CDC-RFA-OT18-18020101SUPP18

FY18 CIO Project Plans

Category C

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/15 words maximum
OMH Hepatitis B Demonstration Program

2 CIO:*
OTHER

Enter other CIO:*
OS/Office of Minority Health

3 Division, office, or unit:*
Office Of the Assistant Secretary For Health

4 CIO Point of Contact (POC) name(s):*
Sonsiere Cobb-Souza

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

CIO POC email address(es):*
sonsiere.cobb-souza@hhs.gov

CIO POC phone number(es):*
240-453-8444

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

6 Description of the Target Population:* 16/25 words maximum
Health centers, community organizations, and health departments serving non U.S.-born persons and providing maternity/prenatal care.

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 number 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**. 370/1,000 words maximum

Purpose: Develop a model comprehensive hepatitis B virus (HBV) prevention program, including strategic partnerships between community-based organizations servicing communities at risk, state/local departments of health perinatal hepatitis B programs, and healthcare facilities to build capacity for scale-up of HBV testing and care services to advance progress towards national hepatitis B elimination goals recommended by the National Academies of Sciences (NAS).

Proposed Activities: 1) Expand community outreach and education to increase HBV testing and linkage to care or vaccination at the community and state level; 2) Strengthen public health HBV surveillance by increasing reporting of HBV cases to state/local public health departments, developing partnerships with health clinics to refer persons identified with HBV to care, and HBV case finding and contact tracing; 3) Patient navigation defined as coordination of HBV testing and care, care management for persons identified with HBV, health education and reassurance, and testing of household contacts of persons identified with HBV; 4) Utilization of electronic health records to improve perinatal HBV prevention (increase birth dose vaccination coverage, increase maternal HBV testing, post exposure prophylaxis in HBV exposed newborns), increase HBV testing through standing order sets of HBV markers, and increase linkage to care for persons identified with HBV; and 5) Coordinate with other CDC supported programs if present in sites funded with this award including viral hepatitis surveillance and prevention grantees, state adult vaccine coordinators, state perinatal hepatitis B prevention coordinators, and/or refuge health.

Expected Outputs: 1) Surveillance data capability; 2) Clinical care data; 3) Hepatitis B prevention models; 4) Hepatitis B elimination plans; 5) Commitment of state/local health department leaders to hepatitis B prevention and treatment.

Expected Outcomes: As a result of capacity building activities: 1) Decrease maternal-child transmission of HBV infection to zero by increasing birth dose coverage to HB2020 target, increase HBV testing (and HBV DNA testing of HBV-infected) pregnant women, managing HBV exposed newborns, and linking mothers with HBV to care and treatment; 2) Increase adult vaccine coverage from 25% to >50% among at risk adults; 3) Increase CDC recommendations for HBV testing and linkage to care in non U.S. born persons; 4) Set and demonstrate progress toward elimination goals for HBV transmission among young children, and HBV related disease and mortality.

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
- [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
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 134/200 words maximum

The applicant is expected to demonstrate the organizational reach, health systems knowledge and experience, health informatics capacity, and strategic partnerships with state/local health departments, community-based organizations, and health clinics in order to: 1) Identify a site with collaborations with community organizations, state/local health departments, and health clinics to develop a model hepatitis B prevention program to serve the target populations; 2) Capacity to strengthen existing public health system by utilizing strategies such as health information technology, patient navigation, contact tracing, training and education; 3) Provide ongoing expertise and oversight to the model program; 4) Facilitate and oversee implementation of interventions to strengthen the public health system; 5) Utilize data systems to monitor and evaluate the program; and 6) Train viral hepatitis coordinators at state/local public health departments and health clinics to build partnerships.

13 Applicant Program Experience:* 17/200 words maximum

Applicants must have strong working relationships with community organizations and health clinics serving the target population.

COLLABORATIVE WORK

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

Applicants must have demonstrated knowledge of and experience collaborating with community organizations and health clinics serving the target population, as well as experts across different areas of the health system.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 40/200 words maximum

The development of a model hepatitis B prevention program will require close collaboration and strategic partnerships with a variety of community partners and health clinics, with ongoing monitoring and evaluation using data. This work may be supported through subcontracts.

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

Briefly describe how. : * 29/200 words maximum

Governmental public health agencies will benefit through strengthening of their hepatitis B surveillance systems through data driven strategies and cross cutting collaboration with community organizations and health clinics.

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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Strengthen ing Capacity of National Pediatric Societies to Improve Coordination of Global Immunization Activities

2 CIO:*
CENTER FOR GLOBAL HEALTH

3 Division, office, or unit:*
Global Immunization Division

4 CIO Point of Contact (POC) name(s):*
Stephen Cochi; Sandy Templeton

CIO POC email address(es):*
scochi@cdc.gov; ynd3@cdc.gov

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

CIO POC phone number(es):*
404-639-8723; 404-718-8795

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

6 Description of the Target Population:* 10/25 words maximum
Pediatric leaders in national pediatric societies around the world

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 number 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**. 239/1,000 words maximum

The applicant must have a strong commitment to and an extensive history of supporting pediatricians and child health providers as community advocates working to make their communities and the world a better place for children to live. The applicant must be experienced in building capacity and supporting growth and advocacy infrastructure development for national pediatric associations. Pediatricians are key stakeholders and influential in promoting immunization programs in their communities and countries.

The proposed project will engage clinicians and other stakeholders and support their ability to strengthen their country's health care systems. The goal of this project includes engaging leadership stakeholders at the country level through their national pediatric societies to support advocacy, education, and direct action to strengthen routine immunization systems, implement the Polio Endgame, achieve measles and rubella eradication, and more rapidly introduce new and underused vaccines (including IPV). With an emphasis on country ownership, our project will: 1) provide workshops incountry to train immunization champions in pediatric societies and help national pediatric societies develop advocacy action plans; 2) award subgrants to support societies and advocacy partners to implement their action plans. The applicant mentors with experience in education, and immunizations will be deployed to work face to face with national pediatric leadership, in coordination with CDC incountry immunization and global health personnel. With support through these societies, the project aims to develop optimal and appropriate immunization policies and recommendations at the country level by National Immunization Technical Advisory Groups (NITAGs)

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:* 161/200 words maximum

The applicant must have a strong commitment to and an extensive history of supporting professionals as community advocates working to make their communities and the world a better place for children. The applicant must have partnerships with national pediatric societies through its immunization advocacy work and other activities such as neonatal resuscitation and disaster preparedness. The applicant has experience with trainings to help pediatricians and pediatric leaders use evidence to educate and engage other stakeholders in improving children's health via populationbased strategies. The applicant must demonstrate success in organizing pediatric professionals to promote increased quality and access to childhood immunizations, better financing and delivery systems for immunizations, and investment in new vaccines. Global and regional immunization plans supported by the US government depend on the sustained and informed political will of partner countries. The applicant has experience working in other countries, providing education and partnering to improve the ability of child health clinicians to care for children, youth, and families.

13 Applicant Program Experience:* 99/200 words maximum

The applicant has demonstrated the ability to: 1) support pediatricians globally in the development and implementation of global immunization policies and strategies; 2) build capacity through training workshops and other measures and support the growth and advocacy work of national pediatric societies; 3) engage and train pediatricians to work in-country in partnership with their governments to promote and expand the availability of lifesaving vaccines for children; and 4) through these national pediatric societies, develop optimal and appropriate immunization policies and recommendations at the country level by National Immunization Technical Advisory Groups (NITAGs).

