diseases among travelers

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 152/200 words maximum

DGMQ works to reduce morbidity and mortality among immigrants, refugees, travelers, expatriates, and other globally mobile populations to prevent the introduction, transmission, and spread of communicable disease through regulation, science, research, preparedness, and response. DGMQ currently has 20 quarantine stations located across the US to work towards these goals. Two stations specifically work to improve and promote the health of binational populations along the US-Mexico border through strong collaborations with federal, state, local, and sister-agencies in Mexico. DGMQ works with health departments across the US in refugee resettlement and is actively engaged with extramural partners in communicating health messages to the traveling public returning to and leaving the US as well as surveillance and research. DGMQ also works with ministries of health supporting increased awareness of advancing the types of surveillance mapping and tracking along land borders and migration paths. The division is also involved in emerging infection emergency response activities.

13 Applicant Program Experience:* 97/200 words maximum

Within DGMQ, the fellow(s) will have access to a number of experienced and seasoned epidemiologists, health scientists, medical officers, public health advisors, evaluators, and communicators from which to draw knowledge and guidance. The work of DGMQ spans the breadth of work with migrants, refugees, travelers, expatriates, non-immigrant visa applicants, and other globally mobile populations. DGMQ has strong ties with extramural partners and health departments at the state, local, tribal, and territorial levels. The fellow(s) will also be able to participate and learn how public health reacts during times of emergency responses to public health emergencies.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 21/200 words maximum

	Fellow(s) will have opportunities to work with, and learn from, a broad base of partners to conduct the project activities.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	n/a
16	Will the proposed CBA benefit governmental public health agencies?* ○ Yes ◉ No
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 32/100 words maximum
	Travel and other expenses may be necessary to fully span the breadth of the learning opportunities available within DGMQ. All expenses will fall under all appropriate regulations, guidance, and protocols.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/30/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/3

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Building National Vector-borne Disease Surveillance and Control Capacity

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Vector-Borne Diseases

4 CIO Point of Contact (POC) name(s):*
Tracy Hasvold; Chris Gregory

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
tab7@cdc.gov; hgk4@cdc.gov

CIO POC phone number(es):*
970-221-6422; 970-221-6413

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 12/25 words maximum
Epidemiologists working on vector-borne diseases in state and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$250,000

○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
714/1,000 words maximum

Purpose: DVBD is requesting the support of partner organizations that can coordinate with CDC, state and local health departments and other partner organizations to define what capacities and competencies a comprehensive vector-borne disease program at the state level should have, estimate the necessary resources to maintain such a program, and provide general support to the public health practice of vector-borne diseases in the United States. A comprehensive vector-borne disease program is considered to consist of, at a minimum, human and vector surveillance components (including appropriate laboratory diagnostic testing), vector borne disease prevention and control efforts for endemic vector-borne disease and response capabilities for emerging vector-borne diseases. This assessment and the accompanying economic analysis should provide clear descriptions of both a minimal vector-borne disease program and a mature fully-functional program for small, medium and large jurisdictions.

Proposed Activities:

Define Core Competencies for Comprehensive Vector-Borne Disease Program

Coordinate with stakeholders, state and local epidemiologists, and partner organizations (particularly for public health laboratories, vector control organizations, local health officials) to develop a consensus definition for the necessary elements for a comprehensive vector-borne disease program and to define the core components and competencies needed for each element for minimal and full performance. This analysis would incorporate previous work done on defining core competencies for mosquito control capabilities but broaden to include core competencies for tick surveillance and control, surveillance for human and animal disease, laboratory diagnostic testing, and public health response actions. It is anticipated that a range of activities would be required including stakeholder meetings and work groups, as well as in-depth collaboration with selected state health departments to perform case-studies to identify the appropriate scope of components for jurisdictions of different sizes and vector-borne disease burden and estimate the recurring resources needed to support such a program at both the minimal and full performance level.

Support Public Health Practice of Vector-Borne Diseases, including Lyme Disease Activities

DVBD supports the public health practice of diverse vector-borne diseases with varied challenges. DVBD aims to support education and outreach to public health partners at all levels to improve surveillance for and clinical and public health education surrounding vector-borne diseases, including Lyme disease. DVBD seeks support and collaboration with public health officials to explore next generation options for human surveillance for recognized and emerging infections, including Lyme disease, and cohesive and comprehensive education for public health officials to ensure appropriate and adequate training of the public health workforce as it relates to public health practice of vector-borne diseases.

Host Vector-borne Disease Subcommittee

DVBD supports the development and maintenance of the applied epidemiologist vector-borne disease subcommittee to improve the capacity of local, state/territorial and regional jurisdictions to respond to vector-borne disease threats. DVBD seeks applied epidemiologists support and collaboration on initiatives to evaluate current practices, develop guidelines and recommendations for vector-borne disease surveillance, prevention and control activities. Specifically, CDC seeks support to develop and maintain an applied epidemiologist vectorborne disease subcommittee to improve the capacity of local, state/territorial and regional jurisdictions to respond to emerging and existing vectorborne disease threats. This subcommittee would support and collaborate on initiatives to evaluate current practices, and to develop guidelines and recommendations for vectorborne disease surveillance, prevention, and control activities. Specific activities would include the following:

- Supporting the members of Vectorborne Disease Subcommittee
- Exploring the need for resources including white papers on a variety of VBD topics
- Hosting competency based, training webinars to provide informal continuing education for the current workforce, focusing on vector-borne diseases

Expected Outputs: 1) Report to CDC and appropriate for public dissemination that describes core components and associated competencies for a comprehensive state-level vector-borne disease program for jurisdictions of various sizes and includes both minimal standards and requirements to be considered fully capable; 2) A cost analysis of the ongoing resources needed to support comprehensive vector-borne disease programs at minimal and fully capable levels for states of varying sizes; 3) Manuscript suitable for publication in a peer-reviewed journal (or MMWR) that describes the key findings of this assessment; 4) Develop agenda and host routine vector-borne subcommittee calls; 5) Host relevant training webinars focusing on vector-borne diseases.

Expected Outcomes: Local jurisdictions will be able to assess their existing vector-borne disease management program capacities against established standards and develop and implement workplans with defined milestones for building towards goal of a fully capable vector-borne disease program.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL		
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 94/200 words maximum

DVBD recognizes the need to further develop and support collaborative relationships with state and local health departments, territories and other public health partner organizations who can support national capacity building and disease prevention objectives. DVBD would like to partner with an organization capable of bringing together a quorum of applied epidemiologists with experience with vector-borne disease surveillance and response at the state, local and national level, as well as applicable partner groups to develop consensus guidelines defining the necessary elements and competencies of a comprehensive vector-borne disease management program at the state level.

13 Applicant Program Experience:* 66/200 words maximum

DVBD seeks an applicant who has established relationships with CDC, state and local health departments, and other partner organizations, particularly epidemiologists and vector-control agencies. Applicant must have proven ability to lead diverse groups toward consensus and take the lead in developing and implementing activities that result in the completion of guidelines, guidance documents and programmatic evaluations and assessments for applied public health use .

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 23/200 words maximum

The applicant would work in consultation and collaboration with CDC, state and local health departments, vector control agencies and other partner organizations.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 48/200 words maximum

There may be a need to subcontract work; however DVBD would work in consultation with recipient to identify any work for subcontracting purposes. Subcontractors would need to demonstrate prior relevant experience in the applicable areas of sub-contracted work (for example vector surveillance, vector control, economic analysis etc).

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 59/200 words maximum

	Creation of a document with agreed upon benchmarks for a comprehensive vector-borne disease management program will allow local, state and national public health authorities to assess the current status of VBD surveillance and control in their jurisdiction, mobilize necessary resources, develop and implement plans to enhance existing capacities and provide milestones for measuring progress towards full program performance.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 25/100 words maximum
	Funds will be used to cover personnel and benefit costs, travel expenses, supplies, equipment and consultant fees needed to cover work described above.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/10/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/8

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Evaluation of Reports of Ill Travelers to Quarantine and Border Health Services Branch (QB)

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Global Migration And Quarantine

4 CIO Point of Contact (POC) name(s):*
Reena Gulati; Shah Roohi; Lee Smith

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
Reena Gulati, ffa0@cdc.gov; Shah Roohi, snr2@cdc.gov; Lee Smith, ih...

CIO POC phone number(es):*
Reena Gulati, 206-615-2791; Shah Roohi, 404-498-5398; Lee Smith, 4...

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 14/25 words maximum
Infectious Disease Workforce of State, Local and Territorial Public Health Departments (SLHD).

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$50,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
333/1,000 words maximum

The purpose of this project is to evaluate the current processes and systems that communicable disease epidemiologists at state and local health departments use to report ill travelers with diseases of public health interest to the Quarantine and Border Health Services Branch in order to identify any areas for improvement in the notification of such diseases in travelers to the Branch.

Proposed activities may include different means of collecting information from epidemiologists at state and local health departments on what their procedures are for reporting ill travelers to Quarantine Branch, including, but not limited to: conducting an assessment of state and local health department practices; conducting a guided focus group discussion of state and local health department epidemiologists to elicit their practices for reporting to QB; and/or using other means of gathering input from epidemiologists at state and local health departments regarding their policies and procedures for reporting ill travelers with diseases of public health concern to Quarantine Branch.

After collection, data would then be analyzed and presented in a format that communicates key observations and opportunities for improvement. Expected outputs for such analysis may include: development of a summary report of key findings from state and local health department epidemiologists on what their current reporting mechanisms to QB are regarding ill travelers with disease of public health concern; provision of feedback to state and local health departments on the summary of results and suggestions for areas of improvement; and provision of feedback to the Quarantine and Border Health Services Branch on areas where improvements can be made in assisting state and local health department partners to report disease of public health concern in ill travelers to QB.

Based on findings and recommendations from the assessment and feedback collected from SLHD epidemiologists, the following outcomes may be achieved: state and local health department epidemiologists developing policy documents and establishing more robust processes for notifying ill travelers with diseases of public health concern to Quarantine and Border Health Services Branch; recommending relevant changes to Quarantine Branch processes; and/or standardizing travel-related data elements to the Nationally Notifiable Disease Surveillance System.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☑ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 71/200 words maximum
	The organizational capacity required to effectively conduct the work described under the project description includes: proficiency and experience in conducting assessments and/or focus group discussions of state and local health department epidemiologists involved in communicable disease reporting; the capacity to conduct a national assessment, either electronically or by paper; the capacity to conduct a focus group discussion representative of state and local health department epidemiologists; and proficiency in epidemiological methods, data collection, and analysis.
13	Applicant Program Experience:* 77/200 words maximum
	The program experience required to effectively conduct the work of this project includes: an existing partnership with state and local health department epidemiologists involved in reporting ill travelers with disease of public health interest to Quarantine and Border Health Services Branch; knowledge of, familiarity with, and experience in reaching such relevant epidemiology staff at state and local health departments; and familiarity with the reporting requirements of ill travelers with diseases of public health interest to the Quarantine and Border Health Services Branch.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 0/200 words maximum
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 137/200 words maximum
	The proposed CBA will benefit governmental public health agencies by assessing the current reporting practices of communicable disease epidemiologists at state and local health departments regarding ill travelers with diseases of public health interest and thus providing feedback to these agencies for improvement in their practices. It will also benefit such agencies by providing feedback to the partnering organization, CDC's Quarantine and Border Health Services Branch, to understand what changes or improvements can be made to facilitate ill traveler reporting by state and local health departments. Ultimately, increased reporting of ill travelers with diseases of public health interest benefits governmental public health agencies by improving state and local health department partnership with QB and therefore, improvements in identifying subsequent contacts of ill travelers with such diseases, as well as preventing further spread of these diseases of concern.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 11/100 words maximum
	Funds may be used for cost of personnel and/or travel.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/14

Center for State, Tribal, Local, and Territorial Support (proposed)
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Food Safety Activities for State, Local and Territorial Epidemiologists

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Foodborne, Waterborne, & Environmental Diseases

4 CIO Point of Contact (POC) name(s):*
Racquel Williams; Don Sharp

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
iic3@cdc.gov; das8@cdc.gov

CIO POC phone number(es):*
404-718-5286; 404-639-3845

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 7/25 words maximum
State, Tribal, Local and Territorial Epidemiologists.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$455,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
685/1,000 words maximum

This project will improve local, state and territorial food safety. For the purpose of this project, food safety is defined as foodborne illness and outbreak surveillance and response. Foodborne illness is a substantial public health problem. Local, state and territorial capacity to conduct effective, rapid foodborne illness and outbreak surveillance and response activities is a critical part of the overall public health approach to address food safety issues. The project will strengthen local, state and territorial food safety collaborations, improve foodborne illness and outbreak surveillance and response programs, and provide assistance to epidemiologists.

Purpose:
• Improve foodborne illness and outbreak surveillance and response capacity by supporting the efforts of epidemiologists working at the local, state, and territorial levels.
• Promote the effective use of epidemiologic data to guide public health practice related to food safety.
• Build workforce capacity in foodborne disease epidemiology in local, state and territorial health departments through a national fellowship training program and support of a variety of other epidemiology capacity building programs.
• Maintain and provide technical resources and foster information exchanges for the applied epidemiology workforce.
• Provide an established resource to local, state, territorial and federal agencies and public health partners for epidemiology and surveillance.

Proposed Activities:
Council to Improve Foodborne Outbreak Response (CIFOR):
1. Provide management, technical, and administrative support for CIFOR (including the CIFOR Council, the CIFOR Governance Committee, CIFOR Development Teams, select CIFOR projects and CIFOR Workgroups).
2. Organize CIFOR conference calls, webinars, and in-person meetings, and provide ongoing support for select CIFOR workgroups and projects to increase the relevancy, applicability, and usability of products to improve foodborne outbreak response.
3. Support trainings for health department staff (including travel scholarships) on the CIFOR Guidelines, the CIFOR Guidelines Toolkit, and other CIFOR products as needed.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 83/200 words maximum

Applicant should have close contact and communication with epidemiologists at the local, state, and territorial levels and have contacts with the 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 activities related to the epidemiological aspects of foodborne illness and outbreak surveillance and response activities. Applicant should have staff and/or members who have expertise in the epidemiological aspects of foodborne illness and outbreak surveillance and response activities.

13 Applicant Program Experience:* 115/200 words maximum

Applicant should have extensive experience working with and representing epidemiologists in local, state, and territorial health departments. They should have staff knowledgeable about food safety epidemiological issues and infectious diseases in general. They should have experience managing cooperative agreements and contracts and extensive budget experience. They should have experience planning and conducting in-person meetings and managing travel procedures. They should be experienced with policy issues related to food safety/foodborne disease epidemiology. They 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 with associations representing state and local health officials, environmental health professionals, agricultural and food officials, and laboratorians.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 35/200 words maximum

The Food Safety Office expects to collaborate closely with the successful applicant. The applicant should be fully capable of collaborating closely with CIFOR Council member organizations, and ideally, be a current CIFOR member organization.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum

Subcontractual work is expected with some CIFOR projects and possibly with other projects. Identification/selection of subcontractors will be conducted using an open, competitive process.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 132/200 words maximum

	This CBA benefits governmental public health departments, as the applicant will conduct activities that lead to: • Increased capacity of applied epidemiologists and public health agencies to detect, investigate, control and prevent foodborne illness • Increased competency of the public health workforce, specifically in food safety • Increased collaboration between CDC and states around surveillance and response issues related to foodborne disease. • Identified model practices to improve the epidemiological aspects of food safety activities at the local, state/territorial, and federal levels • Improved partnership and integration efforts with laboratory science programs, environmental health, policy, and applied research within local, state, and territorial public health agencies, and with federal public health agencies . • Serve as a forum and network for epidemiologists and other public health professionals to develop guidance on policy, methods, interpretation of reports, professional development, and other resources
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 19/100 words maximum
	DFWED has no special budget instructions; we suggest adhering to CDC OFR's budget and line item justification instructions.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/16

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Food Safety Activities for Environmental Health Professionals

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Foodborne, Waterborne, & Environmental Diseases

4 CIO Point of Contact (POC) name(s):*
Racquel Williams; Don Sharp

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
iic3@cdc.gov; das8@cdc.gov

CIO POC phone number(es):*
404-718-5286; 404-639-3845

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 13/25 words maximum
Environmental Health Scientists and Specialists Employed in State, Tribal, Local, and Territorial Governments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$100,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
515/1,000 words maximum

This project will improve local, state and territorial food safety. For the purpose of this project, food safety is defined as foodborne illness and outbreak surveillance and response. Foodborne illness is a substantial public health problem. State/territorial and local capacity to conduct effective, rapid foodborne illness and outbreak surveillance and response activities is a critical part of the overall public health approach to address food safety issues. The project will strengthen local, state and territorial food safety collaborations, improve foodborne illness and outbreak surveillance and response programs, and provide assistance to environmental health professionals.

Purpose:
• Increase the capacity of local, state and territorial health departments to detect, investigate, control and prevent foodborne illness.
• Build the Council to Improve Foodborne Outbreak Response's (CIFOR) ability to create critical guidance documents for local, state, territorial, and federal officials involved in foodborne disease surveillance, detection, and response activities.
• Provide technical resources and foster information exchanges for the environmental health workforce
• Provide an established resource to state/territorial, local and federal agencies and public health partners for environmental health.

Proposed Activities:
Council to Improve Foodborne Outbreak Response (CIFOR):
1. Support CIFOR activities (including the CIFOR Council, CIFOR Governance Committee, Development Teams, select projects and workgroups).

Meeting/Conference/Training Support:
1. Provide management, technical, and administrative support for trainings on foodborne illness and outbreak surveillance and response (e.g. Epi-Ready), including but not limited to: development of the agenda, participant list, certificates of attendance, and training materials/resources; providing logistical and travel support; providing continuing education credits; conducting evaluations of the courses; and providing CDC with a summary report of each course.
2. Support foodborne illness and outbreak surveillance and response trainings conducted by the CDC's Integrated Food Safety Centers of Excellence (CoEs) by facilitating the continuing education credit application/approval process for courses.
3. Provide technical and administrative support for national meetings/conferences such as InFORM, Regional Meetings, and other food safety meetings, trainings, or events as needed, including travel support for health department environmental health specialists and trainees (if funding allows).
4. Support other national stakeholder groups, as needed.

Expected Outputs:
CIFOR:
1. Active participation in the development, promotion, and evaluation of CIFOR products, and distribution of CIFOR materials to environmental health professionals

Meeting/Conference/Training Support:
1. Successful delivery of 1 foodborne illness and outbreak surveillance and response course (e.g. Epi-Ready train-the-trainer course)
2. Continuing education credits successfully obtained for foodborne illness and outbreak surveillance and response courses conducted by the CoEs.
3. Support environmental health staff and trainees to attend and participate in national or regional meetings/conferences and trainings related to food safety.
4. Successful partial support of at least one national or regional environmental health meeting/conference on food safety issues.

Expected Outcomes:
• Increased knowledge and competency of the environmental health workforce in food safety principles.
• Increased capacity of environmental health specialists and public health agencies to detect, investigate, control and prevent foodborne illness.
• Increased coordination/collaboration among epidemiology, laboratory, and environmental health units during foodborne disease outbreak response.
• Increased collaboration between local, state, and territorial health departments and federal agencies around food safety.
• Identified model practices to improve environmental health aspects of food safety at the local, state, territorial, and federal levels.
• Serve as a forum and network for environmental health professionals to provide critical input into development of guidance on policy, methods, reports, professional development, and other resources related to food safety.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 117/200 words maximum

Applicant should have close contact and communication with environmental health professionals at the local, state, and territorial levels and have contacts with the key federal agencies involved in food safety issues. Applicant should have administrative, professional, and IT capacity to simultaneously coordinate a variety activities related to the environmental health aspects of food safety. Applicant should have staff and/or members who have expertise in the environmental health aspects of food safety.