The proposed work will continue and expand on activities.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 159/200 words maximum

Collaborate with in-country partners and with global immunization initiative partners. The applicant will work collaboratively to utilize partner capacity and expertise for the benefit of the project goals, specifically, to work closely with partners in recruitment of pediatric societies. Collaborate with other international organizations including. These organizations have experience working in countries and providing educational support to champions. Partners will be included in discussions as we target national pediatric societies and do initial outreach activities. The applicant will collaborate strongly with global multipartner initiatives to align country goal, including priorities from global initiatives like the GPEI and the M&RI.
Within CDC, the proposal's scope of work will naturally require active and engaged collaboration across all four branches of the Global Immunization Division: Polio Eradication, Accelerated Disease Control and Vaccine Preventable Disease Surveillance, Immunization Systems, and Strategic Information and Workforce Development. We will identify the key contacts from each branch to ensure our work plan is in line with the agency's global immunization activities and objectives.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 111/200 words maximum

We expect the applicant to engage in subcontract work with several national pediatric societies over the first project year. The subcontracts will be in the form of small subgrant awards. This work will continue and expand on activities performed during the previous cooperative agreement. The applicant has experience in engaging national pediatric societies for similar advocacy grants. . Recommended criteria for country subcontracts: 1) Relationship with applicant; 2) Strong leadership in place; 3) Ability to implement education at the local, national level (i.e. some national societies are overseen by the government and therefore are not in a position to implement advocacy activities); 4) Immunizations identified as a priority by national society; and 5) Priority country for CDC

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

Briefly describe how. : * 166/200 words maximum

We envision that select participants will also be able to act as ambassadors for immunization priorities on the global level to educate stakeholders in developed countries, as they have firsthand knowledge and expertise about vaccine preventable diseases no longer common in the US, and service delivery problems rarely seen as challenges in the US. The training workshops will highlight the potential of pediatrician advocacy in educating and motivating governments, communities, and patients to increase support for immunization priorities. Educational sessions will include collaboration with the national Ministry of Health (MoH) in implementing the plans, and support for social mobilization and use of traditional and new media. Strong relationships between the MoH and national pediatric societies are an essential part of impacting sustainability. Pediatric leaders who support and advise their public health systems (eg. through close interactions with their Ministry of Health or their National immunization technical advisory group (NITAGs) will be able to implement changes in policies more effectively than those who do not.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 3/100 words maximum

	Not applicable
	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.

Submission Date: 06/15/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Evaluating the Value of Preventive Medicine to the Health System

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LAB...

3 Division, office, or unit:*
Division Of Scientific Education And Professional Devel...

4 CIO Point of Contact (POC) name(s):*
Antonio Neri; Jared Tolbert

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

CIO POC email address(es):*
Bro0@cdc.gov

CIO POC phone number(es):*
404-498-6181

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

6 Description of the Target Population:* 28/25 words maximum
Physicians (primary); Public, private, and academic health systems, and alumni of preventive medicine training programs with 5 or more years of post-graduate experience in the workforce (secondary)

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 number 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**. 531/1,000 words maximum

The specialty of Preventive Medicine was first recognized as a specialty by the American Medical Association in 1915 and as a specialty board by the American Board of Medical Specialties in 1953. Preventive Medicine practice focuses on applying systems-based approaches "to understand and reduce the risks of disease, disability, and death in individuals and in population groups." (Ref ACPM) In 1989 there were 1,070 graduates of 43 accredited programs in General Preventive Medicine and Public Health (Liang et al AJPM 1995). Currently there are more than 2,700 members of the American College of Preventive Medicine and 73 accredited training programs in the U.S. (Ref ACGME)
As a specialty that spans both clinical practice and public health its practitioners can be found across a spectrum caring for individuals as well as entire populations. Recent work by a number of Preventive Medicine practitioners from public, private, and academic sectors has highlighted the diversity of the specialty while also calling for research into determining the value added of these physicians to the health system overall. (Jung 2017, Jung 2018) Prior efforts to characterize the Preventive Medicine workforce consist of one national survey (Liang et al AJPM 1995) and limited efforts by Preventive Medicine training programs to look almost exclusively at the practice environments of their alumni. (Porterfield, CDC PMR/F report 2001). This study will examine the impact of the specialty of General Preventive Medicine and Public Health on the health of individuals and populations, and on the changing American health system.

Purpose: This proposed project is to develop and implement a study of the impact of Preventive Medicine practitioners on the health system through public, private, and academic systems as well as a study of graduates of U.S. Preventive Medicine Residencies. The awardee will work with CDC and stakeholder groups to develop appropriate study methods and materials (e.g. focus groups, industry round tables, and a national surveys of preventive medicine practitioners, and hiring managers) exploring the competencies needed to lead and manage the healthcare system, the perception of the value add of the preventive medicine specialty, etc.

Proposed Activities:
For national surveys the awardee will work with CDC and national public and private partner organizations

Expected Outputs:
• A planning meeting
• Collaboration with national partnerships (e.g., public, private and academic partners) to assist with the implemention for each survey
• Create a national study to assess the competencies needed by Preventive Medicine practitioners to lead and manage in the health care sytem
• Development of an alumni survey for preventivie medicine training programs
• Instrument development, testing, and implementation
• Analyze data and present findings and recommendations

o National surveys
Develop questions to add to national surveys that gauge the competencies needed to lead and manage health systems as well as the impact of preventive medicine practitioners on those health systems
Ensure the questions are administered correctly
Analyze, report, and disseminate information gathered from the national surveys
o Alumni survey
Work with Preventive Medicine training programs and partner organizations to develop and implement a survey of their alumni that assesses their impact on the health system
Expected Outcomes :
• Results will inform the competencies and training needs for Preventive Medicine programs
• Results will inform alumni of Preventive Medicine programs impact on the health system

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:* 144/200 words maximum

The awardee must serve as a major source of information and leadership and national advocacy for preventive medicine and public and population health; work with partner organizations to develop and implement a series of questions to be integrated into their national surveys; work, as appropriate, with other primary care specialty organizations, or national level medical education organizations. Specifically the partner:
• Works with preventive medicine physicians and residency programs to support the delivery of health and ensure health equity for underserved populations in the United States and tribes.
• Is a membership organization for preventive medicine and can host trainings, conferences, educational activities
• Provides leadership development and creates educational content in preventive medicine, integrative medicine, primary care, public health, and population health
• Builds partnerships and linkages that stimulate public and private sector investment and collaboration in the delivery of preventive medicine health care services to medically underserved communities.

13 Applicant Program Experience:* 63/200 words maximum

A professional team of subject matter experts in preventive medicine and population health including staff, contractors, and consultants. Should be able to hold conferences and meetings with planning staff. A consistent track record of enhancing preventive and integrative medicine, and public and population health. The successful applicant will demonstrate the ability to collaborate with key partners to design and implement the surveys.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 17/200 words maximum

	Recipient should work with nationally-recognized health and public health programs to develop and implement this project.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 18/200 words maximum Recipient may subcontract out components of one or both arms of the project as they see fit.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 51/200 words maximum This project will help inform national efforts to better tailor its capacity-building efforts in federal, state, local, and tribal health systems. In addition, this project aligns with other CDC efforts will help to strengthen collaborations between health care and public systems to improve patient care, decrease costs, and prevent disease.
	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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Capacity Building Related to Individualizing Glycemic Targets

2 CIO:*
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3 Division, office, or unit:*
Office Of the Assistant Secretary For Health

4 CIO Point of Contact (POC) name(s):*
Clydette Powell; Theresa Devine

CIO POC email address(es):*
clydette.powell@hhs.gov; theresa.devine@hhs.gov

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

CIO POC phone number(es):*
240-453-8239; 240-453-6112

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

6 Description of the Target Population:* 15/25 words maximum
Physicians who want to contribute to the reduction of ADEs secondary to diabetes 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)
$70,000 (Whole number 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**. 547/1,000 words maximum

Purpose: Diabetes is one of three high priority drug classes targeted in the National Action Plan for Adverse Drug Event Prevention(ADE Action Plan) Diabetes agents are implicated in 13% of ED visits for ADEs. Patients present with hypoglycemia 90% of the time, and 39% of cases result in hospitalization. In 2014, the Office of Disease Prevention and Health Promotion (ODPHP) developed several trainings to support improved patient care and assist providers in obtaining skills that promote better health care quality. ODPHP launched "Individualizing Glycemic Targets Using Health Literacy Strategies", an immersive learning tool, designed using diabetes-related recommendations outlined in the ADE Action Plan. The tool trains health providers on the application of health literacy principles to help patients understand and act on information to prevent adverse drug events (ADEs) due to diabetes agents. Users work through various modules that highlight the importance of setting glycemic goals based on individual factors. The training applies evidence-based guidelines for diabetes management while focusing on setting individualized glycemic targets with patients to reduce the risk of hypoglycemia episodes. The goal of this project is to build capacity among health professionals to appropriately prevent ADEs among patients. It will promote and assess the impact of the training on shared decision making and patient engagement. This project will not only strengthen health professional's capability to use evidence-based practices and policies, but also ultimately improve the delivery of essential public health services.. Furthermore, this project will have a lasting impact on health systems as it reinforces the need for a competent and well-connected public health system.
Activities: This project aims to improve delivery of essential public health services as it pertains to adverse drug events related to diabetes agents. This will lead to improved public health outcomes for adverse drug events. Proposed activities under this project include developing an evaluation that assesses changes in participants' knowledge, attitudes, and practices (behaviors) based on the trainings' core competencies.

Through this project, the selected organization will: provide continuing education opportunities for training participants, develop an evaluation plan, create surveys based on the core competencies and outcomes of interest including changes in knowledge, attitudes, and behaviors; perform data analysis; support promotion of the training through relevant professional networks; and create a report highlighting lessons learned, statistically relevant findings, and areas in which the training should be improved.
Outputs: This information may assist relevant stakeholders in identifying how patients and providers are affected by hypoglycemia, where gaps in knowledge exist, and how information can be better disseminated.

Outputs include: continuing education opportunities for providers, surveys that can appropriately assess the outcomes of interest within the evaluation, an estimate of how many people need to be interviewed in order to receive a significant participant level, regular updates from the evaluator on progress, and a report that can be shared with relevant stakeholders.

Outcomes: Within one year, this evaluation will assess the relevance and impact of the training. An effective evaluation of this training will assist relevant stakeholders in identifying ways in which to appropriately target, disseminate, or improve the training. Limited research currently exists regarding the effectiveness of online based trainings specific to adverse drug events or diabetes management. An evaluation on this training will contribute to this field by demonstrating the efficacy of online based trainings to improve patient management.

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:* 154/200 words maximum

The successful partner will be a national public health organization with the capacity to conduct direct outreach and make meaningful contact with public health professionals across the country. This partner should seek to improve the health of all people and communities and aim to strengthen the knowledge base and capacity of public health professionals. The partner should either be knowledgeable about or have access to a subcontractor who is knowledgeable about diabetes, hypoglycemia, adverse drug events, project evaluation, data analysis and health literacy strategies. Ideally a partner who has performed evaluations of online trainings similar to ODPHP's training, and is accredited to support continuing education for online trainings. The partner will also have the capacity to successfully develop and disseminate communication products and educational materials about the training using existing outreach channels (e.g., listservs, news publications, social media).The successful partner will have the organizational capacity to be responsive to ODPHP in a timely manner.

13 Applicant Program Experience:* 54/200 words maximum

The successful partner will have extensive experience evaluating and promoting online trainings, ADE prevention activities, health literacy activities, or hypoglycemia prevention. The partners should also have experience with developing and disseminating educational materials for the national public health audience. The partner should have experience promoting federal initiatives and evaluating the effectiveness of online trainings.

COLLABORATIVE WORK

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

As part of this project, the partner may collaborate with any public health organizations or institutions that also have a focus on public health evaluation and use of health promotion and disease prevention initiatives, particularly those relevant to diabetes educators or health care quality.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 28/200 words maximum

There is an expectation for subcontractual work if the partner anticipates outside support for evaluation development, data analysis, or knowledge on adverse drug events related to diabetes agents.

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

	Briefly describe how. : * 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 20/100 words maximum
	A final budget for this project should be approved by the Office of Disease Prevention and Health Promotion prior to implementation.
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Promoting Healthy People and the Leading Health Indicators to Public Health Professionals

2 CIO:*
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3 Division, office, or unit:*
Office Of the Assistant Secretary For Health

4 CIO Point of Contact (POC) name(s):*
Theresa Devine

CIO POC email address(es):*
theresa.devine@hhs.gov

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

CIO POC phone number(es):*
240-453-6112

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

6 Description of the Target Population:* 19/25 words maximum
Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery 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)
$50,000 (Whole number 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**. 352/1,000 words maximum

Purpose: The goal of this project is to increase awareness of Healthy People, including progress of Healthy People 2020 (HP2020) objectives and the development of Healthy People 2030 (HP2030), among public health professionals across the country. Healthy People is a national health promotion and disease prevention initiative that sets 10-year targets and measures progress over the decade. This initiative is used by public health professionals to monitor and compare progress to national health objectives, identify and prioritize public health needs, and communicate with stakeholders and partners, among other uses. To see improvements in the health of Americans across the nation, we must partner with organizations working with public health professionals at the state and local levels, including nonprofits, universities, health departments, and hospital systems.

Activities: Proposed activities under this project include developing publications and articles for public health professionals, developing online tools and resources to be used in communication with the national public health audience, and providing continuing education learning opportunities related to Healthy People events and webinars and other ODPHP activities. Additionally, the Office of Disease Prevention and Health Promotion (ODPHP) anticipates launching HP2030 in 20200. This project would coordinate feedback from public health professionals on the structure and focus of HP2030 and promote and disseminate HP2030 to public health professionals.

Outputs: Through this project, ODPHP will work with the selected partner to integrate HP2020, HP2030, and the leading health indicators (LHIs) into new and existing communication and outreach efforts (e.g., listservs, news publications) with public health professionals across the country and across various sectors, develop new materials where feasible, and provide continuing education credits for ODPHP webinars, events, and trainings.

Outcomes: This project will increase the uptake of HP2020, HP2030, and the LHIs by public health professionals. This project will also ensure that ODPHP engages public health stakeholders in developing and measuring progress on the next set of Healthy People objectives. This project will also strengthen public health professionals' capacity to identify and prioritize public health needs, use national and state data to monitor public health issues, and communicate with partners and stakeholders across sectors using the Healthy People framework.

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:* 110/200 words maximum

The successful partner will be a national public health organization with the capacity to conduct direct outreach and make meaningful contact with public health professionals across the country and who is knowledgeable about Healthy People and the leading health indicators. The partner will also have the capacity to successfully develop and disseminate communication products and educational materials about Healthy People using existing outreach channels (e.g., listservs, news publications, social media). The partner must also be able to provide continuing education credits (CME, CNE, CHES), for webinars, events, and trainings hosted by ODPHP. The successful partner will have the organizational capacity to be responsive to ODPHP in a timely manner.

13 Applicant Program Experience:* 79/200 words maximum

The successful partner will have extensive experience working with and promoting Healthy People products and materials as well as experience with developing and disseminating educational materials for public health professionals. The partner should have experience promoting federal initiatives and evaluating the effectiveness of their promotional efforts. The partner should also have experience with integrating public health initiatives into existing public health tools and resources (e.g., website platforms) and maximizing their accessibility to public health professionals across the country.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 36/200 words maximum

As part of this project, the partner may collaborate with any public health organizations or institutions that also have a focus on public heath planning and use of health promotion and disease prevention initiatives.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 8/200 words maximum

There is no expectation for subcontractual work.

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

Briefly describe how. : * 76/200 words maximum

The selected partner will work with public health professionals across the country, including those at state, local, and territorial public health agencies. Healthy People is used across governmental public health agencies, and this project will ensure improved capacity related to identify and prioritize public health needs, as outlined by Healthy People, use data included in Healthy People to monitor public health issues, and work with partners and stakeholders to collaboratively respond to public health challenges.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 15/100 words maximum

A final budget for this project should be approved by ODPHP prior to implementation.

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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Analysis and dissemination of state-wide population-based sickle cell disease data

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Blood Disorders

4 CIO Point of Contact (POC) name(s):*
Mary Hulihan

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

CIO POC email address(es):*
ibx5@cdc.gov

CIO POC phone number(es):*
404-498-6724

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

6 Description of the Target Population:* 4/25 words maximum
Community Based 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)
$150,000 (Whole number 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**. 413/1,000 words maximum

Purpose: Sickle cell disease (SCD) is the most common severe genetic disease, impacting 90,000-100,000 in the United States. In 2015, the CDC Sickle Cell Data Collection (SCDC) program was initiated to create the infrastructure needed to develop a data system for collecting and housing population-based longitudinal information on those living with SCD. The system contains data from California and Georgia dating back to 2004, from numerous sources: newborn screening, hospital discharge records, emergency room records, Medicaid claims, vital records, and SCD clinical centers. The purpose of this project is to utilize the findings of the SCDC program to better understand and improve the health care outcomes of those living with SCD.