Additionally, the applicant should have robust access to trends and developments in the environmental health profession. Applicant should have website capabilities to solicit comments, suggestions and views of environmental health professionals, as well as to distribute training and educational material to environmental health professionals throughout the nation.

13 Applicant Program Experience:* 75/200 words maximum

Applicant should have extensive knowledge and experience developing and conducting team training courses related to food safety, including the Epi-Ready team training course and curriculum development.

Applicant should have extensive contact with and effectively represent environmental health professionals who participate in all aspects of food safety activities. Applicant should have extensive and documented experience providing programs that cover general environmental health issues, and which increase collaboration and coordination with epidemiological and laboratory professionals.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 35/200 words maximum

The Food Safety Office expects to collaborate closely with the successful applicant. The applicant should be fully capable of collaborating closely with CIFOR Council member organizations, and ideally, be a current CIFOR member organization.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum

Subcontractual work is expected with some CIFOR projects and possibly with other projects. Identification/selection of subcontractors will be conducted using an open, competitive process.

16 Will the proposed CBA benefit governmental public health agencies?* (●) Yes ( ) No

Briefly describe how. : * 128/200 words maximum

	This CBA benefits governmental public health departments, as the applicant will conduct activities that lead to: • Increased knowledge and competency of the environmental health workforce in food safety principles. • Increased capacity of environmental health specialists and public health agencies to detect, investigate, control and prevent foodborne illness. • Increased coordination/collaboration among epidemiology, laboratory, and environmental health units during foodborne disease outbreak response. • Increased collaboration between local, state, and territorial health departments and federal agencies around food safety. • Identified model practices to improve environmental health aspects of food safety at the local, state, territorial, and federal levels. • Serve as a forum and network for environmental health professionals to provide critical input into development of guidance on policy, methods, reports, professional development, and other resources related to food safety.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 19/100 words maximum
	DFWED has no special budget instructions; we suggest adhering to CDC OFR's budget and line item justification instructions.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/18

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Integrating Variables from the Model Aquatic Health Code (MAHC) into Environmental Public Health Tracking

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Emergency And Environmental Health Services

4 CIO Point of Contact (POC) name(s):*
Jasen Kunz, Joe Laco

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
izk0@cdc.gov, htr6@cdc.gov

CIO POC phone number(es):*
770-488-7056, 770 488-3955

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 11/25 words maximum
Environmental health programs in state, territorial, or local health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
586/1,000 words maximum

Purpose:
The purpose of this project is to incorporate recreational water data collected by the Model Aquatic Health Code (MAHC) into the CDC's Environmental Public HealthTracking Program (Tracking Program) so that federal, state, and/or local agencies that use information and tools to determine if conditions leading to public health threats are occurring or imminent are better prepared to implement public health actions quickly. Such quick development and startup will more effectively prevent or control diseases possibly linked to hazards in the aquatic environment. Healthcare providers and agencies will be able to use the data to target inspections or other preventive services. The public will be able to use the data to better understand any community-related health trends and events.

Swimming is one of the most popular sports in the nation. Many local and state health departments have purview over recreational water venues. However, disease outbreaks, injuries, and pool closures threaten the health of the swimming public. CDC and partners have developed a Model Aquatic Health Code (MAHC) providing guidelines based on the latest science and best practices that jurisdictions can use to reduce the risk of outbreaks, drowning, injuries, and chemical poisoning. The MAHC is free and available for voluntary use, in whole or part, by jurisdictions.
CDC's Tracking Program is a multidisciplinary collaboration. The program collects, integrates, analyzes, interprets, and distributes data from environmental hazard monitoring, human exposure surveillance, and health effects surveillance. The Tracking Program's principal effort is the development of the National Environmental Public Health Tracking Network (Tracking Network), a Web-based data and information system. Incorporation of MAHC variables into the Tracking Program will provide additional insight and information to prevent disease outbreaks associated with recreational water use.

Proposed Activities:
Applicant proposals should reflect specific activities their organization is uniquely poised to conduct in addressing these priorities. The successful applicant will:
• Identify up to 3 state, tribal or local health departments already using the MAHC and conducting inspections of aquatic venues;
• Demonstrate the ability to move funding to participating public health jurisdictions;
• Convene a meeting of representatives from the 3 identified local and/or state jurisdictions and other key stakeholders to decide on variables from the MAHC standardized collection instrument to monitor;
• Develop a open data standard/standardized report containing the agreed upon variables for ease of posting on health department outward facing pages;
• Make variables from the MAHC standardized collection instrument data from partipating jurisdictions available to the Tracking Network for dissemination;
• Develop guidance document on how other jurisdictions can implement a similar plan to make MAHC data available to the Tracking Network for dissemination;
• Arrange webinars, trainings, and other educational materials for EH professionals at state, city and county health departments;
• Develop mechanisms to inform and mobilize target populations.

Expected Outputs:
Applicant proposals should reflect the types of outputs or products that might be generated through the project work plan objectives and activities.
• Improved data sharing following accepted data sharing practices of agreed-upon variables from the MAHC standardized collection instrument.
• Develop guidance documents and other educational materials for EH professionals.

Expected Outcomes:
Applicant proposals should identify anticipated outcomes, such as:
• Prevent injuries, disease transmission, outbreaks, and associated costs;
• Reduce pool code violations and imminent health hazard–related closures;
• Increase visibility of science and best practices in pool inspection programs;
• Expanded use of inspection data to improve surveillance and decision making;
• Proposed metrics for measuring project-related impact that wider sharing of MAHC information may have.
Collaborative work:
• The Water, Food and Environmental Health Services Branch (WFEHSB) and the CDC Tracking Program will collaborate to identify partners to pilot this data sharing.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 112/200 words maximum

The applicant organization must have the capacity to effectively and efficiently collaborate with EH professionals at state and/or county and city departments of health. The applicant must have mechanisms in place to move funding to the participating jurisdictions. The applicant must have experience working with CDC's National Environmental Public Health Tracking Program. 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 EH professionals at state and/or county and city health officials on identified and emerging EH issues. The organization must implement work activities in a timely fashion.

13 Applicant Program Experience:* 81/200 words maximum

The applicant should have experience developing and disseminating tools and products for state, territorial, and or local and tribal environmental health professionals on identified and emerging EH issues. The applicant should have extensive knowledge and be deeply familiar with the trends, experiences, and needs of state and/or city and county EH professionals. In addition, the applicant organization should have demonstrated experience in recreational water, particularly experience regarding pool inspection programs and practices at state and/or county and city health departments.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 29/200 words maximum

There are no specific expectations for collaboration with other organizations or entities. However, collaboration may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 words maximum

At this time, CDC does not anticipate using subcontractors for this project.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 38/200 words maximum

The proposed project would result in resources, guidance, and information governmental public health agencies could use to improve their performance and the effectiveness and efficiency of their services, with particular emphasis on the Model Aquatic Health Code.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 39/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/25

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National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Partnership to improve laboratory measurements of chronic disease biomarkers

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
DIvision of Laboratory Sciences

4 CIO Point of Contact (POC) name(s):*
Amy Mowbray

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
htm3@cdc.gov

CIO POC phone number(es):*
770-488-0183

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 27/25 words maximum
Public health chronic disease directors, staff, and related stakeholders who use chronic disease biomarker laboratory results for public health/healthcare decisions or to improve public health/healthcare practice.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$100,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
306/1,000 words maximum

Purpose: Accurate laboratory measurements for chronic disease biomarkers, such as blood lipids and hormones, are critical for correctly assessing patients, conducting translational research, and improving and evaluating public health practices for preventing chronic diseases. Public health professionals, health care providers, and other key stakeholders rely on these measurements to inform public health actions and advance the quality of public health and health care decision making. The purpose of this project is to support and expand partnerships that improve the quality of chronic disease biomarker measurements and encourage the use of harmonized measurements in public health practice, research, and clinical care.

Proposed Activities: The awardee will organize, convene and support a partnership of public health, scientific, health care provider, federal department, university, and private sector organizations interested in improving laboratory measurements for chronic disease biomarkers. Activities include: 1) convening routine teleconference and in-person meetings, 2) identifying and recruiting new and/or non-traditional stakeholders to the partnership, and 3) providing administrative and programmatic support to the development, maintenance, and dissemination of the partnership's strategic and communication products.

Expected Outputs: This project will result in the following outputs: 1) A diverse and active partnership of public health and health professionals working to improve the accuracy and reliability of chronic disease biomarker tests, 2) a dynamic strategic plan that prioritizes chronic disease biomarker tests for improvement and identifies partnership activities and goals, and 3) education and communication plans and materials/media targeting diverse audiences such as the general public, health care providers, and payers.

Expected Outcomes: This project will results in the following outcomes: 1) increased awareness of the importance of accurate chronic disease biomarker tests among the general public, health care providers, and payers, 2) broader use of harmonized tests in research, public health, and clinical care, and 3) improved diagnosis, treatment, and prevention of chronic diseases.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 80/200 words maximum

Applicants must demonstrate the capacity and skill sets to effectively work with external partners in strengthening public health infrastructure and advancing the quality of public health decision making for chronic diseases. Applicants must have experience working with and organizing diverse partners to improve the detection and prevention of chronic diseases. Applicants must also demonstrate a history of successful partnerships, credibility, and influence among key public health/health care stakeholders, as well as demonstrate relationships, productivity, and influence in health care writ large.

13 Applicant Program Experience:* 43/200 words maximum

Applicants must demonstrate experience working with key stakeholders in improving the quality of laboratory measurements for chronic disease biomarkers. Applicants must also demonstrate previous success in establishing and managing connections and relationships with public health and healthcare stakeholders addressing chronic diseases.

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 22/200 words maximum
	CDC expects the awardee to collaborate with CDC and public health partners working to improve the detection and prevention of chronic diseases.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 52/200 words maximum
	CDC expects the awardee to subcontract with an organization with expertise in communicating, through multiple media, with the public, health care, and other key sectors for the purposes of education and advancing the use of of accurate and reliable chronic disease biomarker tests for public health and health care purposes.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 56/200 words maximum
	Public health agencies working to reduce the morbidity and mortality of chronic diseases will benefit from stronger collaborations with health care providers, federal agencies, academic institutions, and private sector organizations. Broad use of accurate and reliable biomarker tests will improve fundamental and translational research, informing better public health agency practice for preventing chronic diseases.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/28

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Supporting and Enhancing the Environmental Health Workforce

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Emergency And Environmental Health Services

4 CIO Point of Contact (POC) name(s):*
Daneen Farrow Collier

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dhf6@cdc.gov

CIO POC phone number(es):*
77.488.4945

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 15/25 words maximum
Environmental health workforce to include professionals in state, territorial, tribal, county and city programs.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,200,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
385/1,000 words maximum

Purpose: The purpose of this project is to strengthen the role of state, tribal and local environmental health programs and professionals to better anticipate, identify, and respond to adverse environmental exposures and the consequences of these exposures to human health. Overall objectives are to educate and train the environmental health professional for the purpose of providing environmental health services to communities. This includes developing quality educational programs for the environmental health workforce, and providing access to topical, relevant, scientific information, consultation and assistance for existing and emerging environmental health issues. Expected activities to address these objectives may include working groups, position papers, training products and materials, educational materials, technical assistance, and guidance. Environmental health services include food safety, water safety, vector control, waste management, outbreak investigations, land use/built environment, drought planning, marketing and communication in environmental health, air/land, children's environmental health, drinking water quality/water pollution, vessal sanitation, emerging pathogens, zoonotic diseases, environmental health leadership development, environmental health research, environmental health tracking and informatics, hazardous materials and toxic substances, injury prevention/occupational health, and other general environmental health issues.

In addition, the applicant will support training activities related to CDC programs such as National Environmental Assessment Reporting System (NEARS), Epi-Ready, Environmental Health Training in Emergency Response (EHTER), and Vessel Sanitation Program's Enhanced Cruise Industry and Environmental Health Training.

Proposed Activities: Applicant proposals should reflect specific strategies their organization is uniquely poised to conduct in addressing these priorities, such as the following:

- Convening key stakeholders and promoting collaboration, such as through organizational committees addressing environmental health priorities
- Arranging webinars, trainings, and other educational materials for environmental health staff at state, city and county health departments
- Developing mechanisms to inform and mobilize target populations
- Developing trainings related to critical environmental health topics and services
- Developing case studies illustrating "in the field" approaches to addressing environmental health priorities that highlight replicable approaches and lessons learned to share with programs.
- Offering credentialing programs for EH professionals
- Facilitating and evaluating technical environmental health related regional meetings

Proposals should include an evaluation plan with as much emphasis on health impact as possible.

Expected Outputs: Applicant proposals should reflect the types of outputs or products that might be generated through the project work plan objectives and activities.

Expected Outcomes: Applicant proposals should identify anticipated outcomes that contribute to improving the environmental health workforce.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☑	Improved operational capacity to evaluate, manage, and improve public health systems
	☑	Improved leadership capacity to identify and prioritize public health needs
	☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☐	Improved communication and information technology 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
	☑	Increased capacity to evaluate laws and policies to affect health

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability of public health systems to achieve nationally established standards

☑ Increased leadership decision-making to address public health needs strategically and systematically

☑ Strengthened capability of public health workforce to deliver essential public health services

☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

☑ Strengthened capability to systematically apply and use laws and policies to improve health

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 85/200 words maximum

The applicant organization must have the capacity to effectively and efficiently collaborate with environmental health workforce. 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 environmental health workforce on identified and emerging environmental health issues. The organization must implement work activities in a timely fashion. Have existing national affiliate network to reach the EH workforce at all professional levels.

13 Applicant Program Experience:* 56/200 words maximum

The applicant organization should have experience developing and disseminating tools and products for environmental health workforce on identified and emerging environmental health issues. The applicant should have extensive knowledge and be deeply familiar with the trends, experiences, and needs of city and county environmental health practitioners, as identified through organizational surveys or other sources.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 31/200 words maximum

There are high expectations for collaboration with CDC, health departments, and other environmental health organizations. CDC may also seek collaboration among funded partners to foster information sharing and strategic planning.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum

Sub-contractual work may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 16/200 words maximum

The proposed project would result in EH programs' and professionals' improved performance, knowledge and skills.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 39/100 words maximum

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.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/15/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/39

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Regional National Environmental Assessment Reporting System (NEARS) Meetings

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Emergency And Environmental Health Services

4 CIO Point of Contact (POC) name(s):*
Daneen Farrow Collier; Laura Brown

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dhf6@cdc.gov; lrg0@cdc.gov

CIO POC phone number(es):*
770.488.4945

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 18/25 words maximum
State and local environmental health programs and their staff, with a focus on those in food safety

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$350,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
366/1,000 words maximum

Purpose: The purpose of this project is to advance the practice of environmental health (EH) at the state and local level by strengthening foodborne illness outbreak investigation capacity at state and local levels. This will be achieved through regional face-to-face meetings with state and local EH professionals who conduct foodborne illness outbreak investigations and/or who report data to CDC's National Environmental Assessment Reporting System (NEARS).
Applicants should have expertise in meeting facilitation and evaluation and knowledge of and experience working with state and local environmental health and food safety programs. The applicant will support the branch in organizing, convening and facilitating four regional meetings of National Environmental Assessment Reporting System (NEARS) users. NEARS is CDC's foodborne illness outbreak surveillance system that captures comprehensive data on environmental causes of outbreaks, not currently captured in existing foodborne outbreak systems (e.g. NORS).
The meetings will be designed to: 1) provide training to EH professionals on collecting and reporting NEARS data, 2) obtain feedback from NEARS users to identify the strengths and weaknesses of the system and the data collected in it, and 3) strengthen collaboration between CDC and state and local EH programs, and among state and local EH programs.
Proposed Activities: Applicant proposals should reflect specific activities their organization is uniquely poised to conduct in addressing these priorities, such as the following:
• identify state and local EH programs and professionals to attend the regional NEARS meetings
• in collaboration with the branch, plan the meetings' agendas and sessions
• coordinate meeting logistics (e.g., meeting locations, participant travel, hotel accommodations)
• host and facilitate the meetings
• conduct meeting evaluations and develop after-action meeting reports.
Expected Outputs: Applicant proposals should reflect the types of outputs or products that might be generated through the project work plan objectives and activities. This might include outputs such as meeting invitations, agendas, logistic coordination plans, meeting evaluations and minutes, and after-action reports.
Expected Outcomes: Applicant proposals should identify anticipated outcomes that contribute to successful meetings of state and local EH professional meetings. Proposals should include proposed metrics for measuring project-related impacts. These may include increased understanding and support of NEARS and the state and local level and increased number of sites participating in NEARS.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 75/200 words maximum
	The applicant organization must have the capacity to effectively and efficiently coordinate meetings with state and local EH professionals, particularly in the area of food safety. 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 plan and manage technical meetings of state and local EH professionals. The organization must implement work activities in a timely fashion.
13	Applicant Program Experience:* 69/200 words maximum
	The applicant should have experience planning and managing meetings for state and local EH professionals. The applicant should have extensive knowledge and be deeply familiar with the trends, experiences, and needs of state and local EH professionals. In addition, the applicant organization should have demonstrated experience in food safety and in supporting state and local EH professionals in their food safety activities, including foodborne illness outbreak investigation.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 29/200 words maximum
	There are no specific expectations for collaboration with other organizations or entities. However, collaboration may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 words maximum
	At this time, CDC does not anticipate using subcontractors for this project.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 27/200 words maximum The proposed project would result in EH programs' and professionals' improved performance, knowledge and skills in foodborne illness outbreak investigation, with particular emphasis on NEARS.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 39/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/15/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/40

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 14/15 words maximum The Development of National Guidance Documents for the Control and Prevention of Zoonoses and Recommendations		
2	CIO:* NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE	3	Division, office, or unit:* Other Enter other division, office, or unit:* One Health Office
4	CIO Point of Contact (POC) name(s):* Casey Barton Behravesh; Zachary Braden		CIO POC email address(es):* dlx9@cdc.gov; zab5@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404.639.0367; 404.639.1199
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 7/25 words maximum State, tribal, local, and territorial epidemiologists		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $100,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 134/1,000 words maximum
	Support the National Association of State Public Health Veterinarians (NASPHV) in the development of national guidance documents (also known as "compendia") on issues at the animal-human interface including zoonotic disease control and prevention. Diseases include but are not limited to enteric zoonoses (e.g. Salmonella), rabies, psittacosis, and others that can be spread between animals and people in various environments including occupational and public settings. Expected outputs will be a series of planning conference calls, 1 to 2 meetings to prepare each compendia document, occurring in calendar years 2018 or 2019. The goal will be to enhance knowledge and practical application of procedures, practices and tools for controlling and preventing zoonoses, promoting safe animal encounters and promoting safe environments where veterinary professionals, animal owners and breeders, retail stores, and the public interact with animals.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑

	Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions
	☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*
	Short-Term
	☑ Improved operational capacity to evaluate, manage, and improve public health systems
	☐ Improved leadership capacity to identify and prioritize public health needs
	☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☑ Improved communication and information technology 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
	☐ Increased capacity to evaluate laws and policies to affect health
	☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☑ Increased capability of public health systems to achieve nationally established standards
	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☑ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 49/200 words maximum
	Need to have capacity to organize meetings in a cost effective manner, potentially associated with another professional meeting where NASPHV personnel participate to allow meetings for public health veterinarians and subject matter experts, including CDC personnel, to discuss Compendium topics related to zoonoses and other animal-human interface issues.
13	Applicant Program Experience:* 15/200 words maximum
	Need expertise in zoonoses, veterinary public health, and general disease prevention and control measures.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 22/200 words maximum
	Work with CDC, state health department personnel and subject matter experts from academic institutions, national animal and human health organizations, and industry.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