Proposed Activities: This project will allow for analyses and dissemination of findings from the SCDC program. During each year of funding, the recipient will choose at least one of the five SCDC topic areas (the geography of the patient population, the Hispanic SCD population, the transition from pediatric to adult care, the aging SCD population, high healthcare utilization by patients with SCD), determine gaps in knowledge about the topic(s), develop a list of questions for study about the topic(s) that can be answered with SCDC data, and create materials about that topic(s) that are geared toward a wide spectrum of audience members.

Expected Outputs: On an annual basis, the recipient will provide the chosen topic(s), a brief literature review of the knowledge and knowledge gaps about the topic(s), an analysis plan to improve upon understanding of the topic(s) using SCDC data, a portfolio of related educational materials resulting from the analysis plan, a plan for dissemination of these materials to their intended audiences, and a public health-based evaluation of who is using these materials and in what capacity the information contained within them is being used to improve health care outcomes for individuals with SCD. The educational materials should include products for at least three types of audiences, such as health care professionals, health care policy makers, community based organizations, or patients and families. They may include print materials, social media messaging, videos, presentations, or other formats.

Expected Outcomes: An increased understanding of at least one of the SCDC topics during each year of the project throughout the SCD community so as to improve self-advocacy by patients and families, increase health care policies that have a positive effect on individuals with SCD, and enhance the delivery of appropriate health care for SCD patients.

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 organizational capacity required includes access to a team comprised of administrative claims data and public health data expertise and public health professionals with strong knowledge of the current epidemiological and health policy-related regarding SCD.

The applicant should have the capacity to develop health promotion and communication materials appropriate for medical and public health professionals, policy makers, and lay audiences, and the ability to disseminate the materials across a wide spectrum of audiences. The capacity to conduct public health evaluation is also required.

13 Applicant Program Experience:* 25/200 words maximum

The applicant should provide a detailed history of work performed in the SCD community and demonstrate an understanding of the SCDC project.

COLLABORATIVE WORK

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

The applicant is expected to collaborate with members of the SCD community for the promotion and dissemniation of best practices developed as outputs of this work to ensure that all information is accurate, appropriate, and acceptable to the intended audiences. These collaborations should correspond to the intended recipients of the materials – e.g., collaboration with health care professionals during development of materials for health care professionals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 72/200 words maximum

Subcontracts are expected in order for the applicant to accomplish the expected activities and produce the expected outputs of this project. Subcontractors should be selected based on their ability to access and analyze SCDC data. The subcontractors will are expected to perform data analysis that is guided by the applicant's analysis plan. They will also be responsible for promotion and dissemination of materials based on the analyzed data.

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

Briefly describe how. : * 101/200 words maximum

SCD is a tremendous public health burden, as patients have high rates of health care services utilization. Furthermore, the majority of this health care is paid for by public insurance, mostly Medicaid. The products of this project have the potential to improve health care outcomes, to inform standards of care, to reduce unnecessary emergency department visits, to increase appropriate disease-modifying therapies, and to decrease mortality and morbidity. Each of these may result in overall reduced costs to state Medicaid plans, reduced crowding in emergency departments, and increased numbers of healthy students and individuals in the work sector.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 85/100 words maximum

	Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include: • Salaries and wages • Fringe benefits • Consultant costs • Equipment • Supplies • Travel • Contractual costs • Other categories (meetings) • Total direct costs • Total indirect costs Restrictions: • Applicants may not use funds for research. • Applicants may not use funds for clinical care. • Applicants may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual 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.

Submission Date: 04/10/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Collaborative Birth Defects Surveillance, Education, and Prevention Activities

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Division Of Defects And Developmental Disabilities

4 CIO Point of Contact (POC) name(s):*
Bill Paradies

CIO POC email address(es):*
wep2@cdc.gov

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

CIO POC phone number(es):*
404.498.3919

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

6 Description of the Target Population:* 39/25 words maximum
Appropriate maternal and child health and public health staff in state, tribal, local, territory, and other organizations responsible for collecting and analyzing surveillance data, developing and implementing prevention strategies, and

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 number 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**. 707/1,000 words maximum

Project Description – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit):*

Purpose:

This program is to support: (1) the dissemination of birth defects surveillance data, and prevention and educational information; (2) a clearinghouse of birth defects information for state, territorial, and international birth defects surveillance programs; and (3) participation in multi-site, non-research birth defects surveillance projects and dissemination of results to the public and policy makers.

Proposed Activities:

a. Assist CDC in the dissemination of information to birth defects programs and organizations, and make the data available to the public and policy makers through a web-based queryable data platform.
b. Enhance collaborations and partnerships with public health programs as they relate to birth defects and newborn screening for critical congenital heart defects.
c. Disseminate information about population-based birth defects surveillance program activites and findings, recent manuscripts and educational materials focused on recognized risk and protective factors for birth defects such as folic acid, medication use, maternal infectious diseases, smoking, alcohol, diabetes, and obesity.
d. Assist with multi-site, non-research projects related to surveillance or prevention of birth defects and other poor pregnancy outcomes such as congenital Zika syndrome or neonatal abstinence syndrome.
e. Assist with collaborations and partnerships and dissemination of information related to safer medication use during pregnancy.
f. Coordinate projects to conduct longitudinal follow up and linkage of multiple datasets for children with selected major birth defects to better understand the longer term outcomes and costs.
g. Disseminate the results of the projects through oral and poster presentations at national and international scientific conferences and through publication of manuscripts in peer-reviewed journals.
h. Assist with the development of a 5-year strategic plan for the National Birth Defects Prevention Network in 2019; e.g. securing a facilitator, organizing an in-person meeting, writing plan, etc.
h. Assist with the planning of activities for National Birth Defects Prevention Month (each January) and dissemination of education materials to support the birth defects prevention messages.
i. Host an informational website for the general public and participants of the National Birth Defects Prevention Study (NBDPS) and Birth Defects Study To Evaluate Pregnancy exposureS (BD-STEPS) in both English and Spanish to include such items as external links, videos, blogs, rotating news stories, and educational materials.
j. Work with the National Birth Defects Prevention Network to plan and coordinate a meeting of approximately 150 – 200 attendees consisting of individuals and organizations interested in birth defects surveillance, research, intervention, and prevention. The grantee should be able to travel approximately 60 persons for speakers and one member from each state and territory Department of Health. The biennial meeting is anticipated to be in February or March and held in Washington, DC in 2020 and in Atlanta, GA in 2022.
k. In the continental U.S. during 2019 and 2021, coordinate and conduct 2 – 3 regional workshops or topic specific workshops of national interest with about 20 - 30 attendees per workshop including meeting expenses and travel costs of participants. Workshops will focus on birth defects surveillance, research, intervention, and prevention.

Expected Outputs:

• State level data on more than 40 major birth defects are published on an annual basis through a web-based queryable data platform.
• Up-to-date birth defects surveillance, research, and prevention findings are disseminated to individuals and organizations via electronic and print channels, conferences, and meetings.
• A National Birth Defects Prevention Network Strategic Plan is developed.
• Biennial meetings/workshops with focus on birth defects surveillance, research, intervention, and prevention
• The NBDPS and BD-STEPS websites are maintained and updated as needed.
• Multi-site, non-research projects on birth defects and other adverse pregnancy health outcomes are conducted.
• Quality data on safer medication use during pregnancy are published and made easily accessible to women and their healthcare providers.

Expected Outcomes:

• Improved information technology capacity (via web-based queryable data platform) to inform the public efficiently and effectively of the impact of major birth defects.
• Improved program capacity to address public health needs by understanding birth defects risk and protective factors.
• Strengthened capacity for partnership collaborations and engagement through shared resources and up-to-date information on birth defects surveillance, research, and prevention, as well as safer medication use during pregnancy.
• Improved discipline-specific public health competencies through improved workforce knowledge of longitudinal multiple dataset linkage methodologies for health service outcomes.
• Increased capacity to implement informed public health programs, policies, and services through enhanced understanding of long-term outcomes and costs of birth defects and other adverse pregnancy outcomes on 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
- ☐ 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

- Organization with membership comprised of maternal and child health staff from majority of U.S. states, territories, domestic and international organizations, and families.
- Sufficient information technology and epidemiology staff to create and maintain a website to disseminate information, conduct surveys, collect and disseminate public health data, etc.

13

	Applicant Program Experience:* 67/200 words maximum
	• Organized a similar sized birth defects meeting in last 3 years. • At least annual distribution of public health materials to members and non-members. • Coordination, preparation, and dissemination of topic specific public health awareness and educational materials in such areas as birth defects surveillance, research, and prevention, folic acid fortification. • Proof (published manuscripts) of analyzing data and disseminating results. • Describe proposed or existing collaborations with birth defects programs in your application.
	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. : * 23/200 words maximum
	Surveillance, education, and prevention data and activities can be utilized by state, local, tribal, District of Columbia, and territorial departments of health.
	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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Early diagnosis, management, and treatment of chronic disabling conditions

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*
Natalie Street

CIO POC email address(es):*
ntl2@cdc.gov

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

CIO POC phone number(es):*
404-498-3001

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

6 Description of the Target Population:* 29/25 words maximum
Pediatric healthcare providers including primary and specialty providers. Healthcare providers who might care for individuals with muscular dystrophy, fragile x syndrome and/or spina bifida. Parents of young children.

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 number 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**. 967/1,000 words maximum

This project is based on improving care for three rare diseases/conditions, muscular dystrophy (MD), Spina Bifida (SB) and Fragile X Syndrome (FXS) and builds on best practices for early identification and care that have recently been updated for these diseases/conditions.

MDs are characterized by progressive muscle weakness. Delays in diagnosis are common; however, identifying children with motor delays and determining a diagnosis enables timely referrals to appropriate providers and planning of services and treatment. Once diagnosed, following best practices for care can improve outcomes across the lifespan for individuals living with MD.

SB is the most common permanently disabling birth defect. There are complex barriers for transition from pediatric to adult health care for persons with SB including lack of awareness of providers of the best practices for care. A new set of SB care best practices (published June, 2018) presents an opportunity for promotion of best practice recommendations. Quality improvement (QI) interventions have been shown to stimulate systematic clinical transition from pediatric to adult primary care practices in the general pediatric clinics.

FXS is the most common known inherited cause of intellectual disability (ID). The average age first diagnosis FXS is 36 months and this delay in diagnosis could reduce access to interventions and other support mechanisms, leading to emotional stress, increased financial burden, and delay in families receiving information about future risk. Improving early identification of FXS by primary care providers is an important area for QI 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:* 130/200 words maximum

	The recipient should have the capacity to reach pediatric providers and be able to partner with other organizations described in "expected collaborations" that can reach other target audiences to achieve the activities of the funding announcement. The recipient should also be able to develop webinars and obtain continuing education credits for various provider types and to make the target audiences aware of the availability of the webinars. In developing and hosting the webinars, the recipient should collaborate with subject matter experts/clinicians who have extensive experience treating individuals with muscular dystrophy and subject matter experts/clinicians who have extensive experience treating individuals with spina bifida. The recipient should be able to conduct a communications effort to promote early diagnosis of motor delay directed at pediatric providers and parents of young children.
13	83/200 words Applicant Program Experience:* maximum The recipient should have experience in development of webinars with continuing education credits for medical providers and conducting communication efforts that reach the specified target audiences. The recipient should also have previous experience partnering with professional societies and advocacy groups. Experience developing and implementing healthcare quality improvement interventions, – particularly in the area of transition from pediatric to adult care, is a plus. Experience developing programs for improvmement of care in the area of spina bifida and muscular dystrophy is a plus.
	COLLABORATIVE WORK
14	152/200 words Expectations for Collaboration, as applicable: maximum Recipent is expected to collaborate with advocacy groups and professional societies who have a target audience of clinicians who are most likely to treat children and adults with muscular dystrophy as well as advocacy groups and professional societies who have a target audience of clinicians who are most likely to treat children and adults with spina bifida (e.g. Spina Bifida Association) or Fragile X for education of clinicians on best practices. For the muscular dystrophy component, the recipient is expected to collaborate with the developers of the ACT sheets and algorithms in creation of the Duchenne muscular dystrophy ACT sheet, algorithm, and other resources needed for a pilot Duchenne muscular dystrophy newborn screening program. Recipient is expected to collaborate with the developers of motor delay tools in promotion of the websites. For the spina bifida component, the ability to partner with Got Transition/ Got Transition/Center for Health Care Transition Improvement is a plus.
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. : * 0/200 words maximum
	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.

Submission Date: 04/09/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Enhancing State-Level Preparedness Efforts for Children

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*
Rebecca Leeb

CIO POC email address(es):*
rsl4@cdc.gov

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

CIO POC phone number(es):*
404-498-6752

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

6 Description of the Target Population:* 6/25 words maximum
Pediatric Health Care Clinicians

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 number 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**. 979/1,000 words maximum

The purpose of this project is to increase multisector collaboration, identify the basic elements and common strategies of partnerships to successfully address pediatric disaster-related needs, and clarify the extent to which pediatric preparedness initiatives can be enhanced using American Academy of Pediatrics (AAP) and CDC suggested strategies at the state and regional levels. Results will inform state-level emergency preparedness planning efforts addressing the unique needs of children, so that pediatric care models can be identified and implemented.

Background. Children are a substantial and highly vulnerable segment of our population during public health emergencies. Federal rules (e.g., reauthorization of the Pandemic and All-Hazards Preparedness Act, Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness rule) underline the importance of pediatric preparedness for public health emergencies. However, there is a lack of collaboration, resources and support for a basic level of pediatric preparedness planning within states. Public health representatives may not recognize the importance of partnering with local chapters of national organizations dedicated to pediatric health, or individual pediatric subject matter experts (SMEs) for planning and response efforts. There is limited information about the extent to which pediatric preparedness initiatives are implemented in individual states. Further, designated regional, state, and local requirements, benchmarks, or performance measures are neither consistent nor recognized by preparedness and response professionals.

This project builds on FY2017-funded collaborative work with the AAP to increase state pediatric preparedness capacity. Seven multisector teams, including pediatric and public health professionals, worked to improve pediatric

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:* 76/200 words maximum

	Recipient organization should be national in scope, focus on pediatric healthcare clinician workforce expertise, and meet the following criteria: 1. Have a state-based infrastructure to support child health and wellness, and 2. Have membership with expertise in pediatric medicine and disaster preparedness 3. Have the capacity to support state/regional-level pediatric preparedness planning, with an emphasis on promoting resilience for the clinicians and children in those areas 4. Have the capacity to provide subject matter expertise, mentorship, and support to improve pediatric preparedness
13	Applicant Program Experience:* 73/200 words maximum The recipient program should have experience acting as a liaison to connect the pediatric and public health communities in disaster preparedness activities such as tabletop and virtual tabletop exercises. Additionally, the recipient program should have experience partnering with local chapters of national organizations dedicated to pediatric health, or individual pediatric Subject Matter Experts (SMEs) for planning and response efforts, providing subject matter expertise and mentorship on issues related to pediatric emergency preparedness.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 125/200 words maximum Collaboration and partnership are essential. The selected organization will collaborate with CDC's SMEs in children's emergency preparedness and response to address project aims and gols. The recipient with work with CDC to create a multisectoral state/regional-based learning collaborative that includes CDC PHEP grantees and states. The recipient will partner with the learning collaborative to draft baseline recommendations and a Call to Action document, an outline for providing basic education to various audiences (i.e., community pediatricians, public health professionals, and pediatric/public health experts), and dissemination of a final product. Collaborative efforts between the recipient, learning collaborative and CDC will to create another way for CDC to support pediatric preparednesss at the state level, and the integration of pediatric preparedness efforts into ongoing PHEP project planning.
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. : * 74/200 words maximum Activities described will enhance state/regional capacity for protecting the unique needs children during public health emergencies. This project will expand CDC's capacity to support pediatric preparedness at the state level, and thereby continue to assist partner organizations in their mission to identify pediatric SMEs who can support pediatric preparedness, enhance collaboration between partner organizations and CDC PHEP project planning, and facilitate integration of pediatric preparedness efforts into ongoing state, regional, and multi-group planning.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 22/100 words maximum
	Funds may be used to cover both indirect and direct costs including staffing and support of external partners 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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Evaluation, analysis, and dissemination of population-based cancer-associated venous thromboembolism (VTE) data.