	N/A.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 49/200 words maximum The goal will be to assist public health agencies by enhancing knowledge and practical application of procedures, practices and tools for controlling and preventing zoonoses, promoting safe animal encounters and promoting safe environments where veterinary professionals, animal owners and breeders, retail stores, and the public interact with animals.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 20/100 words maximum Funds should cover costs 1 to 3 meetings to prepare each compendia document including travel of personnel to participate in meetings.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/16/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/0

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Regional National Environmental Assessment Reporting System (NEARS) Meetings

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Emergency And Environmental Health Services

4 CIO Point of Contact (POC) name(s):*
Daneen Farrow Collier; Laura Brown

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dhf6@cdc.gov; lrg0@cdc.gov

CIO POC phone number(es):*
770.488.4945

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 18/25 words maximum
State and local environmental health programs and their staff, with a focus on those in food safety

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$350,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
366/1,000 words maximum

Purpose: The purpose of this project is to advance the practice of environmental health (EH) at the state and local level by strengthening foodborne illness outbreak investigation capacity at state and local levels. This will be achieved through regional face-to-face meetings with state and local EH professionals who conduct foodborne illness outbreak investigations and/or who report data to CDC's National Environmental Assessment Reporting System (NEARS).
Applicants should have expertise in meeting facilitation and evaluation and knowledge of and experience working with state and local environmental health and food safety programs. The applicant will support the branch in organizing, convening and facilitating four regional meetings of National Environmental Assessment Reporting System (NEARS) users. NEARS is CDC's foodborne illness outbreak surveillance system that captures comprehensive data on environmental causes of outbreaks, not currently captured in existing foodborne outbreak systems (e.g. NORS).
The meetings will be designed to: 1) provide training to EH professionals on collecting and reporting NEARS data, 2) obtain feedback from NEARS users to identify the strengths and weaknesses of the system and the data collected in it, and 3) strengthen collaboration between CDC and state and local EH programs, and among state and local EH programs.
Proposed Activities: Applicant proposals should reflect specific activities their organization is uniquely poised to conduct in addressing these priorities, such as the following:
• identify state and local EH programs and professionals to attend the regional NEARS meetings
• in collaboration with the branch, plan the meetings' agendas and sessions
• coordinate meeting logistics (e.g., meeting locations, participant travel, hotel accommodations)
• host and facilitate the meetings
• conduct meeting evaluations and develop after-action meeting reports.
Expected Outputs: Applicant proposals should reflect the types of outputs or products that might be generated through the project work plan objectives and activities. This might include outputs such as meeting invitations, agendas, logistic coordination plans, meeting evaluations and minutes, and after-action reports.
Expected Outcomes: Applicant proposals should identify anticipated outcomes that contribute to successful meetings of state and local EH professional meetings. Proposals should include proposed metrics for measuring project-related impacts. These may include increased understanding and support of NEARS and the state and local level and increased number of sites participating in NEARS.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 75/200 words maximum
	The applicant organization must have the capacity to effectively and efficiently coordinate meetings with state and local EH professionals, particularly in the area of food safety. 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 plan and manage technical meetings of state and local EH professionals. The organization must implement work activities in a timely fashion.
13	Applicant Program Experience:* 69/200 words maximum
	The applicant should have experience planning and managing meetings for state and local EH professionals. The applicant should have extensive knowledge and be deeply familiar with the trends, experiences, and needs of state and local EH professionals. In addition, the applicant organization should have demonstrated experience in food safety and in supporting state and local EH professionals in their food safety activities, including foodborne illness outbreak investigation.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 29/200 words maximum
	There are no specific expectations for collaboration with other organizations or entities. However, collaboration may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 words maximum
	At this time, CDC does not anticipate using subcontractors for this project.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 27/200 words maximum The proposed project would result in EH programs' and professionals' improved performance, knowledge and skills in foodborne illness outbreak investigation, with particular emphasis on NEARS.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 39/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/15/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/40

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 14/15 words maximum The Development of National Guidance Documents for the Control and Prevention of Zoonoses and Recommendations		
2	CIO:* NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE	3	Division, office, or unit:* Other Enter other division, office, or unit:* One Health Office
4	CIO Point of Contact (POC) name(s):* Casey Barton Behravesh; Zachary Braden		CIO POC email address(es):* dlx9@cdc.gov; zab5@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404.639.0367; 404.639.1199
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 7/25 words maximum State, tribal, local, and territorial epidemiologists		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $100,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 134/1,000 words maximum
	Support the National Association of State Public Health Veterinarians (NASPHV) in the development of national guidance documents (also known as "compendia") on issues at the animal-human interface including zoonotic disease control and prevention. Diseases include but are not limited to enteric zoonoses (e.g. Salmonella), rabies, psittacosis, and others that can be spread between animals and people in various environments including occupational and public settings. Expected outputs will be a series of planning conference calls, 1 to 2 meetings to prepare each compendia document, occurring in calendar years 2018 or 2019. The goal will be to enhance knowledge and practical application of procedures, practices and tools for controlling and preventing zoonoses, promoting safe animal encounters and promoting safe environments where veterinary professionals, animal owners and breeders, retail stores, and the public interact with animals.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑

	Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions
	☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*
	Short-Term
	☑ Improved operational capacity to evaluate, manage, and improve public health systems
	☐ Improved leadership capacity to identify and prioritize public health needs
	☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☑ Improved communication and information technology 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
	☐ Increased capacity to evaluate laws and policies to affect health
	☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☑ Increased capability of public health systems to achieve nationally established standards
	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☑ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 49/200 words maximum
	Need to have capacity to organize meetings in a cost effective manner, potentially associated with another professional meeting where NASPHV personnel participate to allow meetings for public health veterinarians and subject matter experts, including CDC personnel, to discuss Compendium topics related to zoonoses and other animal-human interface issues.
13	Applicant Program Experience:* 15/200 words maximum
	Need expertise in zoonoses, veterinary public health, and general disease prevention and control measures.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 22/200 words maximum
	Work with CDC, state health department personnel and subject matter experts from academic institutions, national animal and human health organizations, and industry.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

	N/A.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 49/200 words maximum The goal will be to assist public health agencies by enhancing knowledge and practical application of procedures, practices and tools for controlling and preventing zoonoses, promoting safe animal encounters and promoting safe environments where veterinary professionals, animal owners and breeders, retail stores, and the public interact with animals.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 20/100 words maximum Funds should cover costs 1 to 3 meetings to prepare each compendia document including travel of personnel to participate in meetings.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/16/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/0

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 2/15 words maximum
Advanced Molecular Detection

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Gregory Armstrong; Nathelia D. Barnes

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
gca3@cdc.gov; ncl7@cdc.gov

CIO POC phone number(es):*
(404) 639-0422; (404) 639-3682

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 24/25 words maximum
Infectious disease epidemiologists in state and local public health agencies; in particular, the project targets epidemiologists whose work involves interpretation of pathogen genomic data.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$170,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
396/1,000 words maximum

The CDC's Advanced Molecular Detection (AMD) program is in its fifth year, adapting next-generation DNA sequencing and bioinformatics for use in the US public health system. Advanced molecular detection capacity and technologies are rapidly increasing in state and local health departments. These technologies are being used to enhance response to public health threats, including foodborne illness, influenza, tuberculosis, viral hepatitis, and antimicrobial resistance. With the rapid expansion of AMD technologies, genomic data are increasingly being used by epidemiologists as part of their routine workflow. However, few epidemiologist have a background in microbial genomics to make most effective use of the genomic data output.

In response, at CDC, the AMD program developed a one-day course to provide the basic background on AMD technologies and bioinformatics data analysis; the course has been presented several times already for national, state, and local epidemiologists. The program is now expanding the AMD training course for epidemiologists to a 2-day course; the expanded course will include additional hands-on time and additional didactic material. The newly developed 2-day course will be offered to epidemiologists in state and local health departments. The AMD program is looking to partner with an external entity to organize and carry out these trainings. The trainings will initially be held in Atlanta; the courses may or may not continue to be held in Atlanta in future years.

Activities include:

- Meeting with the AMD program to develop a plan for this project.
- Developing a plan for soliciting course participants and for selecting those participants, as well as getting this approved with the AMD program.
- Soliciting and selecting course participants.
- Managing travel for participants.
- Helping to manage the course, including providing written materials for the course. CDC will provide the meeting space, but the applicant needs to work with CDC to get applicants cleared to come onto the CDC campus.
- Eliciting and compiling feedback from participants during or after each course and providing that feedback to the course faculty.

In the first year of the project, the program intends to hold two classes, tentatively in January 2019 and April 2019. The first course offering will host 25 participants and the second course offering will host 50. participants Starting in year 2, assuming that a class size of 50 works well, the program will likely increase to offering three or more courses per year, with 50 participants in each course. Applicants should include in their applications the costs of covering staff time to manage this and well as the anticipated travel costs for bringing participants to Atlanta for the 2-day course.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically

	☑ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 66/200 words maximum
	The organization should have the capacity to coordinate with state and local health departments across the United States and to be able to effectively solicit and screen class participants. The organization should be able to do so in a way that optimizes the utility of the course for health departments. The organization should be capable of managing travel and appropriately reimbursing course participants for travel.
13	Applicant Program Experience:* 28/200 words maximum
	The applicant should have experience working with state and local health departments and should have good understanding of infectious disease public health priorities in the United States.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 20/200 words maximum
	The applicant will collaborate with CDC's Office of Advanced Molecular Detection on the planning and execution of the courses.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum
	The awardee may subcontract with another firm, if required to manage travel, but should plan to manage the program from within their own organization.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 48/200 words maximum Recent advancements in microbial genomics capacity in US public health laboratories have created a need for additional training to educate the epidemiologic workforce on topics related to genetic analysis and date interpretation. This project will address the increasing need to establish and facilitate workforce development for the target audience.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 97/100 words maximum
	Applicants should include funds to manage the project, which may require some staff time in their organizations, as well funds to provide the travel necessary. For the first year of the program, the applicants should anticipate managing two courses, one with 25 participants and one with 50 participants. In subsequent years, there will likely be a larger number of courses. For this application, applicants should only include the amount of funding they will need for the upcoming year. It is anticipated that this budget will need to be increased in subsequent years to accommodate the larger number of courses.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/09/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/6

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 7/15 words maximum Strengthening the Nation's Infectious Diseases (ID) Epidemiology Capacity		
2	CIO:* NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE	3	Division, office, or unit:* Other Enter other division, office, or unit:* Division of Preparedness and Emerging Infections
4	CIO Point of Contact (POC) name(s):* Angela Slaughter		CIO POC email address(es):* ASlaughter@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404-639-7722
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 13/25 words maximum Epidemiology workforce in state, local, and tribal health agencies and U.S. territories		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $156,816 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 106/1,000 words maximum
	The purpose of this project is to build applied epidemiology workforce capacity for emerging infectious diseases in state, territorial, and local health departments. Expected Outputs of this project include the following activities: • Establish effective approaches, strategies and policies for epidemiology and surveillance of emerging infectious diseases in local, state and territorial health agencies through consensus building, consultation and exchange of best and promising practices • Provide a national applied epidemiology fellowship training program focusing on recent graduates with epidemiology backgrounds from schools of public health (Masters or Doctoral level), using the on-the-job training/mentorship model and applied epidemiology core competencies. Assure fellowship opportunities aimed specifically at emerging infectious diseases and healthcare associated infections.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐

- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 73/200 words maximum

The recipient must be an organization that works with public health epidemiologists. It must have the capacity to meet the needs of applied public health epidemiologists with surveillance and have the epidemiology expertise in a broad range of areas. The recipient must be a nationally recognized leader in building and sustaining applied epidemiology programs. The recipient must be well established with a diversity of funding sources, and not solely dependent upon federal funding to sustain its programs.

13 Applicant Program Experience:* 79/200 words maximum

The recipient must have demonstrated expertise in planning, implementing, monitoring, and evaluating experience based internships and fellowships. It must have demonstrated success in providing advanced training in infectious diseases epidemiology and informatics; developing standards of practice; providing consultation and technical assistance to state and federal public health agencies and other organizations, administering assessments, and improving epidemiologic reporting and data systems. The recipient must be experienced in advancing public health policy; developing and maintaining partnerships, assisting with applied translational research, and providing public health information.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 24/200 words maximum

The recipient must have established effective relationships and collaborations among state departments, Centers for Disease Control and Prevention, academic institutions, and other health-related agencies.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

	none
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 47/200 words maximum There is an ongoing need for training programs designed to complement academic preparation for epidemiology that involve mentorship by experienced public health workers and practical experience, specifically aimed at developing the state and local level epidemiology workforce. This program provides opportunities for long-term placement of applied epidemiologists at public health departments.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	none
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/22/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/2

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 2/15 words maximum Applied Epidemiology Training		
2	CIO:* NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE	3	Division, office, or unit:* Division Of Global Migration And Quarantine
4	CIO Point of Contact (POC) name(s):* Pamela Nonnenmacher; J Todd Mercer		CIO POC email address(es):* fsb6@cdc.gov;ztc9@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 4046397712;4046394489
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 36/25 words maximum Build public health capacity by providing training to epidemiology fellow(s) enabling DGMQ to more effectively assist local, state, tribal, and territorial health departments in reaching globally mobile populations such as refugees, immigrants, and travelers.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $200,156 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 123/1,000 words maximum
	Training for fellow(s) would span a number of epidemiologic activities as listed below: • Evaluation of TB control measures among foreign-born • Estimating prevalence of infectious disease in foreign-born • Determining epidemiology of active TB in recent immigrants, refugees • Assisting with evaluating binational notification communication pathways • Analyzing quarantine station illness response data • Evaluating communicable disease surveillance systems • Comparing clinical management and outcomes of immigrants and non-immigrant cases of TB referred to state departments of health • Conducting project(s) dealing with travel clinics • Analyzing clinical risk factors for developing active TB among patients from a cross-border binational basis • Evaluating use of CDC public health travel restrictions to detect land border travelers with TB who had been lost to follow up and evaluation • Surveillance regarding school-based absenteeism and early detection of community acquired infectious diseases • Assessing infectious diseases among travelers

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 152/200 words maximum

DGMQ works to reduce morbidity and mortality among immigrants, refugees, travelers, expatriates, and other globally mobile populations to prevent the introduction, transmission, and spread of communicable disease through regulation, science, research, preparedness, and response. DGMQ currently has 20 quarantine stations located across the US to work towards these goals. Two stations specifically work to improve and promote the health of binational populations along the US-Mexico border through strong collaborations with federal, state, local, and sister-agencies in Mexico. DGMQ works with health departments across the US in refugee resettlement and is actively engaged with extramural partners in communicating health messages to the traveling public returning to and leaving the US as well as surveillance and research. DGMQ also works with ministries of health supporting increased awareness of advancing the types of surveillance mapping and tracking along land borders and migration paths. The division is also involved in emerging infection emergency response activities.

13 Applicant Program Experience:* 97/200 words maximum

Within DGMQ, the fellow(s) will have access to a number of experienced and seasoned epidemiologists, health scientists, medical officers, public health advisors, evaluators, and communicators from which to draw knowledge and guidance. The work of DGMQ spans the breadth of work with migrants, refugees, travelers, expatriates, non-immigrant visa applicants, and other globally mobile populations. DGMQ has strong ties with extramural partners and health departments at the state, local, tribal, and territorial levels. The fellow(s) will also be able to participate and learn how public health reacts during times of emergency responses to public health emergencies.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 21/200 words maximum

	Fellow(s) will have opportunities to work with, and learn from, a broad base of partners to conduct the project activities.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	n/a
16	Will the proposed CBA benefit governmental public health agencies?* ○ Yes ◉ No
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 32/100 words maximum
	Travel and other expenses may be necessary to fully span the breadth of the learning opportunities available within DGMQ. All expenses will fall under all appropriate regulations, guidance, and protocols.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/30/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/3

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Building National Vector-borne Disease Surveillance and Control Capacity

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Vector-Borne Diseases

4 CIO Point of Contact (POC) name(s):*
Tracy Hasvold; Chris Gregory

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
tab7@cdc.gov; hgk4@cdc.gov

CIO POC phone number(es):*
970-221-6422; 970-221-6413

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 12/25 words maximum
Epidemiologists working on vector-borne diseases in state and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$250,000

○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
714/1,000 words maximum

Purpose: DVBD is requesting the support of partner organizations that can coordinate with CDC, state and local health departments and other partner organizations to define what capacities and competencies a comprehensive vector-borne disease program at the state level should have, estimate the necessary resources to maintain such a program, and provide general support to the public health practice of vector-borne diseases in the United States. A comprehensive vector-borne disease program is considered to consist of, at a minimum, human and vector surveillance components (including appropriate laboratory diagnostic testing), vector borne disease prevention and control efforts for endemic vector-borne disease and response capabilities for emerging vector-borne diseases. This assessment and the accompanying economic analysis should provide clear descriptions of both a minimal vector-borne disease program and a mature fully-functional program for small, medium and large jurisdictions.

Proposed Activities:

Define Core Competencies for Comprehensive Vector-Borne Disease Program

Coordinate with stakeholders, state and local epidemiologists, and partner organizations (particularly for public health laboratories, vector control organizations, local health officials) to develop a consensus definition for the necessary elements for a comprehensive vector-borne disease program and to define the core components and competencies needed for each element for minimal and full performance. This analysis would incorporate previous work done on defining core competencies for mosquito control capabilities but broaden to include core competencies for tick surveillance and control, surveillance for human and animal disease, laboratory diagnostic testing, and public health response actions. It is anticipated that a range of activities would be required including stakeholder meetings and work groups, as well as in-depth collaboration with selected state health departments to perform case-studies to identify the appropriate scope of components for jurisdictions of different sizes and vector-borne disease burden and estimate the recurring resources needed to support such a program at both the minimal and full performance level.

Support Public Health Practice of Vector-Borne Diseases, including Lyme Disease Activities

DVBD supports the public health practice of diverse vector-borne diseases with varied challenges. DVBD aims to support education and outreach to public health partners at all levels to improve surveillance for and clinical and public health education surrounding vector-borne diseases, including Lyme disease. DVBD seeks support and collaboration with public health officials to explore next generation options for human surveillance for recognized and emerging infections, including Lyme disease, and cohesive and comprehensive education for public health officials to ensure appropriate and adequate training of the public health workforce as it relates to public health practice of vector-borne diseases.

Host Vector-borne Disease Subcommittee

DVBD supports the development and maintenance of the applied epidemiologist vector-borne disease subcommittee to improve the capacity of local, state/territorial and regional jurisdictions to respond to vector-borne disease threats. DVBD seeks applied epidemiologists support and collaboration on initiatives to evaluate current practices, develop guidelines and recommendations for vector-borne disease surveillance, prevention and control activities. Specifically, CDC seeks support to develop and maintain an applied epidemiologist vectorborne disease subcommittee to improve the capacity of local, state/territorial and regional jurisdictions to respond to emerging and existing vectorborne disease threats. This subcommittee would support and collaborate on initiatives to evaluate current practices, and to develop guidelines and recommendations for vectorborne disease surveillance, prevention, and control activities. Specific activities would include the following:

- Supporting the members of Vectorborne Disease Subcommittee
- Exploring the need for resources including white papers on a variety of VBD topics
- Hosting competency based, training webinars to provide informal continuing education for the current workforce, focusing on vector-borne diseases

Expected Outputs: 1) Report to CDC and appropriate for public dissemination that describes core components and associated competencies for a comprehensive state-level vector-borne disease program for jurisdictions of various sizes and includes both minimal standards and requirements to be considered fully capable; 2) A cost analysis of the ongoing resources needed to support comprehensive vector-borne disease programs at minimal and fully capable levels for states of varying sizes; 3) Manuscript suitable for publication in a peer-reviewed journal (or MMWR) that describes the key findings of this assessment; 4) Develop agenda and host routine vector-borne subcommittee calls; 5) Host relevant training webinars focusing on vector-borne diseases.