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Blood Disorders

4 CIO Point of Contact (POC) name(s):*
Alys Adamski; Karon Abe; Craig Hooper

CIO POC email address(es):*
ksf7@cdc.gov; kga4@cdc.gov; woh1@cdc.gov

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

CIO POC phone number(es):*
770.488.4971; 404.498.2498; 404.639.3750

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

6 Description of the Target Population:* 23/25 words maximum
Entities with the capacity to work on issues related to improving care and health outcomes for individuals impacted by VTE and cancer

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 number 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**. 344/1,000 words maximum

Project Description – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit):
Purpose: Venous thromboembolism (VTE), including both deep vein thrombosis (DVT) and pulmonary embolism (PE), is an important and growing public health issue. The precise number of people affected by VTE is unknown; however, estimates suggest that 300,000 to 900,000 events occur in the United States yearly, with healthcare costs up to $10 billion. Cancer is a an independent risk factor for VTE and the second leading cause of death in cancer patients. Early detection and awareness of a VTE in a cancer patient is crucial to proper treatment and management since a VTE can increase the likelihood of mortality for a cancer patient 2-6 fold. There is a need for clinical epidemiological studies of cancer-associated thrombosis using population-based surveillance. The objective of this study is to better characterize cancer-associated thrombosis burden and its management through analysis in a population-based study to improve the health care outcomes via primary and secondary prevention of VTE among patients with cancer.
Proposed Activities: This project provides opportunity for enhanced research activities through analysis of data of diagnosed VTE patients with and without cancer previously collected through comprehensive population-based surveillance.

Expected Outputs: The awardee will provide 2-6 descriptions of analytic proposal topics that characterize the burden of cancer-associated thrombosis and management among patients with VTE with or without cancer with demonstrated impact to the field. Topics can include, but are not limited to incidence, characterization by race/ethnicity, type of cancer, type of VTE (incident vs recurrence), and other prothrombotic risk factors. Analysis and publication-ready manuscripts of at least 3 proposed topics will be completed during the course of the year in collaboration with CDC. Disseminate findings in the form of presentations, peer-reviewed manuscripts, fact sheets, interventions, or other publications and materials (e.g. newsletters, federal documents, social media, etc).
Expected Outcomes: Increased knowledge of the incidence and burden of cancer-associated VTE, demographic and clinical epidemiology of cancer-associated VTE, and further education to better inform strategies for prevention of VTE among cancer patients.

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

The selected awardee is required to demonstrate 1) access to their proposed data of diagnosed VTE patients with and without cancer previously collected through comprehensive population-based surveillance and 2) capacity to provide a firm gold standard data source and/or an understanding of VTE occurrence and its diagnosis to develop data proposals, conduct analysis, and draft manuscripts or publish within the period of performance.

13 Applicant Program Experience:* 30/200 words maximum

The selected awardee should provide a detailed history of their population-based surveillance system's capacity to address the expected outputs of this proposal and a capacity to perform the work.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 59/200 words maximum

CDC staff will work collaboratively analytically as well as with the write-up and dissemination of findings. CDC staff will include Division of Blood Disorders as well as the Division of Cancer Prevention and Control. All results and associated presentations, abstracts, reports and manuscripts will include CDC as a collaborator and will require CDC scientific clearance before publication/presentation.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 29/200 words maximum

Subcontractor work is recommended, if necessary to complete any expected outputs. Subcontractors should be selected based on their ability and experience to perform data management and/or analytic work.

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

Briefly describe how. : * 85/200 words maximum

Patients who are currently or recently hospitalized, recovering from surgery, or being treated for cancer have an increased risk of developing serious and potentially fatal venous thromboembolisms. Surveillance data, especially among cancer patients, are needed to quantify the burden, provide a baseline to measure the effectiveness of interventions aimed at preventing VTE and help to better understand where to focus research and prevention efforts. The products from this project have the potential to improve health outcomes and prevent and reduce VTE among cancer patients.

BUDGET INSTRUCTIONS

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

	Funds may be used for: Salaries and wages Fringe benefits Consultant costs Supplies Travel Other categories (meetings) Total direct costs Total indirect costs Contractual 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.

Submission Date:

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Expanding the reach of evidence-based approaches to support parents of young children

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*
Jennifer Kaminski; Lara Robinson

CIO POC email address(es):*
jkaminski@cdc.gov; lpr0@cdc.gov

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

CIO POC phone number(es):*
404-498-4159

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

6 Description of the Target Population:* 15/25 words maximum
University centers on disability in every state and territory and their public health 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)
$475,000 (Whole number 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**. 947/1,000 words maximum

Overall Purpose: Support parents of young children by leveraging university research centers to increase workforce capacity for implementation, evaluation, and dissemination of evidence-based programs for parents of young children

Early childhood is a critical period for long-term health and wellbeing. Positive and supportive parenting can protect children from adverse events and risks, and effective parenting programs can serve to support child development and to reduce problem behaviors. However, the current reach of evidence-based parenting prevention and intervention programs is limited, and many parents experience barriers to access due to limited workforce capacity.

There are two particular, separate areas of identified need: 1) effective parenting programs for parents who are underserved due to language barriers, specifically Spanish-speaking families, and 2) effective parenting programs for any parents of young children with disruptive behaviors.

Latino/Hispanic children experience socioeconomic, healthcare, and academic disparities. For example, 59% of Latino/Hispanic children live in poverty compared to 28% of White children. Barriers to receiving needed services for Latino/Hispanic families can be reduced by both increasing access to evidence-based programs for minorities and ensuring that services are culturally congruent. In 2016, the National Academies of Sciences, Engineering, and Medicine (NASEM) recommended culturally relevant parenting programs to increase engagement and effectiveness of programs for racial and ethnic minorities. Furthermore, the report identified the need to build a culturally competent workforce, particularly to provide programs that serve young children. However, very few programs have evaluated

	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:* 76/200 words maximum

It is expected that the recipient will demonstrate their ability to plan and lead the work necessary to accomplish the outcomes, outputs, and activities for this cooperative agreement. Specifically they should document their:
• access to a national network of university centers to support implementation, evaluation, and dissemination of evidence-based approaches to support parents of young children and
• existing relationships with early childhood systems, community-based programs, and professionals, and capacity to support the specific activities in each aim.

13 Applicant Program Experience:* 34/200 words maximum

The applicant should document their experience:
• implementing, evaluating, and disseminating evidence-based parenting programs,
• collaborating with early childhood systems, community-based programs, and professionals, and
• building capacity for program implementation through training and technical assistance.

COLLABORATIVE WORK

14

	40/200 words Expectations for Collaboration, as applicable: maximum The recipient and CDC will collaborate in the following areas to achieve the intended goals: • Finalize details of the workplan and timeline • Select the most appropriate program evaluation measures • Develop journal manuscripts, whitepapers, or other avenues to disseminate findings and lessons learned
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as 19/200 words applicable: maximum The applicant can, but is not required to, propose subcontracted work and subcontractors appropriate for the specified activities.
16	Will the proposed CBA benefit governmental public health agencies?* ○ Yes ◉ No Briefly describe how. : * 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 44/100 words maximum The majority of the funds are intended to support activities related to implementing, evaluating, and disseminating the two approaches outlined in Aim 1 and Aim 2 above. Travel and other budget items allowable in this mechanism may be proposed if well justified.
	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.

Submission Date: 06/26/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Pediatric Public Health Partnership on Fetal Alcohol Spectrum Disorders (FASDs)

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Division Of Defects And Developmental Disabilities

4 CIO Point of Contact (POC) name(s):*
Natasha Singh

CIO POC email address(es):*
nsa1@cdc.gov

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

CIO POC phone number(es):*
404-498-3382

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

6 Description of the Target Population:* 12/25 words maximum
Pediatric health care providers working in primary and specialty care settings.

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 number 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**. 419/1,000 words maximum

Purpose: As part of the Pediatric Public Health Partnership on Fetal Alcohol Spectrum Disorders (FASDs), CDC will continue to work with pediatric providers to improve awareness, identification, appropriate diagnosis, and care of children with FASDs and their families.