Expected Outcomes: Local jurisdictions will be able to assess their existing vector-borne disease management program capacities against established standards and develop and implement workplans with defined milestones for building towards goal of a fully capable vector-borne disease program.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL		
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 94/200 words maximum

DVBD recognizes the need to further develop and support collaborative relationships with state and local health departments, territories and other public health partner organizations who can support national capacity building and disease prevention objectives. DVBD would like to partner with an organization capable of bringing together a quorum of applied epidemiologists with experience with vector-borne disease surveillance and response at the state, local and national level, as well as applicable partner groups to develop consensus guidelines defining the necessary elements and competencies of a comprehensive vector-borne disease management program at the state level.

13 Applicant Program Experience:* 66/200 words maximum

DVBD seeks an applicant who has established relationships with CDC, state and local health departments, and other partner organizations, particularly epidemiologists and vector-control agencies. Applicant must have proven ability to lead diverse groups toward consensus and take the lead in developing and implementing activities that result in the completion of guidelines, guidance documents and programmatic evaluations and assessments for applied public health use .

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 23/200 words maximum

The applicant would work in consultation and collaboration with CDC, state and local health departments, vector control agencies and other partner organizations.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 48/200 words maximum

There may be a need to subcontract work; however DVBD would work in consultation with recipient to identify any work for subcontracting purposes. Subcontractors would need to demonstrate prior relevant experience in the applicable areas of sub-contracted work (for example vector surveillance, vector control, economic analysis etc).

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 59/200 words maximum

	Creation of a document with agreed upon benchmarks for a comprehensive vector-borne disease management program will allow local, state and national public health authorities to assess the current status of VBD surveillance and control in their jurisdiction, mobilize necessary resources, develop and implement plans to enhance existing capacities and provide milestones for measuring progress towards full program performance.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 25/100 words maximum
	Funds will be used to cover personnel and benefit costs, travel expenses, supplies, equipment and consultant fees needed to cover work described above.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/10/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/8

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Evaluation of Reports of Ill Travelers to Quarantine and Border Health Services Branch (QB)

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Global Migration And Quarantine

4 CIO Point of Contact (POC) name(s):*
Reena Gulati; Shah Roohi; Lee Smith

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
Reena Gulati, ffa0@cdc.gov; Shah Roohi, snr2@cdc.gov; Lee Smith, ih...

CIO POC phone number(es):*
Reena Gulati, 206-615-2791; Shah Roohi, 404-498-5398; Lee Smith, 4...

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 14/25 words maximum
Infectious Disease Workforce of State, Local and Territorial Public Health Departments (SLHD).

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$50,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
333/1,000 words maximum

The purpose of this project is to evaluate the current processes and systems that communicable disease epidemiologists at state and local health departments use to report ill travelers with diseases of public health interest to the Quarantine and Border Health Services Branch in order to identify any areas for improvement in the notification of such diseases in travelers to the Branch.

Proposed activities may include different means of collecting information from epidemiologists at state and local health departments on what their procedures are for reporting ill travelers to Quarantine Branch, including, but not limited to: conducting an assessment of state and local health department practices; conducting a guided focus group discussion of state and local health department epidemiologists to elicit their practices for reporting to QB; and/or using other means of gathering input from epidemiologists at state and local health departments regarding their policies and procedures for reporting ill travelers with diseases of public health concern to Quarantine Branch.

After collection, data would then be analyzed and presented in a format that communicates key observations and opportunities for improvement. Expected outputs for such analysis may include: development of a summary report of key findings from state and local health department epidemiologists on what their current reporting mechanisms to QB are regarding ill travelers with disease of public health concern; provision of feedback to state and local health departments on the summary of results and suggestions for areas of improvement; and provision of feedback to the Quarantine and Border Health Services Branch on areas where improvements can be made in assisting state and local health department partners to report disease of public health concern in ill travelers to QB.

Based on findings and recommendations from the assessment and feedback collected from SLHD epidemiologists, the following outcomes may be achieved: state and local health department epidemiologists developing policy documents and establishing more robust processes for notifying ill travelers with diseases of public health concern to Quarantine and Border Health Services Branch; recommending relevant changes to Quarantine Branch processes; and/or standardizing travel-related data elements to the Nationally Notifiable Disease Surveillance System.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☑ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 71/200 words maximum
	The organizational capacity required to effectively conduct the work described under the project description includes: proficiency and experience in conducting assessments and/or focus group discussions of state and local health department epidemiologists involved in communicable disease reporting; the capacity to conduct a national assessment, either electronically or by paper; the capacity to conduct a focus group discussion representative of state and local health department epidemiologists; and proficiency in epidemiological methods, data collection, and analysis.
13	Applicant Program Experience:* 77/200 words maximum
	The program experience required to effectively conduct the work of this project includes: an existing partnership with state and local health department epidemiologists involved in reporting ill travelers with disease of public health interest to Quarantine and Border Health Services Branch; knowledge of, familiarity with, and experience in reaching such relevant epidemiology staff at state and local health departments; and familiarity with the reporting requirements of ill travelers with diseases of public health interest to the Quarantine and Border Health Services Branch.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 0/200 words maximum
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 137/200 words maximum
	The proposed CBA will benefit governmental public health agencies by assessing the current reporting practices of communicable disease epidemiologists at state and local health departments regarding ill travelers with diseases of public health interest and thus providing feedback to these agencies for improvement in their practices. It will also benefit such agencies by providing feedback to the partnering organization, CDC's Quarantine and Border Health Services Branch, to understand what changes or improvements can be made to facilitate ill traveler reporting by state and local health departments. Ultimately, increased reporting of ill travelers with diseases of public health interest benefits governmental public health agencies by improving state and local health department partnership with QB and therefore, improvements in identifying subsequent contacts of ill travelers with such diseases, as well as preventing further spread of these diseases of concern.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 11/100 words maximum
	Funds may be used for cost of personnel and/or travel.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/14

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Food Safety Activities for State, Local and Territorial Epidemiologists

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Foodborne, Waterborne, & Environmental Diseases

4 CIO Point of Contact (POC) name(s):*
Racquel Williams; Don Sharp

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
iic3@cdc.gov; das8@cdc.gov

CIO POC phone number(es):*
404-718-5286; 404-639-3845

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 7/25 words maximum
State, Tribal, Local and Territorial Epidemiologists.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$455,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
685/1,000 words maximum

This project will improve local, state and territorial food safety. For the purpose of this project, food safety is defined as foodborne illness and outbreak surveillance and response. Foodborne illness is a substantial public health problem. Local, state and territorial capacity to conduct effective, rapid foodborne illness and outbreak surveillance and response activities is a critical part of the overall public health approach to address food safety issues. The project will strengthen local, state and territorial food safety collaborations, improve foodborne illness and outbreak surveillance and response programs, and provide assistance to epidemiologists.

Purpose:
• Improve foodborne illness and outbreak surveillance and response capacity by supporting the efforts of epidemiologists working at the local, state, and territorial levels.
• Promote the effective use of epidemiologic data to guide public health practice related to food safety.
• Build workforce capacity in foodborne disease epidemiology in local, state and territorial health departments through a national fellowship training program and support of a variety of other epidemiology capacity building programs.
• Maintain and provide technical resources and foster information exchanges for the applied epidemiology workforce.
• Provide an established resource to local, state, territorial and federal agencies and public health partners for epidemiology and surveillance.

Proposed Activities:
Council to Improve Foodborne Outbreak Response (CIFOR):
1. Provide management, technical, and administrative support for CIFOR (including the CIFOR Council, the CIFOR Governance Committee, CIFOR Development Teams, select CIFOR projects and CIFOR Workgroups).
2. Organize CIFOR conference calls, webinars, and in-person meetings, and provide ongoing support for select CIFOR workgroups and projects to increase the relevancy, applicability, and usability of products to improve foodborne outbreak response.
3. Support trainings for health department staff (including travel scholarships) on the CIFOR Guidelines, the CIFOR Guidelines Toolkit, and other CIFOR products as needed.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 83/200 words maximum

Applicant should have close contact and communication with epidemiologists at the local, state, and territorial levels and have contacts with the 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 activities related to the epidemiological aspects of foodborne illness and outbreak surveillance and response activities. Applicant should have staff and/or members who have expertise in the epidemiological aspects of foodborne illness and outbreak surveillance and response activities.

13 Applicant Program Experience:* 115/200 words maximum

Applicant should have extensive experience working with and representing epidemiologists in local, state, and territorial health departments. They should have staff knowledgeable about food safety epidemiological issues and infectious diseases in general. They should have experience managing cooperative agreements and contracts and extensive budget experience. They should have experience planning and conducting in-person meetings and managing travel procedures. They should be experienced with policy issues related to food safety/foodborne disease epidemiology. They 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 with associations representing state and local health officials, environmental health professionals, agricultural and food officials, and laboratorians.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 35/200 words maximum

The Food Safety Office expects to collaborate closely with the successful applicant. The applicant should be fully capable of collaborating closely with CIFOR Council member organizations, and ideally, be a current CIFOR member organization.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum

Subcontractual work is expected with some CIFOR projects and possibly with other projects. Identification/selection of subcontractors will be conducted using an open, competitive process.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 132/200 words maximum

	This CBA benefits governmental public health departments, as the applicant will conduct activities that lead to: • Increased capacity of applied epidemiologists and public health agencies to detect, investigate, control and prevent foodborne illness • Increased competency of the public health workforce, specifically in food safety • Increased collaboration between CDC and states around surveillance and response issues related to foodborne disease. • Identified model practices to improve the epidemiological aspects of food safety activities at the local, state/territorial, and federal levels • Improved partnership and integration efforts with laboratory science programs, environmental health, policy, and applied research within local, state, and territorial public health agencies, and with federal public health agencies . • Serve as a forum and network for epidemiologists and other public health professionals to develop guidance on policy, methods, interpretation of reports, professional development, and other resources
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 19/100 words maximum
	DFWED has no special budget instructions; we suggest adhering to CDC OFR's budget and line item justification instructions.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/16

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Food Safety Activities for Environmental Health Professionals

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Foodborne, Waterborne, & Environmental Diseases

4 CIO Point of Contact (POC) name(s):*
Racquel Williams; Don Sharp

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
iic3@cdc.gov; das8@cdc.gov

CIO POC phone number(es):*
404-718-5286; 404-639-3845

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 13/25 words maximum
Environmental Health Scientists and Specialists Employed in State, Tribal, Local, and Territorial Governments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$100,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
515/1,000 words maximum

This project will improve local, state and territorial food safety. For the purpose of this project, food safety is defined as foodborne illness and outbreak surveillance and response. Foodborne illness is a substantial public health problem. State/territorial and local capacity to conduct effective, rapid foodborne illness and outbreak surveillance and response activities is a critical part of the overall public health approach to address food safety issues. The project will strengthen local, state and territorial food safety collaborations, improve foodborne illness and outbreak surveillance and response programs, and provide assistance to environmental health professionals.

Purpose:
• Increase the capacity of local, state and territorial health departments to detect, investigate, control and prevent foodborne illness.
• Build the Council to Improve Foodborne Outbreak Response's (CIFOR) ability to create critical guidance documents for local, state, territorial, and federal officials involved in foodborne disease surveillance, detection, and response activities.
• Provide technical resources and foster information exchanges for the environmental health workforce
• Provide an established resource to state/territorial, local and federal agencies and public health partners for environmental health.

Proposed Activities:
Council to Improve Foodborne Outbreak Response (CIFOR):
1. Support CIFOR activities (including the CIFOR Council, CIFOR Governance Committee, Development Teams, select projects and workgroups).

Meeting/Conference/Training Support:
1. Provide management, technical, and administrative support for trainings on foodborne illness and outbreak surveillance and response (e.g. Epi-Ready), including but not limited to: development of the agenda, participant list, certificates of attendance, and training materials/resources; providing logistical and travel support; providing continuing education credits; conducting evaluations of the courses; and providing CDC with a summary report of each course.
2. Support foodborne illness and outbreak surveillance and response trainings conducted by the CDC's Integrated Food Safety Centers of Excellence (CoEs) by facilitating the continuing education credit application/approval process for courses.
3. Provide technical and administrative support for national meetings/conferences such as InFORM, Regional Meetings, and other food safety meetings, trainings, or events as needed, including travel support for health department environmental health specialists and trainees (if funding allows).
4. Support other national stakeholder groups, as needed.

Expected Outputs:
CIFOR:
1. Active participation in the development, promotion, and evaluation of CIFOR products, and distribution of CIFOR materials to environmental health professionals

Meeting/Conference/Training Support:
1. Successful delivery of 1 foodborne illness and outbreak surveillance and response course (e.g. Epi-Ready train-the-trainer course)
2. Continuing education credits successfully obtained for foodborne illness and outbreak surveillance and response courses conducted by the CoEs.
3. Support environmental health staff and trainees to attend and participate in national or regional meetings/conferences and trainings related to food safety.
4. Successful partial support of at least one national or regional environmental health meeting/conference on food safety issues.

Expected Outcomes:
• Increased knowledge and competency of the environmental health workforce in food safety principles.
• Increased capacity of environmental health specialists and public health agencies to detect, investigate, control and prevent foodborne illness.
• Increased coordination/collaboration among epidemiology, laboratory, and environmental health units during foodborne disease outbreak response.
• Increased collaboration between local, state, and territorial health departments and federal agencies around food safety.
• Identified model practices to improve environmental health aspects of food safety at the local, state, territorial, and federal levels.
• Serve as a forum and network for environmental health professionals to provide critical input into development of guidance on policy, methods, reports, professional development, and other resources related to food safety.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 117/200 words maximum

Applicant should have close contact and communication with environmental health professionals at the local, state, and territorial levels and have contacts with the key federal agencies involved in food safety issues. Applicant should have administrative, professional, and IT capacity to simultaneously coordinate a variety activities related to the environmental health aspects of food safety. Applicant should have staff and/or members who have expertise in the environmental health aspects of food safety.

Additionally, the applicant should have robust access to trends and developments in the environmental health profession. Applicant should have website capabilities to solicit comments, suggestions and views of environmental health professionals, as well as to distribute training and educational material to environmental health professionals throughout the nation.

13 Applicant Program Experience:* 75/200 words maximum

Applicant should have extensive knowledge and experience developing and conducting team training courses related to food safety, including the Epi-Ready team training course and curriculum development.

Applicant should have extensive contact with and effectively represent environmental health professionals who participate in all aspects of food safety activities. Applicant should have extensive and documented experience providing programs that cover general environmental health issues, and which increase collaboration and coordination with epidemiological and laboratory professionals.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 35/200 words maximum

The Food Safety Office expects to collaborate closely with the successful applicant. The applicant should be fully capable of collaborating closely with CIFOR Council member organizations, and ideally, be a current CIFOR member organization.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum

Subcontractual work is expected with some CIFOR projects and possibly with other projects. Identification/selection of subcontractors will be conducted using an open, competitive process.

16 Will the proposed CBA benefit governmental public health agencies?* (●) Yes ( ) No

Briefly describe how. : * 128/200 words maximum

	This CBA benefits governmental public health departments, as the applicant will conduct activities that lead to: • Increased knowledge and competency of the environmental health workforce in food safety principles. • Increased capacity of environmental health specialists and public health agencies to detect, investigate, control and prevent foodborne illness. • Increased coordination/collaboration among epidemiology, laboratory, and environmental health units during foodborne disease outbreak response. • Increased collaboration between local, state, and territorial health departments and federal agencies around food safety. • Identified model practices to improve environmental health aspects of food safety at the local, state, territorial, and federal levels. • Serve as a forum and network for environmental health professionals to provide critical input into development of guidance on policy, methods, reports, professional development, and other resources related to food safety.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 19/100 words maximum
	DFWED has no special budget instructions; we suggest adhering to CDC OFR's budget and line item justification instructions.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/18

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Integrating Variables from the Model Aquatic Health Code (MAHC) into Environmental Public Health Tracking

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Emergency And Environmental Health Services

4 CIO Point of Contact (POC) name(s):*
Jasen Kunz, Joe Laco

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
izk0@cdc.gov, htr6@cdc.gov

CIO POC phone number(es):*
770-488-7056, 770 488-3955

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 11/25 words maximum
Environmental health programs in state, territorial, or local health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
586/1,000 words maximum

Purpose:
The purpose of this project is to incorporate recreational water data collected by the Model Aquatic Health Code (MAHC) into the CDC's Environmental Public HealthTracking Program (Tracking Program) so that federal, state, and/or local agencies that use information and tools to determine if conditions leading to public health threats are occurring or imminent are better prepared to implement public health actions quickly. Such quick development and startup will more effectively prevent or control diseases possibly linked to hazards in the aquatic environment. Healthcare providers and agencies will be able to use the data to target inspections or other preventive services. The public will be able to use the data to better understand any community-related health trends and events.

Swimming is one of the most popular sports in the nation. Many local and state health departments have purview over recreational water venues. However, disease outbreaks, injuries, and pool closures threaten the health of the swimming public. CDC and partners have developed a Model Aquatic Health Code (MAHC) providing guidelines based on the latest science and best practices that jurisdictions can use to reduce the risk of outbreaks, drowning, injuries, and chemical poisoning. The MAHC is free and available for voluntary use, in whole or part, by jurisdictions.
CDC's Tracking Program is a multidisciplinary collaboration. The program collects, integrates, analyzes, interprets, and distributes data from environmental hazard monitoring, human exposure surveillance, and health effects surveillance. The Tracking Program's principal effort is the development of the National Environmental Public Health Tracking Network (Tracking Network), a Web-based data and information system. Incorporation of MAHC variables into the Tracking Program will provide additional insight and information to prevent disease outbreaks associated with recreational water use.

Proposed Activities:
Applicant proposals should reflect specific activities their organization is uniquely poised to conduct in addressing these priorities. The successful applicant will:
• Identify up to 3 state, tribal or local health departments already using the MAHC and conducting inspections of aquatic venues;
• Demonstrate the ability to move funding to participating public health jurisdictions;
• Convene a meeting of representatives from the 3 identified local and/or state jurisdictions and other key stakeholders to decide on variables from the MAHC standardized collection instrument to monitor;
• Develop a open data standard/standardized report containing the agreed upon variables for ease of posting on health department outward facing pages;
• Make variables from the MAHC standardized collection instrument data from partipating jurisdictions available to the Tracking Network for dissemination;
• Develop guidance document on how other jurisdictions can implement a similar plan to make MAHC data available to the Tracking Network for dissemination;
• Arrange webinars, trainings, and other educational materials for EH professionals at state, city and county health departments;
• Develop mechanisms to inform and mobilize target populations.

Expected Outputs:
Applicant proposals should reflect the types of outputs or products that might be generated through the project work plan objectives and activities.
• Improved data sharing following accepted data sharing practices of agreed-upon variables from the MAHC standardized collection instrument.
• Develop guidance documents and other educational materials for EH professionals.

Expected Outcomes:
Applicant proposals should identify anticipated outcomes, such as:
• Prevent injuries, disease transmission, outbreaks, and associated costs;
• Reduce pool code violations and imminent health hazard–related closures;
• Increase visibility of science and best practices in pool inspection programs;
• Expanded use of inspection data to improve surveillance and decision making;
• Proposed metrics for measuring project-related impact that wider sharing of MAHC information may have.
Collaborative work:
• The Water, Food and Environmental Health Services Branch (WFEHSB) and the CDC Tracking Program will collaborate to identify partners to pilot this data sharing.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 112/200 words maximum

The applicant organization must have the capacity to effectively and efficiently collaborate with EH professionals at state and/or county and city departments of health. The applicant must have mechanisms in place to move funding to the participating jurisdictions. The applicant must have experience working with CDC's National Environmental Public Health Tracking Program. 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 EH professionals at state and/or county and city health officials on identified and emerging EH issues. The organization must implement work activities in a timely fashion.

13 Applicant Program Experience:* 81/200 words maximum

The applicant should have experience developing and disseminating tools and products for state, territorial, and or local and tribal environmental health professionals on identified and emerging EH issues. The applicant should have extensive knowledge and be deeply familiar with the trends, experiences, and needs of state and/or city and county EH professionals. In addition, the applicant organization should have demonstrated experience in recreational water, particularly experience regarding pool inspection programs and practices at state and/or county and city health departments.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 29/200 words maximum

There are no specific expectations for collaboration with other organizations or entities. However, collaboration may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 words maximum

At this time, CDC does not anticipate using subcontractors for this project.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 38/200 words maximum

The proposed project would result in resources, guidance, and information governmental public health agencies could use to improve their performance and the effectiveness and efficiency of their services, with particular emphasis on the Model Aquatic Health Code.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 39/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/25

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Partnership to improve laboratory measurements of chronic disease biomarkers

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
DIvision of Laboratory Sciences

4 CIO Point of Contact (POC) name(s):*
Amy Mowbray

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
htm3@cdc.gov

CIO POC phone number(es):*
770-488-0183

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 27/25 words maximum
Public health chronic disease directors, staff, and related stakeholders who use chronic disease biomarker laboratory results for public health/healthcare decisions or to improve public health/healthcare practice.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$100,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
306/1,000 words maximum

Purpose: Accurate laboratory measurements for chronic disease biomarkers, such as blood lipids and hormones, are critical for correctly assessing patients, conducting translational research, and improving and evaluating public health practices for preventing chronic diseases. Public health professionals, health care providers, and other key stakeholders rely on these measurements to inform public health actions and advance the quality of public health and health care decision making. The purpose of this project is to support and expand partnerships that improve the quality of chronic disease biomarker measurements and encourage the use of harmonized measurements in public health practice, research, and clinical care.

Proposed Activities: The awardee will organize, convene and support a partnership of public health, scientific, health care provider, federal department, university, and private sector organizations interested in improving laboratory measurements for chronic disease biomarkers. Activities include: 1) convening routine teleconference and in-person meetings, 2) identifying and recruiting new and/or non-traditional stakeholders to the partnership, and 3) providing administrative and programmatic support to the development, maintenance, and dissemination of the partnership's strategic and communication products.

Expected Outputs: This project will result in the following outputs: 1) A diverse and active partnership of public health and health professionals working to improve the accuracy and reliability of chronic disease biomarker tests, 2) a dynamic strategic plan that prioritizes chronic disease biomarker tests for improvement and identifies partnership activities and goals, and 3) education and communication plans and materials/media targeting diverse audiences such as the general public, health care providers, and payers.

Expected Outcomes: This project will results in the following outcomes: 1) increased awareness of the importance of accurate chronic disease biomarker tests among the general public, health care providers, and payers, 2) broader use of harmonized tests in research, public health, and clinical care, and 3) improved diagnosis, treatment, and prevention of chronic diseases.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 80/200 words maximum

Applicants must demonstrate the capacity and skill sets to effectively work with external partners in strengthening public health infrastructure and advancing the quality of public health decision making for chronic diseases. Applicants must have experience working with and organizing diverse partners to improve the detection and prevention of chronic diseases. Applicants must also demonstrate a history of successful partnerships, credibility, and influence among key public health/health care stakeholders, as well as demonstrate relationships, productivity, and influence in health care writ large.

13 Applicant Program Experience:* 43/200 words maximum

Applicants must demonstrate experience working with key stakeholders in improving the quality of laboratory measurements for chronic disease biomarkers. Applicants must also demonstrate previous success in establishing and managing connections and relationships with public health and healthcare stakeholders addressing chronic diseases.

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 22/200 words maximum
	CDC expects the awardee to collaborate with CDC and public health partners working to improve the detection and prevention of chronic diseases.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 52/200 words maximum
	CDC expects the awardee to subcontract with an organization with expertise in communicating, through multiple media, with the public, health care, and other key sectors for the purposes of education and advancing the use of of accurate and reliable chronic disease biomarker tests for public health and health care purposes.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 56/200 words maximum
	Public health agencies working to reduce the morbidity and mortality of chronic diseases will benefit from stronger collaborations with health care providers, federal agencies, academic institutions, and private sector organizations. Broad use of accurate and reliable biomarker tests will improve fundamental and translational research, informing better public health agency practice for preventing chronic diseases.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/28

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Supporting and Enhancing the Environmental Health Workforce

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Emergency And Environmental Health Services

4 CIO Point of Contact (POC) name(s):*
Daneen Farrow Collier

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dhf6@cdc.gov

CIO POC phone number(es):*
77.488.4945

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 15/25 words maximum
Environmental health workforce to include professionals in state, territorial, tribal, county and city programs.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,200,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
385/1,000 words maximum

Purpose: The purpose of this project is to strengthen the role of state, tribal and local environmental health programs and professionals to better anticipate, identify, and respond to adverse environmental exposures and the consequences of these exposures to human health. Overall objectives are to educate and train the environmental health professional for the purpose of providing environmental health services to communities. This includes developing quality educational programs for the environmental health workforce, and providing access to topical, relevant, scientific information, consultation and assistance for existing and emerging environmental health issues. Expected activities to address these objectives may include working groups, position papers, training products and materials, educational materials, technical assistance, and guidance. Environmental health services include food safety, water safety, vector control, waste management, outbreak investigations, land use/built environment, drought planning, marketing and communication in environmental health, air/land, children's environmental health, drinking water quality/water pollution, vessal sanitation, emerging pathogens, zoonotic diseases, environmental health leadership development, environmental health research, environmental health tracking and informatics, hazardous materials and toxic substances, injury prevention/occupational health, and other general environmental health issues.

In addition, the applicant will support training activities related to CDC programs such as National Environmental Assessment Reporting System (NEARS), Epi-Ready, Environmental Health Training in Emergency Response (EHTER), and Vessel Sanitation Program's Enhanced Cruise Industry and Environmental Health Training.

Proposed Activities: Applicant proposals should reflect specific strategies their organization is uniquely poised to conduct in addressing these priorities, such as the following:

- Convening key stakeholders and promoting collaboration, such as through organizational committees addressing environmental health priorities
- Arranging webinars, trainings, and other educational materials for environmental health staff at state, city and county health departments
- Developing mechanisms to inform and mobilize target populations
- Developing trainings related to critical environmental health topics and services
- Developing case studies illustrating "in the field" approaches to addressing environmental health priorities that highlight replicable approaches and lessons learned to share with programs.
- Offering credentialing programs for EH professionals
- Facilitating and evaluating technical environmental health related regional meetings

Proposals should include an evaluation plan with as much emphasis on health impact as possible.

Expected Outputs: Applicant proposals should reflect the types of outputs or products that might be generated through the project work plan objectives and activities.

Expected Outcomes: Applicant proposals should identify anticipated outcomes that contribute to improving the environmental health workforce.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☑	Improved operational capacity to evaluate, manage, and improve public health systems
	☑	Improved leadership capacity to identify and prioritize public health needs
	☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☐	Improved communication and information technology 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
	☑	Increased capacity to evaluate laws and policies to affect health

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability of public health systems to achieve nationally established standards

☑ Increased leadership decision-making to address public health needs strategically and systematically

☑ Strengthened capability of public health workforce to deliver essential public health services

☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

☑ Strengthened capability to systematically apply and use laws and policies to improve health

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 85/200 words maximum

The applicant organization must have the capacity to effectively and efficiently collaborate with environmental health workforce. 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 environmental health workforce on identified and emerging environmental health issues. The organization must implement work activities in a timely fashion. Have existing national affiliate network to reach the EH workforce at all professional levels.

13 Applicant Program Experience:* 56/200 words maximum

The applicant organization should have experience developing and disseminating tools and products for environmental health workforce on identified and emerging environmental health issues. The applicant should have extensive knowledge and be deeply familiar with the trends, experiences, and needs of city and county environmental health practitioners, as identified through organizational surveys or other sources.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 31/200 words maximum

There are high expectations for collaboration with CDC, health departments, and other environmental health organizations. CDC may also seek collaboration among funded partners to foster information sharing and strategic planning.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum

Sub-contractual work may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 16/200 words maximum

The proposed project would result in EH programs' and professionals' improved performance, knowledge and skills.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 39/100 words maximum

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.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/15/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/39

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 7/15 words maximum Convening of National Organizations To Improve Heart Health		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH	3	Division, office, or unit:* Division For Heart Disease And Stroke Prevention
4	CIO Point of Contact (POC) name(s):* Joseph Bertulfo		CIO POC email address(es):* jbertulfo@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770.488.5079
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 4/25 words maximum Chronic disease specialists		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $500,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 193/1,000 words maximum
	The purpose of this project is to improve heart health by funding a national organization to convene national organizations and other key stakeholders to create a "charge to action" that will facilitate environmental and systems changes that ignite initiatives to improve the management of cardiovascular conditions, including hypertension. This effort will identify policy, programmatic and research gaps across health systems, identify best practices and tools, and recommend strategies to address heart health. Proposed Activities: (1) Hold up to 4 meetings of key public and private stakeholders to: identify policy, programmatic and research gaps to accelerate improvements in heart health, identify best practices and tools, and develop recommendations and action plans; (2) Facilitate and convene follow-up activities as called for in the action plans; (3) Create summary documents for the meetings. Expected Outputs: (1) Summary of gaps, best practices and tools, and recommendations for improved heart health (2) Action plans to include monitoring plan. Expected Outcomes: (1) A "charge to action" that will identify actions that can be taken by various stakeholders to improve the capacity of health systems and clinicians to improve heart health. (2) Increased opportunities for collaboration and accelerations in heart health improvement among key stakeholders.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 23/200 words maximum

The applicant should have a expertise in, and a history of working with, health organizations that work to improve chronic health conditions.

13 Applicant Program Experience:* 39/200 words maximum

The recipient should have experience working with health organizations agencies to improve the management of chronic health conditions. Recipient should have existing relationships with other health national organizations and demonstrated success in working with partners on comparable initiatives.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 13/200 words maximum

	Recipient will work with other key stakeholders, as identified, and with CDC.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 3/200 words maximum
	Note required
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 16/200 words maximum State and local public health agencies will have additional partners dedicated to improving heart health
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 16/100 words maximum
	Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/101

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 5/15 words maximum Chronic Disease and the Environment		
2	CIO:* NATIONAL CENTER FOR ENVIRONMENTAL HEALTH	3	Division, office, or unit:* Division Of Environmental Hazards And Health Effects
4	CIO Point of Contact (POC) name(s):* Joseph Ralph		CIO POC email address(es):* CMQ8@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770-488-0539
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 8/25 words maximum Chronic disease practitioners at state/local/tribal/territorial health departments.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $90,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 301/1,000 words maximum
	Purpose: The purpose of this project is to increase awareness and understanding of the relationships between the environment and chronic diseases by educating the target population about the National Environmental Public Health Tracking Program, its data and resources, and promoting collaboration and partnerships between environmental health and chronic disease prevention programs at the state and local level. Proposed Activities: Activities would bring together environmental health and chronic disease programs and staff and could include (1) hosting meetings and presentations that demonstrate the connections between environmental health and chronic disease (e.g., virtual conference; webinars); (2) supporting collaborative opportunities among environmental health and chronic disease programs designed to increase capacity of state and local health departments to use cross-cutting methods and approaches to address public health issues (e.g., fellowship program bringing together grantee Tracking Programs, state chronic disease programs, local health department staff, and other partners as needed to address a public health priority topic); and (3) helping prepare the public health workforce by facilitating an internship/practicum experience related to chronic disease and the environment within a state/local health department for a college-level public health student. Expected Outputs: Expected outputs may include (1) a series of recorded webinar presentations or a virtual conference website that contains presentations, exhibits, and resources; (2) a fellowship program plan, associated communication materials, and a project summary describing participant activities; (3) an internship plan including details on recruitment and placement and a summary document describing the student project. Expected Outcomes: Expected outcomes may include (1) increased awareness of the relationships between the environment and health (2) increased awareness of the National Environmental Public Health Tracking Program's data and resources (3) increased partnership efforts between chronic disease and environmental health programs (4) increase in experience for college-level students regarding environmental public health and its relationship to chronic disease prevention practice.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 45/200 words maximum

The recipient should have expertise in chronic disease prevention and control, providing national-level leadership to health practitioners working at state/local/tribal/territorial levels. The recipient should have the technical capacity to host, record, promote, and disseminate multiple virtual presentations and host them on an online platform.

13 Applicant Program Experience:* 69/200 words maximum

The recipient should have knowledge of the National Environmental Public Health Tracking Program, including its data system, the Tracking Network. The recipient should have a clear understanding of the relationships between environmental hazards and chronic diseases and condition. Other desired capabilities include facilitating collaborations between chronic disease program staff and Tracking Program staff and knowledge in developing, monitoring, and evaluating training experiences for student interns and/or health professionals.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 22/200 words maximum

	The recipient would collaborate—as appropriate—and share information with other Tracking Program partner groups (e.g., national professional organizations) and cooperative agreement recipients.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 3/200 words maximum
	None expected.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 37/200 words maximum
	Health departments at the state/local/tribal/territorial level will benefit from this work by having opportunities to better understand the relationships between chronic disease and the environment, improved public health workforce capacity through fellowship and internship training activities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 29/100 words maximum
	Provide instructions on any limitations or parameters for expenditure or use of funds. Include general instructions on project equipment, travel, and personnel needs. No additional limitations or parameters.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/16

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 5/15 words maximum Chronic Disease and the Environment		
2	CIO:* NATIONAL CENTER FOR ENVIRONMENTAL HEALTH	3	Division, office, or unit:* Division Of Environmental Hazards And Health Effects
4	CIO Point of Contact (POC) name(s):* Joseph Ralph		CIO POC email address(es):* CMQ8@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770-488-0539
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 8/25 words maximum Chronic disease practitioners at state/local/tribal/territorial health departments.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $90,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 301/1,000 words maximum
	Purpose: The purpose of this project is to increase awareness and understanding of the relationships between the environment and chronic diseases by educating the target population about the National Environmental Public Health Tracking Program, its data and resources, and promoting collaboration and partnerships between environmental health and chronic disease prevention programs at the state and local level. Proposed Activities: Activities would bring together environmental health and chronic disease programs and staff and could include (1) hosting meetings and presentations that demonstrate the connections between environmental health and chronic disease (e.g., virtual conference; webinars); (2) supporting collaborative opportunities among environmental health and chronic disease programs designed to increase capacity of state and local health departments to use cross-cutting methods and approaches to address public health issues (e.g., fellowship program bringing together grantee Tracking Programs, state chronic disease programs, local health department staff, and other partners as needed to address a public health priority topic); and (3) helping prepare the public health workforce by facilitating an internship/practicum experience related to chronic disease and the environment within a state/local health department for a college-level public health student. Expected Outputs: Expected outputs may include (1) a series of recorded webinar presentations or a virtual conference website that contains presentations, exhibits, and resources; (2) a fellowship program plan, associated communication materials, and a project summary describing participant activities; (3) an internship plan including details on recruitment and placement and a summary document describing the student project. Expected Outcomes: Expected outcomes may include (1) increased awareness of the relationships between the environment and health (2) increased awareness of the National Environmental Public Health Tracking Program's data and resources (3) increased partnership efforts between chronic disease and environmental health programs (4) increase in experience for college-level students regarding environmental public health and its relationship to chronic disease prevention practice.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 45/200 words maximum

The recipient should have expertise in chronic disease prevention and control, providing national-level leadership to health practitioners working at state/local/tribal/territorial levels. The recipient should have the technical capacity to host, record, promote, and disseminate multiple virtual presentations and host them on an online platform.

13 Applicant Program Experience:* 69/200 words maximum

The recipient should have knowledge of the National Environmental Public Health Tracking Program, including its data system, the Tracking Network. The recipient should have a clear understanding of the relationships between environmental hazards and chronic diseases and condition. Other desired capabilities include facilitating collaborations between chronic disease program staff and Tracking Program staff and knowledge in developing, monitoring, and evaluating training experiences for student interns and/or health professionals.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 22/200 words maximum

	The recipient would collaborate—as appropriate—and share information with other Tracking Program partner groups (e.g., national professional organizations) and cooperative agreement recipients.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 3/200 words maximum
	None expected.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 37/200 words maximum
	Health departments at the state/local/tribal/territorial level will benefit from this work by having opportunities to better understand the relationships between chronic disease and the environment, improved public health workforce capacity through fellowship and internship training activities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 29/100 words maximum
	Provide instructions on any limitations or parameters for expenditure or use of funds. Include general instructions on project equipment, travel, and personnel needs. No additional limitations or parameters.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/16

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Increasing climate and health adaptation capacity in environmental health staff

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Environmental Hazards And Health Effects

4 CIO Point of Contact (POC) name(s):*
Paul Schramm; Pam Collins

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
pschramm@cdc.gov; ing4@cdc.gov

CIO POC phone number(es):*
770-488-0666; 770-488-0792

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 15/25 words maximum
Environmental health professionals and related staff; environmental health departments and the populations they serve.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$75,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
293/1,000 words maximum

Climate change can influence human health in numerous ways. Shifts in temperature, precipitation patterns, and sea-level can affect respiratory and cardiovascular disease, food-borne and water-borne illness, mental health, and vector-borne disease, among other health effects. The Centers for Disease Control and Prevention's Climate and Health Program (CHP) was formally established in 2009 and supports state and city health department efforts to develop and pilot methods to adapt to the current and future health effects of climate change. The program's mission is to lead efforts to identify populations vulnerable to climate change, recognize and anticipate health impacts, develop adaptation plans, and ensure that systems are in place to detect and respond to current and emerging health threats.
Project overview
This project will build capacity among environmental health practitioners and staff to adapt to the human health effects of climate change. The applicant will provide funding and technical assistance to environmental health staff (for example: state, local, tribal, or territorial environmental health departments) to incorporate climate change into their existing adaptation plans or develop new climate and health adaptation plans.
Scope of Work
The applicant is expected to identify relevant stakeholders, solicit applications from environmental health departments, and award mini-grants to selected environmental health departments or staff. The applicant will work closely with CDC on any mini-grant funded programs, providing assistance and coordination.
Outputs
• Convene or coordinate stakeholder meeting(s), including representatives from the selected environmental health department(s);
• Collect information or "success stories" from existing and proposed work; or
• Develop products (e.g. fact sheets, a webinar, descriptive website) with this information.