Proposed Activities:
- Increase pediatric primary care providers' awareness of children living with FASDs and their families by:
  o Growing and strengthening reach and resources for FASD Champions
  o Utilizing communication channels to increase awareness/knowledge of the adverse effects of prenatal exposure to alcohol,
  including FASDs
  o Developing and updating relevant materials, resources, and educational offerings
  o Raising awareness of risks associated with prenatal alcohol exposure (PAE) for subsequent pregnancies when a child is
  diagnosed with an FASD
  o Increasing outreach to relevant pediatric specialties
  o Incorporating anti-stigma/bias information into relevant materials and trainings
  o Facilitating understanding of Child Abuse Prevention and Treatment Act (CAPTA) requirements regarding children diagnosed
  with FASDs

- Increase FASD identification and referral for diagnosis by pediatric primary care providers by:
  o Promoting obtaining histories of PAE for all pediatric patients as routine practice
  o Developing resources to facilitate obtaining PAE history in pediatric practices
  o Developing an evidence-based behavioral tool for identification and referral of children with FASDs
  o Developing resources that facilitate referral for comprehensive diagnostic evaluation for FASDs
  o Conducting comprehensive evaluation and update of current FASD toolkit
  o Reducing stigma/bias by deploying developed training which pairs FASD Champions with birth mothers of children with FASDs
  who can communicate their lived experience
  o Addressing myths and misperceptions that create barriers to identification and diagnosis of children with FASDs including
  prevalence of these disorders

- Expand capacity for appropriate diagnosis to identify children with FASDs, including
  o Re-establishing and maintaining training efforts, including but not limited to visiting professor and coaching programs
  o Utilizing existing and new technologies to expand outreach
  o Facilitating consistent and coordinated FASD diagnostic schema

- Facilitate provision of clinical care for individuals with FASDs, including
  o Exapanding and improving usability of current FASD resource directories with partners as needed
  o Developing care and management practice guidelines for the pediatric medical home

Expected Outputs:
1. Increase number of FASD Champions to 20 pediatric clinicians
2. Updated FASD toolkit for pediatricians
3. Updated FASD Champions' resources including slide sets and handouts
4. Electronic versions of all FASD Champions' materials
5. Five FASD visiting professors in-depth trainings
6. Validated FASD behavioral tool for the pediatric medical home
7. Current FASD resource directory
8. Practice guidelines for pediatric clinicians on identification, referral, diagnosis, and care of children with FASDs and their families

Expected Outcomes:
1. Expanded capacity and practice change regarding identification, referral, diagnosis, and care of children with FASDs among health care professionals working with infants and children

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 have access to a network of health care providers that work with infants, children, and adolescents in primary care settings; an established role in providing training to such providers; an ability to collect outcome data; and implement system level changes.

The applicant should have membership comprised of health care providers that focus on infants, children, and adolescents.

13 Applicant Program Experience:* 62/200 words maximum

The applicant should have demonstrated ability to develop and implement nation-wide guidelines; successfully train large numbers of health care providers that work with infants, children, and adolescents; and to encourage these providers to adopt evidence-based and promising practices.

In addition, the organization should have established capacity to disseminate guidelines and communication materials to infant, child, and adolescent health care providers.

	COLLABORATIVE WORK
14	25/200 words Expectations for Collaboration, as applicable: maximum The recipient will plan and collaborate with CDC's FAS Prevention Team and other grantees on activities related to fetal alcohol spectrum disorders (FASDs).
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. : * 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 85/100 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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Promoting and maintaining the Act Early Network in support of "Learn the Signs. Act Early."

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Division Of Defects And Developmental Disabilities

4 CIO Point of Contact (POC) name(s):*
Karnesha Slaughter

CIO POC email address(es):*
KSlaughter2@cdc.gov

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

CIO POC phone number(es):*
404-498-1461

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

6 Description of the Target Population:* 27/25 words maximum
University centers on disabilities in every state and territory, as well as key public health partners, Non-governmental associations and organizations representing a network of university-based 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)
$355,000 (Whole number 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**. 568/1,000 words maximum

The Act Early Network is a major component of CDC's "Learn the Signs. Act Early." (LTSAE) program (www.cdc.gov/ActEarly) to improve early identification of developmental delays and disabilities, including autism, by promoting developmental monitoring and screening. The Act Early Network will support state, territorial, local, and online efforts to increase parents' and providers' awareness of the importance of developmental monitoring, improve early identification of developmental delays and disabilities, and enhance collaboration among early childhood programs and systems in states, territories, and communities. The Act Early Network will bring together national partners to facilitate targeted dissemination and evaluation of use of "Learn the Signs. Act Early." materials and integration strategies in state and local community programs that serve families of young children.

The Act Early Network will consist of three components:

1. An Act Early Forum for strategically sharing and promoting best practices, resources, information, and announcements among state, territorial, and local health officials and others involved in early childhood programs.
2. A network of Act Early Ambassadors who work with public health, university, and other partners to integrate developmental monitoring using LTSAE tools and resources and to improve collaboration among early childhood systems to enhance early identification of developmental disabilities.
3. A social media influencer engagement strategy to promote LTSAE resources and messages and increase parent awareness of the importance of tracking children's developmental milestones.

For the Act Early Forum, the applicant will be expected to manage and evaluate an email discussion list of about 2000 or more participants; recruit and add new participants monthly; communicate at least monthly with participants to promote "Learn the Signs. Act Early." activities and announcements (release of new materials, opportunities for networking, notice of funding opportunities, etc.); organize, advertise, convene, and evaluate quarterly webinars for those participants related to early identification, state early childhood system collaboration, and related policy and data initiatives with appropriate expert presenters; and facilitate integration of the Act Early Forum into the other components of the Act Early Network.

For the Act Early Ambassadors, the applicant will be expected to manage a process to select at least one Ambassador for every U.S. state and territory to serve a 2-year term (announce the funding opportunity through various networks, review applications with CDC staff, host an informational call, inform applicants of the outcome, manage funding contracts); work closely with CDC to develop and deliver an annual training for Ambassadors, including logistical support for travel and training; work closely with CDC to provide technical assistance to Ambassadors throughout their term (monthly TA calls or webinars, workplan review, and other TA tasks); manage an email discussion list (including weekly communication with participants); host and continuously update a resource-sharing site for pertinent documents, slide presentations, and other files; create, collect, review, and summarize mid-point and final reports from Ambassadors; and with CDC, evaluate the overall results of the Ambassador program.

For social media influencers engagement, the applicant will be expected to engage (likely through a subcontract) with an expert consultant in social media influencer engagement to develop, implement, and assess an annual plan to promote LTSAE via social media. This includes managing a selection process (announce the funding opportunity, review applications with CDC staff, inform applicants of the outcome, manage funding contracts); working closely with CDC to provide technical assistance to the awardee; and collect, review, and summarize quarterly and final reports from awardees.

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
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- ☐ 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:* 121/200 words maximum

Applicants must have:
1. Established working relationships with university centers and state, territorial, and local public health programs nationwide that 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. Expertise in programs and systems that serve children with developmental disabilities.
5. The technical capacity to house, manage, and track a large email discussion forum and to host webinars with up to 500 participants.
6. The capacity to administer and manage multiple subawards as well as provide programmatic and logistical support including convening webinars for large numbers of participants, developing calendars, agendas, and logistics for a network of high-level professionals; and managing a large email discussion list.

13 Applicant Program Experience:* 51/200 words maximum

The successful applicant will have experience working with early childhood programs, and programs that serve those with developmental disabilities, including autism spectrum disorder. The applicant will also have experience in the provision of technical assistance and in soliciting, reviewing, and selecting applications, developing funding contracts, and monitoring and evaluating performance.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 94/200 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. For parts of the project wherein the applicant does not have expertise, such as in engaging social media influencers, for example, the applicant would be expected to engage (through a subaward) a consultant or organization that does have said expertise.