This work will serve as a pilot project of incorporating climate and health adaptation planning into environmental health department actions, with a key outcome of building staff/department capacity and creating shareable informative materials to guide future work.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

	☐ Strengthened capability to respond to public health priorities collaboratively and strategically ☐ Strengthened capability to systematically apply and use laws and policies to improve health ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 71/200 words maximum
	The applicant must have capacity to work with a broad array of environmental health organizations to develop and lead climate and health programs and activities. The applicant must be able to facilitate communication through methods such as conference lines or webinars, perform monitoring, and support environmental health programs through methods that may include calls or in-person meetings. The applicant must demonstrate ability to utilize existing relationships with environmental health departments.
13	Applicant Program Experience:* 66/200 words maximum
	The applicant must have strong working relationships with environmental health organizations and individuals working in the field of environmental health. The organization should have a specific focus on environmental health. Staff should have experience facilitating communication and organizing meetings or projects focused on environmental health. Broad experience with wide-ranging environmental health efforts is needed. The applicant should be actively engaged in relevant networks and groups.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 48/200 words maximum
	Coordination of work between partners and CDC will be necessary. The applicant should encourage and facilitate stakeholder engagement with relevant partners, potentially including community groups, environmental health departments and staff, other Federal or local agencies, and any relevant academic or government partners working on climate and health.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum
	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-contractual work.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 23/200 words maximum This project will benefit public health agencies by providing them technical assistance and tools to increase their climate and health adaptation capacity.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 13/100 words maximum
	All use of funds must relate to stated project objectives and goals.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

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National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Improving capacity for climate and health surveillance

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Environmental Hazards And Health Effects

4 CIO Point of Contact (POC) name(s):*
Paul Schramm; Pam Collins

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
pschramm@cdc.gov; ing4@cdc.gov

CIO POC phone number(es):*
770-488-0666; 770-488-0792

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 22/25 words maximum
Applied Epidemiologists in State, Tribal, Local and Territorial Health Departments, including staff involved in informatics and surveillance capacity, and related stakeholders.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$150,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
371/1,000 words maximum

Climate change can influence human health in numerous ways. Shifts in temperature, precipitation patterns, and sea-level can affect respiratory and cardiovascular disease, food-borne and water-borne illness, mental health, and vector-borne disease, among other health effects. The Centers for Disease Control and Prevention's Climate and Health Program (CHP) was formally established in 2009 and supports efforts to develop and pilot methods to adapt to the current and future health effects of climate change. The program's mission is to lead efforts to identify populations vulnerable to climate change, recognize and anticipate health impacts, develop adaptation plans, and ensure that systems are in place to detect and respond to current and emerging health threats. Currently, there is limited information and data relating to monitoring and surveillance of aeroallergens and pollutants, climate-related health effects in a syndromic context, and climate-related disaster epidemiology. The use of both traditional and syndromic surveillance for climate-related health effects is an emerging field. Collecting, storing, and utilizing relevant data is an identified need that could help to inform effective, targeted interventions.

Project Overview
The purpose of this project is to support activities by state and territorial epidemiologists related to the health effects of climate change, including syndromic surveillance and allergy and asthma activities related to aeroallergens. The overall goal is decreased morbidity and mortality as a result of better availability and usage of climate-related surveillance data.

Potential activities and outputs include:

Syndromic Surveillance for Climate and Health
• Establish, facilitate, and/or support a Syndromic Surveillance Climate Change workgroup
• Identify and evaluate existing climate-related syndromic surveillance activities and data sources
• Convene a group to establish a path forward, potentially including a white paper, position statement, or work plan
• Develop tools that will aid agencies in establishing new surveillance systems or improving existing surveillance systems

Surveillance for aeroallergens and air pollution
• Establish, facilitate, and/or support a climate and respiratory health workgroup
• Identify and collect existing pollen data sources
• Convene a group to establish a path forward, potentially including a strategy for data collection and establishment of a national pollen and spore monitoring network
• Facilitate data and information sharing between stakeholders
• Evaluation of devices and platform options for data collection, storage, and sharing

Additional Surveillance Support
• Provide planning and scoping assistance for related meetings or workshops
• Assist CDC with climate-related surveillance activities
• Assist with travel planning for relevant meetings or workshops

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑	Improved operational capacity to evaluate, manage, and improve public health systems
☑	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
☑	Improved communication and information technology 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
☐	Increased capacity to evaluate laws and policies to affect health

	☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs Intermediate ☐ Increased capability of public health systems to achieve nationally established standards ☐ Increased leadership decision-making to address public health needs strategically and systematically ☑ Strengthened capability of public health workforce to deliver essential public health services ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies ☑ Strengthened capability to use communication and information technology to affect health decisions and actions ☑ Strengthened capability to respond to public health priorities collaboratively and strategically ☐ Strengthened capability to systematically apply and use laws and policies to improve health ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 46/200 words maximum
	Applicant must have a strong existing relationship with epidemiologists in state health departments, and a track record in promoting effective use of epidemiologic data to guide public health practice and improve health. Capacity to host workshops, webinars, conference calls, etc. focused on epidemiology and surveillance.
13	Applicant Program Experience:* 41/200 words maximum
	Staff must have experience conducting surveillance efforts, especially efforts relating to environmental health, aeroallergens, climate change, and syndromic surveillance. Must have past experience coordinating directly with state health departments and epidemiologists. Experience with developing, piloting, and compiling climate-related epidemiologic information.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 46/200 words maximum
	Coordination of work between state/territorial health departments and CDC will be necessary. The applicant should 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 on climate, surveillance, or aeroallergens.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum
	Sub-contractual work is expected but not required. The applicant should specify amount of funding, period of performance, work plan, and selection criteria for any sub-contractual work.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 23/200 words maximum This project will benefit public health agencies by providing them technical assistance and tools to increase their climate and health adaptation capacity.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 13/100 words maximum
	All use of funds must relate to stated project objectives and goals.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/15 words maximum
Environmental Health Internship Program

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Emergency And Environmental Health Services

4 CIO Point of Contact (POC) name(s):*
Justin Gerding

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
iud0@cdc.gov

CIO POC phone number(es):*
770-488-3972

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 22/25 words maximum
The environmental health (EH) workforce consisting of state, tribal, and local health department, EH programs interested in hosting an EH intern.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
665/1,000 words maximum

Purpose: The nation's public health departments' environmental health (EH) workforce faces critical challenges in meeting the EH service delivery needs of their communities. Much of the nation's EH workforce has no formal education in EH or public health. This is a major concern for public health in the United States since many of the current and emerging health threats confronting the American public are from diseases with environmental origins. There are currently 30 undergraduate and 9 graduate EH academic programs in the U.S. that are accredited by the National Environmental Health Science and Protection Accreditation Council (EHAC). These programs produce the nation's elite cadre of new EH professionals each year. The majority of faculty members at EHAC accredited programs have never worked in public sector EH programs and therefore, may be inadequately prepared to present the positive aspects of choosing a career working in state, tribal, or local health department EH programs to their students. Through this internship project, students of EHAC accredited EH academic programs will be exposed to the exciting career opportunities, challenges and benefits or working with health departments in various areas throughout the U.S.

The purpose of this project is to establish and facilitate at least 25 EH internships by placing EH students from EHAC-accredited programs at health departments across the nation. The goals of the project are to:

1. Provide health departments with a highly qualified EH intern who is eager to gain field experience and contribute to the department's work;
2. Increase health department staff awareness of EHAC accredited EH programs and the value of working with and hiring their graduates; and
3. Enhance the nation's health department EH workforce and increase the capacity of health departments to address complex EH issues and challenges.

Proposed Activities:
The proposed project acitvities include:

1. Provide guidelines and criteria for the EH internship project and complete an application and selection process that includes:
   - o Ensuring applicant health departments and prospective interns meet eligibility requirements
   - o Reviewing and scoring health department and student applications
   - o Developing and facilitating a process to match qualified health departments with selected student applicants
   - o Ensuring that all health department and university required internship approval documents are processed
2. Provide materials and implement activities that:
   - o Inform state, tribal, and local public health departments of this internship opportunity and recruit health departments that meet the criteria to serve as a host for selected student interns
   - o Recruit students from all EHAC accredited EH academic programs by informing and encouraging the students to consider the internship opportunity
3. Administer and facilitate the internships, which involves:
   - o Reviewing the interns' projects and activities to ensure internship requirements are met
   - o Scheduling interactions with health department EH mentors and interns
   - o Scheduling and issuing stipend payments to interns (between $400 and $600 per week) for 10 weeks
4. Review, monitor, and assess the program to ensure the needs of the health departments, students, and universities are met.

Expected Outputs:
Twenty-five or more health departments across the nation will have an opportunity to host an EH intern for 10 weeks and benefit from from the interns' work in EH program prioritity actvities and services. The interns will complete complex projects on a variety of EH topics. Health departments have the opportunity to work directly with students from accredited EH academic programs and develop an understanding of how recruitment and hiring of graduates from these programs can strengthen the capacity and impact of health department EH programs and services.

Expected Outcomes:
This internship project and its national scope can positively impact health department performance and health outcomes at the state, tribal, and local levels. Many health departments across the nation will increase thier awareness of EHAC accredited programs and their high-caliber EH students. The internship project will produce a cadre of EH graduates with first-hand field experience and knowledge of frontline EH challenges. Recruitment of these highly-qualified EH graduates could excel health department preparedness and capability to address prevailing and future EH issues. The internship project will ultimately strengthen the EH profession and build capacity at health departments across the nation

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 104/200 words maximum

The applicant organization must have the capacity to build strong working relationships with state, tribal, and local health department EH programs and professionals, along with accredited EH academic programs and faculty. The applicant organization must also have an in-depth knowledge and understanding of health department EH program services and priority areas. This project requires a significant level of staff time and diligence to ensure timely progress and effective facilitation of internships. The applicant organization should have the capacity, expertise, and mechanisms to develop and disseminate marketing materials and messaging about internship opportunities to EH professionals working at health departments and students at EH academic programs.

13 Applicant Program Experience:* 43/200 words maximum

The applicant program should have:
1. Extensive knowledge and experience developing internships for undergraduate and graduate students.
2. Extensive knowledge of public health program design and project planning.
3. Extensive knowledge of promoting, recruiting, and marketing programs.
4. Extensive knowledge and experience developing effective relationships and partnerships with health departments.
5. Subject-matter-expertise in EH.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 19/200 words maximum

Collaboration with other organizations may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 17/200 words maximum

Subcontractual work may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 78/200 words maximum

	This project will benefit governmental public health agencies by providing an opportunity to host a highly-qualified EH intern and having additional support for accomplishing EH program activities, services, and complex projects. This will result in strengthened capcity during participation in the internship project, but also following participation by increasing the awareness of EH academic programs and the value and benefit of hiring highly-skilled grauduates of these programs as a strategy for strengthening the public health workforce.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 39/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/11

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 12/15 words maximum Building Environmental Health Surveillance and Epidemiologic Capacity in State and Local Health Agencies		
2	CIO:* NATIONAL CENTER FOR ENVIRONMENTAL HEALTH	3	Division, office, or unit:* Other Enter other division, office, or unit:* Division of Environmental Health Science and Practice
4	CIO Point of Contact (POC) name(s):* Adrienne S. Ettinger		CIO POC email address(es):* abe7@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770-488-7492
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 23/25 words maximum Applied epidemiologists engaged in the practice of epidemiology for a governmental public health authority at the state, local, tribal, or territorial level.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $150,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 104/1,000 words maximum
	Purpose: To build environmental health surveillance and epidemiologic capacity in state and local health agencies. **Proposed Activities**: Recipient organization will work with Federal and state partners to improve ability to collect electronic laboratory data and combine and report on blood lead levels in children and adults in a combined surveillance system. **Expected Outputs**: Improved capacity of data and information systems to conduct public health monitoring and surveillance of elevated blood lead levels in children and adults. **Expected Outcomes**: Increased capability of public health systems to achieve nationally established standards and use data to inform decision-making and support evidence-based practices, programs, and policies.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐

- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 34/200 words maximum

Recipient organization should work to advance public health policy, surveillance, and epidemiologic capacity among state and local health agencies with expertise in a broad range of areas particularly including environmental and occupational health.

13 Applicant Program Experience:* 40/200 words maximum

Recipient organization should have access and influence with applied public health epidemiologists working in state and other (e.g. territorial, tribal) health agencies. Experience providing technical advice and assistance to Federal and other partner organizations on surveillance and epidemiology.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 32/200 words maximum

It is expected that the collaboration will support effective public health surveillance and sound epidemiologic practice through capacity development and technical assistance for monitoring blood lead levels in children and adults.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

	None
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 38/200 words maximum It is anticipated that this project will support governmental public health agencies to conduct effective public health surveillance and sound epidemiologic practice through capacity development and technical assistance for monitoring blood lead levels in children and adults.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	None
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/23

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Strengthening sustainability of the Private Water Network

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Emergency And Environmental Health Services

4 CIO Point of Contact (POC) name(s):*
Brian Hubbard

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
bnh5@cdc.gov

CIO POC phone number(es):*
770-488-7098

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 26/25 words maximum
50 state and 2,800 local public health programs and diverse partners working with them to ensure safe drinking water from federally unregulated drinking water systems.

PROJECT FUNDING
OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$250,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
369/1,000 words maximum

Purpose: The purpose of this project is to support the continued operation of the Private Water Network. The Private Water Network has a charter and active membership of professionals that support environmental and public health practitioners and partners working on federally unregulated drinking water. Applicants are encouraged to submit work plans that define approaches and activities they will use to grow and strengthen the network. The work plan should describe activities and approaches and how they will support the network to grow a membership with diverse skillsets, promote trust and collaboration between member partners, and help generate and disseminate information about evidence-based practices related to drinking water sources and systems not covered by the U.S. Environmental Protection Agency's Safe Drinking Water Act.
State, tribal, local, and territorial (STLT) environmental and public health personnel are the frontline for providing public health services to Americans who rely on federally unregulated drinking water. However, strong partnerships with other stakeholders are necessary for preventing exposure to waterborne contaminants in wells, cisterns, springs, and trucked water. Applicant work plans should address how their organization can attend to the following proposed activities:

• Identifying, convening, and maintaining the widest range of possible stakeholders with the desired skillsets and knowledge bases to be members of the Private Water Network;
• Facilitating stakeholders across a wide range of disciplines to fine-tune the vision, mission, structure and goals of the network as necessary.
• Integrating webinars, trainings, and other educational materials to serve STLT environmental and public health staff as they are prioritized, developed and shared by network members;
• Providing communication channels such as teleconferences, listserv, virtual tools;
• Working with experts in network development and maintenance, and coalition building to assure a strong, functional, and beneficial product for the environmental and public health practitioners.

Expected Outputs:
• Improved definition of the vision, mission, structure, and goals for the Private Water Network
• Increased number of partners, coalitions, and other regional networks knowledgeable of and participating in the the Private Water Network
• Increase in the number of defined Private Water Network topics that are prioritized and supported with appropriate communication tools and channels

Expected Outcomes:
• A sustainable and inclusive national network supporting partners to keep drinking water safe for the ~34 million US residents that rely on federally unregulated drinking water.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards

	☑ Increased leadership decision-making to address public health needs strategically and systematically
	☑ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 133/200 words maximum
	The applicant organization must have the experience and capacity to collaborate with STLT environmental and public health staff across the nation. This activity will require strong organizational capacity to facilitate and promote collaboration across a broad range of stakeholders. The applicant must be attentive to STLT environmental public health needs to accomplish their roll in safe drinking water programs that focus on federally unregulated drinking water systems and sources. This project will require 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 environmental health practitioners at state, tribal, territorial, local agencies that address prioritized Private Water Network goals and activities. The organization must implement work activities in a timely fashion.
13	Applicant Program Experience:* 105/200 words maximum
	The applicant organization should have experience developing and disseminating tools and products for STLT environmental and public health staff on identified and emerging environmental health issues relating to safe drinking water. The applicant should have extensive knowledge and be familiar with the experiences and needs of STLT public and environmental health practitioners working on drinking water. The organization should have demonstrated experience in: • Building and maintaining networks, coalitions, and partnerships • Safe drinking water with particular experience related to federally unregulated drinking water • Strategic planning to direct and promote national network activities • Communications for promoting and using data and information to inform decision-making and support evidence-based practices and policies
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 44/200 words maximum
	There is a strong expectation that the applicant will need to foster collaboration with multiple member organizations and entities involved the Private Water Network. Promoting and fostering collaboration and interaction will be key organizational components for accomplishing the work plan objectives and deliverables.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 36/200 words maximum
	CDC does anticipate the applicant organization may need to reach out to expertise of the development, maintenance, and function of large networks and coalitions to assure a successful, growing, and useful Private Water Network.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 85/200 words maximum The Private Water Network was initially created to support the approximately 50 state and 2,800 local environmental and public health programs and the diverse partners working with them to ensure safe drinking water from federally unregulated drinking water systems (private wells, springs, trucked water). Lessons learned from ~20 years of STLT public health agency cooperative agreements reveal that strong partnerships and coalitions are effective when working to assure safe drinking water to US residents that use federally unregulated drining water systems and sources.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 39/100 words maximum
	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.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/24

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 5/15 words maximum Sharing Prevention Research Centers Success Stories		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH	3	Division, office, or unit:* Division Of Population Health
4	CIO Point of Contact (POC) name(s):* Suzanne Hurley		CIO POC email address(es):* szh2@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770 488-1103; 404 483-5515
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 30/25 words maximum Chronic Disease Specialist staff working in state & local health departments with a need for: a better understanding of evidence-based community public health programs and for related expertise.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $30,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 154/1,000 words maximum
	Purpose: To describe the CDC Prevention Research Centers' work and portray how it is useful to the state and local health departments. **Proposed Activities:** 1. Develop 12 success stories highlighting PRC successes: - 3 stories highlighting PRC/health department collaborations - 3 stories highlighting successful translations outcomes, including the role of the health department - 3 stories focusing on how successful outcomes were achieved or reached, including the rule of the health department. 2. Disseminate the profiles in: newsletters, website posting, social media, blogs and email groups. **Expected Outputs:** 1. 12, 1-2 page success story profiles highlighting why the PRCs are useful to state and local health departments, with key data points, quotes, and at least one image per story. 2. Dissemination of the profiles to the organization's membership and partners. **Expected Outcomes:** 1. Greater understanding among the public health community of why PRCs have value 2. The long-term goal is eventual increased use of PRC expertise and translation of their research results by health departments and their partners.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 60/200 words maximum

The applicant should as a part of their organizational goals provide support to membership of state and/or local health departments. They should:
- have staff that includes writers and communication staff familiar with crafting success stories for the organizations audience.
- have communication staff that support their newsletters, social media, blogs, and website.
-have management staff that provide oversight of the final products and outcomes.

13 Applicant Program Experience:* 62/200 words maximum

The organization should have experience with crafting 1-2 page success stories, conducting some investigation into details of the story, have the ability to format the stories into the most compelling format for the target audience, and have the dissemination experience mentioned in the Activities section. The organization should have experience with reading and interpreting research articles in public health peer-reviewed journals.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 60/200 words maximum

	The applicant will work with CDC who will provide: - the success story options (the organization may identify the most relevant together with CDC) - some draft text from progress reports, journal articles, and other sources - images if needed - contacts at the PRC, health departments and others for completing the text. CDC will review drafts and provide feedback in a timely manner.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 27/200 words maximum The success stories will help the federal agencies in an effort to make tools and resources more accessible and transferable to state, t local health departments.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 16/100 words maximum
	A strong writer is recommended who has an understanding of public health and evidence-based programming.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/24/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/41

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Building capacity for future leaders in the nutrition public health workforce to address cardiovascular disease

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Letitia Presley-Cantrell; Rebekah Buckley; Camillia Easley; Ka...

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lrp0@cdc.gov; eut9@cdc.gov; hwq5@cdc.gov; wnq9@cdc.gov

CIO POC phone number(es):*
770-488-5177; 770-488-6215; 770-488-4140; 770-488-7474

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 27/25 words maximum
Public health nutrition and health education workforce in local, tribal, territorial, and state health departments by offering an internship program for students of Minority-Serving Institutions.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$400,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
365/1,000 words maximum

Purpose: The recipient will lead a project to employ health promotion and education innovations through internships that focus on the burden of cardiovascular disease and health disparities among racial and ethnic minority communities. Through a competitive web-based application and selection process, this project will provide up to 20 students of minority serving institutions in public health related programs. Internship projects will engage students and faculty mentors in partnership with their state and local health departments or community-based organizations to implement evidence-based projects that address health disparities of racial and ethnic minority communities related to specific Healthy People 2020 Objectives.

Proposed Activities:

- Based on established schedule, manage process to receive applications and select interns through the use of web-based Minority Internship program Information & Evaluation System.
- During the sessions, coordinate 3 conference calls with the interns: orientation call, describe and discuss intern presentation project topics, and PowerPoint presentations of projects.
- During each session, evaluate interns through the web-based Minority Internship program Information & Evaluation System.
- During each session, provide skills to emphasize health policy competencies and social determinants of health, and the purpose of the data analysis tools to address health equity.
- During sessions, provide each intern with at least 6 in-person/online professional development training webinar including preparing for employment, understanding, and articulating diversity, cultural competence and social determinants, and 1 professional conference targeted for public health practitioners or policy, systems, and environmental change approaches to chronic disease prevention and health promotion.
- During sessions, provide opportunities to obtain skills in team building, strategic planning, project management, human resource management, systems thinking, and stakeholder identification.

Expected Outputs:

- Continuing education and trainings webinars on professional development topics
- Public health education materials
- Evaluation tools and resources

Expected Outcomes:

- Provide internship training opportunities in health education/equity/promotion/policy for cardiovascular disease and nutrition in up to 3 sessions (fall, spring, and summer) for 20 students from Minority Serving Institutions to prepare them for public health careers and ability to work in communities disproportionately impacted with health problems.
- Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships.
- Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☐	Improved operational capacity to evaluate, manage, and improve public health systems
	☐	Improved leadership capacity to identify and prioritize public health needs
	☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☐	Improved communication and information technology 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
	☐	Increased capacity to evaluate laws and policies to affect health

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 67/200 words maximum

The applicant must have a history of developing and strengthening public health leadership skills. Applicant must also have a national network of nutrition leaders, and have the capacity to develop and participate in educational workshops on cutting edge public health nutrition issues and strategies. Applicant must be willing to work with and have substantive collaborations with national organizations to move forward key nutrition policies and programs.

13 Applicant Program Experience:* 117/200 words maximum

Recipient should have the ability to attract a qualified pool of applicants through visits to Minority Serving Institutions (MSI), direct faculty interviews, database of MSIs, listservs, and targeted/direct marketing. Have experience screening, processing, and matching student applications with internship assignments. Additionally, have the ability to processes payroll and conduct intern and program performance evaluations over the course of the program.

Applicant must have sufficient resources to develop leaders in public health nutrition and cardiovascular disease who strengthen policy, programs and environments making it possible for everyone to make healthy food choices and achieve healthy, active lifestyles. Applicant must have an adequate knowledge base and expertise on cardiovascular diseases, the risk factors and the related health disparities.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 72/200 words maximum

Collaboration should include organizations that have experience creating partnerships between minority-serving institutions and the public health community; have contributed to creating a highly qualified, diverse public health workforce that provides services and better health outcomes for all communities through internships; be an authorized provider of continuing education credits for Certified Health Education Specialists (CHES/MCHES); and have experience administering a workforce development program through a web-based state-of-the-art mid-term and final program evaluations.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 14/200 words maximum

If expertise is not available in-house, the recipient should engage subject matter experts.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 29/200 words maximum

This CBA would provide significant benefit to public health agencies. Learning from this project would be directly beneficial to all states and municipalities with cardiovascular health disparities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 0/100 words maximum

CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/95

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 9/15 words maximum Enhancing State or Local Public Health Capacity in Alcohol Epidemiology		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH	3	Division, office, or unit:* Division Of Population Health
4	CIO Point of Contact (POC) name(s):* Jessica Mesnick		CIO POC email address(es):* gla5@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 7704888063
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 14/25 words maximum Epidemiologists in state and local health departments; chronic disease and injury prevention workforce		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $100,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
224/1,000 words maximum

The mission of the Excessive Alcohol Use Prevention Team in the National Center for Chronic Disease Prevention and Health Promotion (the Alcohol Program) is to strengthen the scientific foundation for the prevention of excessive alcohol use, including binge and underage drinking. The Alcohol Program accomplishes this mission by improving public health surveillance on excessive alcohol use and related harms; conducting applied public health research, including reviews of policy strategies for the prevention of excessive drinking for the Guide to Community Preventive Services (Community Guide); supporting state and local public health capacity in Alcohol Epidemiology; and by working with other federal agencies and national organizations on projects to reduce excessive alcohol use.
The Alcohol Program would like to support state or local public health capacity in alcohol epidemiology by funding a training fellowship for an alcohol epidemiologist in a state or local public health department. Grantee would recruit qualified masters- or doctoral-level graduates for the fellowships, match fellows to state or local health departments with the capacity for mentorship and oversight, and manage the fellowship program. Upon completion of this training program, the fellow will have gained valuable training in applied epidemiology, which will allow them to assume a full-time position as an Alcohol Epidemiologist a state or local public health agency, thus helping to build critically-needed public health capacity to inform the prevention of excessive alcohol use.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 18/200 words maximum

Organization must have the capacity to manage a fellowship and coordinate with state and local health departments.

13 Applicant Program Experience:* 13/200 words maximum

Organization must have experience with supervision of fellows in public health departments

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 14/200 words maximum

Grantee will work closely with CDC Alcohol Program and selected health department staff

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 15/200 words maximum

	Subcontracts are not anticipated under this project but allowable with approval from technical monitor
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 30/200 words maximum Project will increase capacity in alcohol epidemiology in state and local health departments, contributing to the prevention of excessive drinking, which is a leading risk factor for morbidity and mortality.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 21/100 words maximum
	Funds will be use for salary, training, and travel of fellow, as well as supporting overhead for oversight of fellowship.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/105

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Health and Wellness in Cancer Survivors: Developing new tools to talk about behavior change

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*
Lisa C. Richardson

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
Lfr8@cdc.gov

CIO POC phone number(es):*
7704880170

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 16/25 words maximum
State, territorial and local public health chronic disease directors; health department chronic disease prevention workforce

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$750,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
952/1,000 words maximum

Purpose: Cancer survivorship is a national priority as well as one for the Division Cancer Prevention and Control. To deliver quality cancer survivor activities to the community, the public health workforce must be trained. This project will train health department workforce to disseminate and use the tools created to improve quality of life for survivors and their providers and caregivers. Behavior change presents the most complex health decision that can lead to longer, healthier lives. The recipient will build upon previous CDC funded work of an avatar simulation called Talk to Someone: Triple Negative Breast Cancer. Once the educational tool is developed health department staff will be trained to deliver the intervention to cancer survivors in their jurisdiction.

Background: The National Cancer Institute estimates there were approximately 15.5 million cancer survivors as of January 1, 2016. This number is expected to increase to 20.4 million by 2026. The public health and healthcare system must pivot to understand and address the needs of survivors from the cancer diagnosed to the longterm mental and physical impact on quality of life. Given the number of cancer survivors who are now living in every community, state health department staff need tools and training to address the needs of this growing population. DCPC (CDC) has programs in most communities through its 3 national programs, making state health departments the most prepared and logical group to educate cancer survivors about behavior change to improve quality and length of life after a diagnosis. Training staff will be critical to improving these outcomes.

Behavior change is difficult even in cancer survivors. Recent data from studies examining lifestyle factors after a cancer diagnosis showed that survivors continue to smoke, not exercise at the recommended levels, do not follow a healthy diet and continue to drink alcohol at unhealthy levels. What is surprising is that cancer survivors habits are the same as those who have never had cancer.

Proposed Activities:
Cancer Survivor Training Modules with Conversation Simulated Coaching: Following cancer treatment, survivors often need, and want, to make healthy lifestyle changes. This time period has been labelled the "teachable moment". However, cancer survivors face unique challenges to physical activity and nutrition depending on their cancer and the side-effects resulting from the treatments, including surgery, radiation and chemotherapy. Quality of life might suffer from low energy levels, weight gain or loss, and continuing to smoke. Food tastes may have changed and overall ability to taste may have been altered due to chemotherapy and radiation. Cancer survivors are no different from any of us, behavior change may seem impossible. In addition, health department staff may not be familiar with technological advances to deliver interventions to the public.

The proposal should have the following activities to impact lifestyle changes using avatar simulated coaching:
1. Complete an environmental scan to determine interventions available to help cancer survivors to make healthy lifestyle choices and sustain them. Given the short time line of the project, a well done literature review or meta-analysis completed in the last 1-3 years may be sufficient.
2. Multi-component computer simulated coaching modules should include at a minimum, smoking cessation, healthy diet, physical activity (exercise) and alcohol use. Others might include mental health interventions, coping with long term physical side effects of treatment.
3. Module should have provider and survivor sub-components
4. Consult with a subject matter expert in lifestyle behavior change in cancer survivors.
5. Build the multi module intervention with the assistance of a contractor with expertise building life like avatar simulations for behavior change.
6. Test and evaluate the modules with providers and end users regarding how to care for cancer survivors.
7. Train health department staff to deliver the cancer survivor lifestyle modules to cancer survivors. Deliver the modules by public health entities like state health departments. One existing vehicle that could be used for dissemination are the Comprehensive Cancer Control Coalitions managed by the state health department.
8. Develop a communications roll out plan to assist the funded grantees at the state, territorial and tribal health departments able to get the word out to assist cancer survivors and their providers enhance lifestyle change.
9. The lifestyle intervention delivered by state, territorial and tribal health departments will be evaluated to ensure that problems are found and fixed as the intervention is being developed and deployed. DCPC would like to scale up the intervention to others entities if successful.

Expected Outputs:
The grantee or its contractors would develop computer simulated coaching modules that will provide artificial intelligence-guided conversation paths that are informed by actual survivors as well as subject matter experts in behavior change in cancer survivors. Comprehensive Cancer Control Coalitions supported by CDC will be critical in disseminating the tool and training others to deliver it as well. CDC has already successfully created a computer avatar simulation that is survivor-friendly which serves as a coach to guide newly diagnosed breast cancer patients through treatment option scenarios via simulated conversation pathways. Building the multicomponent lifestyle behavioral change modules will use the success of that project with the added benefit of using state health departments to get the word out about the tool to assist cancer survivors.

Expected Outcomes:
As a result of creating this multi-component cancer survivor module on lifestyle change, cancer survivors will be able to embrace healthy behaviors that will likely decrease cancer recurrence and to prevent new cancers from occurring. The health department staff engaged in this project will be trained to deliver the intervention to serve the growing population of cancer survivors.
Making the specialized conversations available in a readily understandable and relatable format that will likely enhance uptake. In addition, it may lead to sustained behavior change. Ultimately leading to a longer healthier life. This is the ultimate goal of all public health professionals.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 179/200 words maximum

Proposed project staff should have a general knowledge of cancer survivor epidemiology (prevalence and long- term outcomes), health behavior change and evidence-based interventions for behavior change in cancer survivors. Some of the proposed project staff should have expertise in working with innovative health communication developers of avatar simulations to engage cancer survivors in making decisions to change behavior related to high-risk life style factors including excessive alcohol consumption, tobacco use, low physical activity and poor diet. Some of the proposed staff should have experience conducting rigorous evaluations of implementing the avatar simulation once completed. The applicant will need to have the ability to do environmental scans to determine the state of the evidence before beginning work developing tools. Given the short timeline, literature reviews and meta-analyses published in the last 1-3 years should be sufficient. The evaluation of all tools developed is a critical ability of the project staff. Lastly, some of the staff should have experience in training health department staff to deliver the intervention to the community. Skills learned in this project will translate to other health department projects.

13 Applicant Program Experience:* 174/200 words maximum

To effectively conduct the work described under the project description, the applicant should have general knowledge of cancer survivor epidemiology (prevalence and long- term outcomes), health behavior change and evidence-based interventions related to behavior change in cancer survivors. The applicant or its contractors should be able to translate these guidelines/recommendations into avatar simulations for use by the cancer survivors. The applicant should also have experience in developing patient educational materials and using traditional and nontraditional channels to get those messages and materials out to the target audiences especially working with state health departments. The applicant should have experience with conducting usability testing and rigorous evaluations of public health communication materials. To maximize the utility of the project, the applicant should have ongoing relationships with public health and provider groups that care for cancer survivors such as the Oncology Nurses Society, The American Academy of Family Medicine and American College of Physicians. The applicant should have a deep knowledge and experience of working with health departments, especially providing educational programs and evaluating those programs.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 83/200 words maximum

	The applicant will be expected to collaborate with the TM, the CDC project team, and the subject matter experts and consultants on all aspects of the project, including compiling evidence for barriers and facilitators of lifestyle changes in cancer survivorsAll material developed will be reviewed and approved by TM and CDC project staff to ensure messages are consistent with CDC's cancer survivor program. The applicant is also expected to work with state health department staff to implement and evaluate the educational intervention.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 151/200 words maximum
	The applicant will be expected to secure subcontractors as needed to fulfill the needs of the goals and activities outlined in the project plan. This includes a marketing subcontractor for disseminating the multicomponent modular simulated conversations with cancer survivors. . CDC will be looking for the project team to explore lifestyle interventions for cancer survivors and replicate innovative methods developed for conversations with women newly diagnosed with high breast cancer (Talk to Someone: Triple Negative Breast Cancer) and present them to CDC for consideration and approval. The applicant may also need to secure a subcontractor for expertise in developing and deploying digital campaigns and getting messages out to the public in unique ways. The applicant will need to secure one or more contractors to support the needs of the rigorous evaluation of the traditional and nontraditional channels used to disseminate messages consistent with the project design, objectives, and project plans.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 151/200 words maximum
	Many times state health departments are given tasks to complete without being given the skills to complete these tasks. We propose creating an educational tool to educate cancer survivors about lifestyle changes they should make and provide information to make this happen. The public health and medical community are increasingly understanding that most of what happens to those with medical conditions happens where we live. The current project, CDC with the help of state health departments, will create a tool and train public health department staff how to implement the intervention. The skills learned in this project will be applicable to delivering many public health interventions. Though the state health department will be the locus of delivering the educational intervention, we know regional and local health departments will be critical to improving the lives of cancer survivors. All of these government agencies will benefit from the tools developed in this project.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 100/100 words maximum
	The funds provided for this project should be used to directly address the goals outlined in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, accessing peer-reviewed journal articles and materials, securing meeting space and audiovisual equipment, producing meeting materials, paying for travel, providing modest honoraria for non-Federal meeting participants, developing PSAs and digital media campaigns , conducting review and revisions, conducting usability testing, and evaluating the materials. Any travel related expenses to be paid using project funds should be consistent with per diem rates established by the US GSA
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/106

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 4/15 words maximum Professional Workforce Development and Leadership		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH	3	Division, office, or unit:* Other Enter other division, office, or unit:* Office of Public Health Practice
4	CIO Point of Contact (POC) name(s):* Cathleen Walsh		CIO POC email address(es):* cwalsh@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770.488.0877
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 13/25 words maximum State, territorial, and local public health chronic disease directors and their staff		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $500,000 (Whole numbers only)	○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
130/1,000 words maximum

Purpose: Assess, establish, develop, and coordinate training in a variety of modes, and individual and group activities that build health promotion and public health capacity for leadership and management as well as programmatic expertise at the state and territorial level including capacity to plan and implement practice-based approaches to chronic disease prevention and health promotion, translation of research into practice, and building skills to plan, manage and evaluate chronic disease prevention and health promotion programs.

Proposed Activities: In order to address different needs, different activities are required. These may include mentoring, coaching, training, online and in-person single and group activities, shadowing, etc.

Expected Outputs: Evaluated menu of options for chronic disease directors to utilize in supporting workforce locally.

Expected Outcomes: Longer term employees, with more career options, stronger leadership and management skillsets.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐

- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology 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
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 41/200 words maximum

Documented history of successful efforts to identify leadership and management opportunities and work with chronic disease program staff to meet existing needs. Successful collaboration across programmatic, policy and leadership/management concerns. Experience using technology to meet the needs of remote learners.

13 Applicant Program Experience:* 26/200 words maximum

Strong, longstanding experience with practice-based evidence, evidence-based practice and contemporary leadership and management approaches, including succession planning and working with a workforce representing different cultures and values.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 20/200 words maximum

Successful collaborations may extend beyond immediate workforce and include a broader array of health, policy, legislative and community representatives.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

	N/A
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 13/200 words maximum All work is directed toward expanding the capacity of public health agencies.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/99

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

You can edit and save a draft of your plan by clicking the "Save and Close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the NOFO.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Supporting birth defects surveillance activities in low resource countries through provision of capacity building assistance

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABI

3 Division, office, or unit:*
Division Of Defects And Developmental Disabilities

4 CIO Point of Contact (POC) name(s):*
Hilda Razzaghi

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
hir2@cdc.gov

CIO POC phone number(es):*
770-488-6518

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category B

6 Description of the Target Population:* 2/25 words maximum
Public health informaticians

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$170,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
537/1,000 words maximum

As part of the Birth Defects COUNT Global Initiative, which seeks to decrease the prevalence of folate-sensitive neural tube defects (NTDs), CDC will continue to work with Ministry of Health officials and healthcare providers working with birth defects surveillance programs in low resource countries to expand birth defects surveillance and improve the quality of birth defects surveillance data. This information is critical to establish the need to monitor the effectiveness of folic acid programs (e.g., fortification) for the prevention of NTDs. This grant will also support the continuation and expansion of a suite of materials on birth defects surveillance to be used by Ministries of Health and others interested in establishing and evaluating birth defects surveillance systems.

This project is designed to:
1. Develop materials, facilitate training programs, and provide technical assistance to establish and/or enhance birth defects surveillance in low resource countries.
2. Develop materials to complement the WHO/CDC/ICBDSR toolkit on birth defects surveillance, available at https://www.cdc.gov/ncbddd/birthdefects/surveillancemanual/index.html. The toolkit is a collection of resources for those looking to establish or enhance a birth defects surveillance system.
3. Enhance technical tools, such as the PreSurv Suite, to facilitate birth defects surveillance data collection and analysis.
4. Create a forum to enhance collaborative networks for resource sharing, lessons learned, and collaborative data projects.

Anticipated activities of the project include:
1. Develop training didactic and supplementary materials to build capacity and to assist countries involved in birth defects monitoring and evaluation in low resource countries. Activities could include development of narrated PowerPoint presentations, "how to" guide to evaluating birth defects surveillance system, and other resources to aid program staff to improve birth defects data collection and utilization. Supplementary materials should be provided in English and Spanish, and suitable for conversion to other languages as needed.
2. Develop an online self-paced training tool/course for downloading and utilizing the PreSurv software, conducting in-person trainings, and providing technical support for countries using the software suite including large areas in the Americas, Africa, and South East Asia. Adapt PreSurv software as needed to fit the needs of countries supported by CDC for birth defects surveillance.
3. Establish and maintain collaborative networks to enhance information sharing and collaborative data projects

Anticipated outputs of the project include:
1. Self-learning trainings for surveillance managers and health care providers are available online and information about available resources disseminated; inclusive of integrated set of narrative videos, slide decks, tools, and an online examination upon completion of the training course
2. In-person training(s) conducted; prepared materials include course materials, presentations, as well as knowledge checks and evaluations.
3. Multilingual [English, Spanish, with possibility to extend in other languages] materials that provide training on or otherwise complement the manual on birth defects surveillance system evaluation are developed and available.
4. Health care providers in priority regions (e.g., Africa and South East Asia) have access to training materials and tools
5. Training tools/course on PreSurv Suite are developed and available on-line.
6. Communication channel established/enhanced to facilitate information and resource sharing, e.g., listserv

Anticipated outcomes of the project include:
1. Enhanced knowledge of training participants/users on birth defects data collection and quality assurance, analysis, and utilization
2. Participating birth defects surveillance programs/agencies utilize PreSurv software
3. Enhanced utilization of birth defects surveillance data to understand the impact of birth defects on communities and inform programmatic and policy decision-making

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology 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
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 37/200 words maximum

• Extensive international birth defects surveillance expertise
• Ability and expertise to provide support for facilitation of trainings
• Experience building birth defects surveillance and evaluation capacity in low and middle-income countries
• Ability and expertise to contribute to development of surveillance evaluation materials

13 Applicant Program Experience:* 39/200 words maximum

Applicants should have experience in the field of birth defects internationally as well as conducting courses on both surveillance and evaluation. Experience working in the Birth Defects COUNT focus areas of East Africa and/or South-East Asia preferred.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 0/200 words maximum

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

	Briefly describe how. : * 67/200 words maximum
	Ministry of Health officials and healthcare providers working with birth defects surveillance programs in low resourced countries will expand birth defects surveillance and improve the quality of birth defects surveillance data. This grant will also support the continuation and expansion of a suite of materials on birth defects surveillance to be used by Ministries of Health and others interested in establishing and evaluating birth defects surveillance systems.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCBDDD/FY18 (Year 1)/PP/14

CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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Recipient SharePoint User Guide

Center for State, Tribal, Local, and Territorial Support (CSTLTS) (*proposed*)
Division of Program and Partnership Services
National Partnership Branch

Updated July 2018

Contents

CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health 0

Required Registration and Access to SharePoint 2

Instructions for Submitting Year 1 Work Plans Revisions for Funding Strategy 1 3

Instructions for Submitting Year 1 Work Plans for Funding Strategy 2 7

Instructions for Accessing Year 1 CIO Project Plans 11

Required Registration and Access to SharePoint

CDC JOIN: Prior to submitting your specific work plans to CDC, you must register with CDC JOIN. Each organization may register up to two designees with CDC JOIN access. The CDC JOIN username and password must be maintained with current information at all times while an organization has a project funded through CDC-RFA-OT18-1802, and until a final financial report is submitted or final payment is received, whichever is later. The CDC JOIN registration process takes approximately five minutes to complete.

SharePoint: SharePoint is the database into which a recipient must submit materials for projects funded by CDC-RFA-OT18-1802 and will be used for conducting business related to such projects. CDC CSTLTS will notify you when SharePoint access is granted.

1. **Register with CDC Join**
    a. Step 1: Obtain Username and Initial Password
        i. You will receive a CDC JOIN Invitation email, which includes your username and initial password, as well as the details required to complete registration. If you have already received you invitation email, please proceed to Step 2.
        ii. If you have not received your CDC JOIN invitation email, contact CDC, Center for State, Tribal, Local and Territorial Support (CSTLTS), National Partnership Branch (NPB) staff by emailing them at OSTLTSPartnersNOFO@cdc.gov.
    b. Step 2: Activate Your Account
        i. To activate your CDC JOIN account, navigate to the External Partner Account Activation Information page and follow the steps below:
            1. Enter your Username and Initial Password
            2. Click Activate Account to continue with account registration
    c. Step 3: Complete Registration
        i. Notify NPB that you have completed CDC Join registration by emailing OSTLTSPartnersNOFO@cdc.gov
2. **Access to SharePoint - Recipient Dashboard**
    a. After notification of CDC Join registration completion has been received, NPB will notify you when SharePoint access is granted. In order to access SharePoint,
        i. Click on CTRL + click NPB Recipient Dashboard
        ii. Click the option, "This is a private computer."
        iii. Select "I am an External Partner" radio button
        iv. Enter your username established through CDC JOIN.
        v. Enter your password established through CDC JOIN.
        vi. Click "Logon." The Recipient Dashboard will load.
    b. To access project documents related to your recipient organization select the icon for your organization's name located under the "Recipient Organizations" section on the Dashboard.
    c. If assistance is needed, contact NPB by emailing OSTLTSPartnersNOFO@cdc.gov

Instructions for Submitting Year 1 Work Plans Revisions for Funding Strategy 1

Note: <u>All related work plan revisions must be submitted via SharePoint and GrantSolutions Grants Management Module (GMM).</u>

1. Follow steps 1 – 7 on page 2 to access the Recipient Dashboard.
2. Select the "Year 1 Work Plan" link from the "Project Templates" section of the Recipient Dashboard.
3. The following outlined information is required in the work plan template.
    a. **General Information:** The following information should populate based on the account used to initiate the form: Recipient Name, Award Number, POC Name, POC Phone Number, POC Email Address, POC Mailing Address, POC Backup Name, POC Backup Email Address, and Recipient Target Population Category.
    b. **Year 1 Project Information**
        i. <u>Work Plan Type:</u> Use the radio button to indicate the Work Plan type.
            1. *<u>Funding Strategy 1 (Initial Application):</u> Select this option to submit a work plan linked to your Initial Application. The Initial Application is the application your organization submitted to Grants.gov in March 2018. Funding Strategy 1 Work Plans should be in response to Technical Review(s) your organization received with the Notice of Award.*
            2. <u>Funding Strategy 2 (Work Plan in Response to CIO Project Plan):</u> Select this option to submit a work plan in response to a CIO Project Plan. The FY 2018 CIO Project Plans were posted on Grants.gov under CDC-RFA-OT18-18020101SUPP18. CIO Project Plans are CDC proposals for CBA that OT18-1802 recipients respond to in order to obtain additional funding.
        ii. <u>Project Title:</u> Use the dropdown to select the title from the "Project Title" dropdown box.
        iii. <u>Project ID:</u> Autopopulates from SharePoint
        iv. <u>Award Amount:</u> Autopopulates from SharePoint based on Project Title
        v. <u>Is this project partially funded by opioid funding?</u>: Use the radio button to indicate whether the award amount includes partial dollars from federal funds appropriated for opioid activities. NOTE: Refer to the Technical Review to determine if a project is partially funded by opioid dollars.
            1. <u>Yes:</u> Select this option if the project is partially funded by federal funds appropriated for opioid activities.
            2. <u>No:</u> Select this option if the project is fully funded by federal funds appropriated for opioid activities OR if the project is fully funded by federal funds appropriated for non-opioid activities.
        vi. <u>Opioid Funding Amount</u>: This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. Enter the whole dollar amount of federal funds appropriated for opioid activities.
        vii. <u>Non-opioid Funding Amount</u>: This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. Enter the whole dollar amount of federal funds appropriated for non-opioid activities.
        viii. <u>CIO:</u> Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

ix. Division: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

x. CDC Primary POC/TM Name: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

xi. CDC Primary POC/TM Phone Number: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

xii. CDC Primary POC/TM Email Address: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

xiii. Target Population Description: Describe the target population that will receive the CBA outlined in the work plan. The description should be consistent with the target population identified within the initial application or the project plan.

xiv. Project Description: Provide an abstract of the project strategies, activities, outputs, and intended outcomes.

xv. Topic Areas: Use the checkboxes to identify the key topic area(s) of the work plan.

xvi. Program Strategies: Identify the key strategies that relate to the proposed project. Select at least one strategy from the OT18-1802 Logic Model. The logic model is hyperlinked within the form.

xvii. Program Outcomes: Identify the expected outcomes that relate to the proposed project. Check two or more from the OT18-1802 Logic Model.

c. **Work Plan:** Describe the overall project approach, including the activities, outputs, and performance measures (process and outcome) related to the selected program strategies and outcomes. Use the specified format provided for each field. Program Strategy= S; Activity=A; Output=OP; Program Outcome=O; Budget Period Outcome=BPO

i. Activities and Outputs: List the key activities for each program strategy selected.

1. *Activities and Outputs Format*

S2. *(Program Strategy)* Leadership and Workforce Development
A1. *(Activity)*
OP1. (Output)
A2.
A3.
OP1.

2. S4. Communication and Information Technology
A1.
A2.
A3.

ii. Budget Period Outcomes: List the key output(s) produced as a result of activities conducted for each program strategy.

1. *Outputs Format*

S2. Leadership and Workforce Development
OP1. *(Output)*
OP2.
OP3.
S4. Communication and Information Technology
OP1.
OP2.

OP3.

iii. Process Measures: List the process measures that will be used to track progress implementing the selected program strategies and related activities for the Year 1 work plan.

1. *Process Measures Format*

S2. Leadership and Workforce Development

PM1. *(Process Measure)*

PM2.

PM3.

S4. Communication and Information Technology

PM1.

PM2.

PM3.

iv. Outcome Measures: List the outcome measures that will be used to track progress achieving the budget period outcomes. Each budget period outcome must align with one of the program outcomes.

1. *Outcome Measures Format*

PO. *(Program Outcome)* Strengthening core and discipline-specific public health competencies among the workforce to improve job performance.

BPO1. *(Budget Period Outcome)*

BPO2.

4. **Organizational Capacity:** Describe your organizational capacity as it relates to this project.
5. **Program Experience:** Describe your organizational experience as it relates to this project.
6. **Collaborative Work:** Describe plans for collaboration activities, if applicable.
7. **Sub-contractual Work:** Describe plans for sub-contractual work, if applicable. Include criteria for selecting sub-contractors.
8. **Budget Breakdown:** An itemized budget is required. Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
9. **Opioid Funded Budget Information:** This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. An itemized budget is required for *opioid-funded activities.* Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
10. **Non-Opioid Funded Budget Information:** This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. An itemized budget is required for *non-opioid-funded activities*. Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
11. **Attachments:** The recipient must upload the Budget Narrative and the Indirect Cost Rate Agreement as attachments in the SharePoint form. There are separate attachment links for each type of document. To upload an attachment, click the attachment link that corresponds to the type of form you are seeking to attach and follow the prompts.

Note: The "Submission Information" section will populate once the recipient submits or modifies a document.

12. **Save as Draft:** To save the form, click the "Save & Close" link at the end of the application. The recipient will receive an email confirming the application was saved successfully. To access and edit the saved application, click the hyperlinked Project title within the saved confirmation email.
13. **Submit (via SharePoint):** To submit as final, click the "Submit" link at the end of the form. Once "Submit" is selected, the recipient will receive an email confirming the final application was submitted successfully. To access and edit the final application, click the hyperlinked Project title within the confirmation email.
14. **Submit (via GMM):**
    a. **Go to:** www.GrantSolutions.gov to login
    b. Select "Grants" and then "My Grants List."
        i. Select "Apply for Non-Competing Award" to begin the Application process.
    c. **Complete:** The GrantSolutions Non-Competing Continuation Application Control Checklist
        i. **Complete** SF 424 Application for Federal Assistance Version 2.
        ii. **Complete** Budget Information for Non-Construction Programs (SF424A) form.
        iii. **Complete** SF-LLL Disclosure of Lobbying Activities.
        iv. **Upload** the Master Project Narrative and Master Budget Narrative document.
        v. **Upload** the Indirect Cost Rate Agreement.
        vi. **Follow instructions to submit the application package.**
    d. Click the "Close" button, and you then have the option to return to "My Grants List," which will give you the option to edit or delete your application.
    e. **Notes/Tips –** To view all applications (awarded, submitted, in progress):
        i. Select "Applications" from the menu bar.
        ii. The "My Applications List" screen displays.
        iii. From this screen, the recipient can manage and edit applications still in progress by selecting the "Open" link.
        iv. The recipient can also view previously awarded applications by selecting the "Open" link.
        v. The recipient can also add or view application notes.
        vi. From the "Application Type" column, the view can determine whether the application was a non-compete, an amendment, or a new application.
        vii. Click the "Return to Announcements" button to return to the Funding Opportunity screen. Current non-competing continuations are visible toward the top of the screen. Additionally, competing announcements that may be applied for via GrantSolutions also appear on this screen.

Instructions for Submitting Year 1 Work Plans for Funding Strategy 2

Note: <u>All related work plan proposals must be submitted via SharePoint and Grants.gov.</u>

1. Follow steps 1 – 7 on page 2 to access the Recipient Dashboard.
2. Select the "Year 1 Work Plan" link from the "Project Templates" section of the Recipient Dashboard.
3. The following outlined information is required in the work plan template.
    a. **General Information:** The following information should populate based on the account used to initiate the form: Recipient Name, Award Number, POC Name, POC Phone Number, POC Email Address, POC Mailing Address, POC Backup Name, POC Backup Email Address, and Recipient Target Population Category.
    b. **Year 1 Project Information**
        i. <u>Work Plan Type:</u> Use the radio button to indicate the Work Plan type.
            1. <u>Funding Strategy 1 (Initial Application):</u> Select this option to submit a work plan linked to your Initial Application. The Initial Application is the application your organization submitted to Grants.gov in March 2018. Funding Strategy 1 Work Plans should be in response to Technical Review(s) your organization received with the Notice of Award.
            2. *<u>Funding Strategy 2 (Work Plan in Response to CIO Project Plan):</u> Select this option to submit a work plan in response to a CIO Project Plan. The FY 2018 CIO Project Plans were posted on Grants.gov under CDC-RFA-OT18-18020101SUPP18. CIO Project Plans are CDC proposals for CBA that OT18-1802 recipients respond to in order to obtain additional funding.*
        ii. <u>Project Title:</u> Use the dropdown to select the title from the "Project Title" dropdown box.
        iii. <u>Project ID:</u> Autopopulates from SharePoint
        iv. <u>Award Amount:</u> Autopopulates from SharePoint based on Project Title
        v. <u>Is this project partially funded by opioid funding?</u>: Use the radio button to indicate whether the award amount includes partial dollars from federal funds appropriated for opioid activities. NOTE: Refer to the Technical Review to determine if a project is partially funded by opioid dollars.
            1. <u>Yes:</u> Select this option if the project is partially funded by federal funds appropriated for opioid activities.
            2. <u>No:</u> Select this option if the project is fully funded by federal funds appropriated for opioid activities OR if the project is fully funded by federal funds appropriated for non-opioid activities.
        vi. <u>Opioid Funding Amount</u>: This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. Enter the whole dollar amount of federal funds appropriated for opioid activities.
        vii. <u>Non-opioid Funding Amount</u>: This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. Enter the whole dollar amount of federal funds appropriated for non-opioid activities.
        viii. <u>CIO:</u> Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.
        ix. <u>Division</u>: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

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xii. CDC Primary POC/TM Email Address: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.
xiii. Target Population Description: Describe the target population that will receive the CBA outlined in the work plan. The description should be consistent with the target population identified within the initial application or the project plan.
xiv. Project Description: Provide an abstract of the project strategies, activities, outputs, and intended outcomes.
xv. Topic Areas: Use the checkboxes to identify the key topic area(s) of the work plan.
xvi. Program Strategies: Identify the key strategies that relate to the proposed project. Select at least one strategy from the OT18-1802 Logic Model. The logic model is hyperlinked within the form.
xvii. Program Outcomes: Identify the expected outcomes that relate to the proposed project. Check two or more from the OT18-1802 Logic Model.

c. **Work Plan:** Describe the overall project approach, including the activities, outputs, and performance measures (process and outcome) related to the selected program strategies and outcomes. Use the specified format provided for each field. Program Strategy= S; Activity=A; Output=OP; Program Outcome=O; Budget Period Outcome=BPO

i. Activities and Outputs: List the key activities for each program strategy selected.

1. *Activities and Outputs Format*

S2. *(Program Strategy)* Leadership and Workforce Development
A1. *(Activity)*
OP1. (Output)
A2.
A3.
OP1.

2. S4. Communication and Information Technology
A1.
A2.
A3.

ii. Budget Period Outcomes: List the key output(s) produced as a result of activities conducted for each program strategy.

1. *Outputs Format*

S2. Leadership and Workforce Development
OP1. *(Output)*
OP2.
OP3.
S4. Communication and Information Technology
OP1.
OP2.
OP3.

iii. Process Measures: List the process measures that will be used to track progress implementing the selected program strategies and related activities for the Year 1 work plan.

1. *Process Measures Format*

S2. Leadership and Workforce Development

PM1. *(Process Measure)*

PM2.

PM3.

S4. Communication and Information Technology

PM1.

PM2.

PM3.

iv. Outcome Measures: List the outcome measures that will be used to track progress achieving the budget period outcomes. Each budget period outcome must align with one of the program outcomes.

1. *Outcome Measures Format*

PO. *(Program Outcome)* Strengthening core and discipline-specific public health competencies among the workforce to improve job performance.

BPO1. *(Budget Period Outcome)*

BPO2.

d. **Organizational Capacity:** Describe your organizational capacity as it relates to this project.
e. **Program Experience:** Describe your organizational experience as it relates to this project.
f. **Collaborative Work:** Describe plans for collaboration activities, if applicable.
g. **Sub-contractual Work:** Describe plans for sub-contractual work, if applicable. Include criteria for selecting sub-contractors.
h. **Budget Breakdown:** An itemized budget is required. Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
i. **Opioid Funded Budget Information:** This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. An itemized budget is required for *opioid-funded activities.* Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
j. **Non-Opioid Funded Budget Information:** This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. An itemized budget is required for *non-opioid-funded activities*. Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
k. **Attachments:** The recipient must upload the Budget Narrative and the Indirect Cost Rate Agreement as attachments in the SharePoint form. There are separate attachment links for each type of document. To upload an attachment, click the attachment link that corresponds to the type of form you are seeking to attach and follow the prompts.

i. Note: The "Submission Information" section will populate once the recipient submits or modifies a document.

l. **Save as Draft:** To save the form, click the "Save & Close" link at the end of the application. The recipient will receive an email confirming the application was saved successfully. To access and edit the saved application, click the hyperlinked Project title within the saved confirmation email.

m. **Submit (via SharePoint):** To submit as final, click the "Submit" link at the end of the form. Once "Submit" is selected, the recipient will receive an email confirming the final application was submitted successfully. To access and edit the final application, click the hyperlinked Project title within the confirmation email.

n. **Submit (via Grants.gov):**

i. **Follow** the prompts to print each Work Plan Proposal to PDF and save.

ii. **Create** and save one master merge of all individual Work Plan Proposal PDFs as "Project Narrative."

iii. **Create** and save one master merge of all individual Budget Narratives as "Budget Narrative."

iv. **Go to**: Grants.gov.

v. **Select:** "Applicants."

vi. **Select:** "Apply for Grants."

vii. **Select:** "Get Application Package."

viii. **Insert** the Notice of Funding Opportunity Number only, formatted as: **CDC-RFA-OT18-18020101SUPP18**

ix. **Download** the application package.

x. **Complete** the Budget Information for Non-Construction Programs (SF424A) form.

xi. **Complete** the Application for Federal Domestic Assistance-Short Organizational Form (SF42).

xii. Upload the "Project Narrative" and "Budget Narrative" PDF documents ***as a single submission.***

xiii. **Upload** the Indirect Cost Rate Agreement.

xiv. **Follow** instructions to submit the application package to Grants.gov.

Instructions for Accessing Year 1 CIO Project Plans

Note: The CIO Project Plans are made available by the Target Population Category for which recipients originally competed and were awarded. The Project Plans will be published on both SharePoint and Grants.gov in one round.

1. Follow steps 1 – 7 on page 2 to access the NPB Recipient Dashboard.

2. Refer to the section "FY18 (Year 1) CIO Project Plans by Target Population Category" section, located on the bottom left of your screen. Click on your respective target population category button (A, B, or C).

3. The list of project plans by target population will populate. Click the hyperlinked project title to the left of the "CIO" column to view the complete plan.

4. Use the "Print" function within the Internet browser to print a form.