15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 63/200 words maximum The applicant may wish to subcontract some portion of the social media influencer engagement program activity. This contract should be awarded on an annual basis to an organization with expertise in social media influencer engagement (has a large, existing, network of social media influencers and is skilled in developing, implementing, and evaluating plans to disseminate campaign messages in a strategic way).
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 109/200 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. 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: 71/100 words maximum Funds should be used to support up to 60 Act Early Ambassadors at $5000 each ($4000 stipend + $1000 travel and expenses) annually based on availability of funds; costs to maintain activities in support of the implementation of a strategic social media influencer campaign; costs to maintain a large email discussion list and webinar capacity; and staff support time including an expected 0.5 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.

Submission Date: 06/15/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Promoting developmental surveillance in pediatric practice with "Learn the Signs. Act Early."

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Division Of Defects And Developmental Disabilities

4 CIO Point of Contact (POC) name(s):*
Rebecca Wolf

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

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

CIO POC phone number(es):*
404-498-3951

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

6 Description of the Target Population:* 9/25 words maximum
National organization representing healthcare providers serving pediatric population.

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 number 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).
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PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 767/1,000 words maximum

The purpose of this project is to collaborate with a national pediatric organization to promote and improve developmental surveillance in families, communities, and pediatric practice through integration and promotion of Learn the Signs. Act Early. (LTSAE) messages and materials. The project is intended to inform parents, healthcare providers, and other providers who work with young children about the importance of developmental surveillance, including how to do developmental surveillance in various pediatric settings and what to do when surveillance reveals concerns, and the availability and usefulness of LTSAE materials. The project is also intended to provide the ability to obtain technical and practical expertise on developmental surveillance and early identification of developmental delays and disabilities and include the development of quality improvement activities.

Despite existing pediatric policies to promote early identification of developmental delays and disabilities that include developmental surveillance and screening, many children with developmental delays are not identified before school entry, denying these children access to early intervention. The American Academy of Pediatrics defines developmental surveillance as a "flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems." Pediatric healthcare providers are positioned to perform developmental surveillance in their care of young children. Other pediatric providers, such as early child educators, also provide developmental surveillance and screening and partner with local pediatric healthcare providers to promote optimal development of young children. Both developmental surveillance and screening are important to identify children with developmental delays and disabilities as early as possible. However, only 1/3 of parents with children under the age of 5 years recalled being asked if they had any concerns about their child's learning, development or behavior in the past year by a healthcare provider - a question that is a key component of developmental surveillance (2016 National Survey of Children's Health). Education about the importance of developmental surveillance and practical ways for parents, healthcare providers and other providers who work with young children to regularly perform developmental surveillance are needed.

The project is designed to

1. Obtain technical and practical expertise from pediatric practitioners and other providers who care for young children about current developmental surveillance practices and needs throughout the duration of the project.
2. Develop appropriate milestones checklists for developmental surveillance for the recommended 15 and 30 month health supervision visits to complete the 2 month to 5 year LTSAE collection of milestone checklists.
3. Develop and disseminate "Learn the Signs. Act Early." (LTSAE) (www.cdc.gov/ActEarly) developmental surveillance messages, materials, and support to reach parent, healthcare provider, early child educator and other audiences who care for young children.
4. Develop trainings for pediatric healthcare providers on how to conduct developmental surveillance, collaborate with other pediatric providers for developmental surveillance, and initiate developmental screening if concerns are identified during surveillance.

Anticipated activities of the project include:

1. Obtain practical and technical expertise about developmental surveillance from pediatric providers:
a. Determine gaps in knowledge, materials and support required for developmental surveillance in practice.
b. Review any materials developed to address any identified gaps.
c. Survey pediatric providers on developmental surveillance practices.
d. Coordinate efforts within the national pediatric organization, its partners such as Reach Out and Read, Bright Futures, Healthy Children, WIC, and others, and LTSAE to improve developmental surveillance and integration of LTSAE materials within pediatric practices (practices that see children at high and low risk for developmental delays and disabilities).
2. Develop 15- and 18-month milestone checklists to complete the LTSAE 2 month-5 year series that correspond with the recommended health supervision visits.
a. Review of existing milestone checklists in order to develop new 15- and 30-month checklists.
b. Review existing milestone checklist materials and their approach to choices of milestones at given ages.
3. Increase developmental surveillance with LTSAE integration within families, pediatric practices, residency training programs, early child education centers and other pediatric settings.
a. Increase visibility of LTSAE materials on websites, publications, social media, and resources frequented by pediatric healthcare providers.
b. Increase visibility of LTSAE materials on websites, publications, social media, and resources frequented by parents of young children
c. Increase visibility of LTSAE materials within pediatric residency training programs.
d. Increase dissemination of LTSAE resources to parents by pediatricians and other pediatric providers including pediatric providers in training.
e. Increase the use of LTSAE as a tool for communication about developmental surveillance between parents, pediatric healthcare providers, and other providers who partner with the national pediatric organization.
4. Develop an online training for developmental surveillance
a. Create online CME/MOC part 2 available to pediatric healthcare providers
b. Determine provider interest and need and then develop an online CME/ MOC part 4 quality improvement project for healthcare providers. The MOC part 2, reach of existing online MOC part 4 quality improvement projects, and practical expertise may inform this outcome.
c. Work with residency training programs to promote and disseminate trainings on developmental surveillance.

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:* 154/200 words maximum

Applicants must have:
1. A large reach to the target audience of pediatric healthcare providers, parents, early child educators, and other providers who work with young children at a national, regional, and local level.
2. The technology and infrastructure to disseminate information on LTSAE materials through various channels such as websites, publications, social media, and committees.
3. The ability to coordinate the incorporation of LTSAE materials into relevant materials, trainings, and programs the applicant currently has.
4. The capacity to obtain technical and practical expertise from pediatric practitioners and other providers who care for young children about developmental surveillance practices and needs.
5. The infrastructure and resources necessary to develop, maintain, and promote an online Maintenance of Certification (MOC) activities.
6. Familiarity with national policies to improve early identification of developmental delays and access to services.
7. Awareness of pediatric resources related to improving developmental monitoring and screening of infants and young children and how to promote LTSAE materials with existing resources.

13 Applicant Program Experience:* 80/200 words maximum

Applicants must have:
1. Experience using a variety of strategies to disseminate materials and influence pediatric healthcare providers' behaviors in the use of trainings, materials and resources.
2. Experience gathering technical and practical expertise from pediatric health practitioners to inform message, strategy and product development
3. Experience developing and disseminating online and other trainings for pediatric health practitioners, including for MOC Part 2 and Part 4
4. Experience working with the American College of Graduate Medical Education in the development of curricula for pediatric residency programs.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 35/200 words maximum

The applicant is expected to collaborate with CDC, national, local and regional pediatric physician organizations, pediatric residency training programs, and individual experts in developmental surveillance, screening, and early identification of developmental delays and disabilities.

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. : * 54/200 words maximum

Funded activities will benefit governmental public health agencies 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.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 32/100 words maximum

Funds are expected to be used for development, design, and production of web, newsletter, webinar, media, and other products, for staff time, and for related expenses such as postage and shipping.

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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Public Health Program to Enhance the Health and Development of Children

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Division Of Defects And Developmental Disabilities

4 CIO Point of Contact (POC) name(s):*
Bill Paradies

CIO POC email address(es):*
wep2@cdc.gov

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

CIO POC phone number(es):*
404.498.3919

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

6 Description of the Target Population:* 4/25 words maximum
Pediatric healthcare clinicians

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 number 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**. 502/1,000 words maximum

Purpose:
The goals of this program are to: (1) increase awareness of birth defects and modifiable risk factors among providers and the public; and (2) provide technical and operational support for the Congenital Heart Public Health Consortium (CHPHC).

Proposed Activities:
In collaboration with the CDC, National Birth Defects Prevention Network, CHPHC, and other relevant partners, develop and disseminate information that enhances the awareness of birth defects and modifiable risk factors among providers and the public.
o Emphasize Birth Defects Prevention Month messaging.
o Utilize multiple communication channels to disseminate new and timely information on the prevention of and care for children with birth defects, including communication alerts and other messaging.
o Enhance awareness of evidence-based programs and services and reinforcing the value of linkages to the community.
o Maintain and update on-line resources for providers on newborn screening for critical congenital heart defects (CCHDs), including maintaining an on-line question submission page for providers about CCHD newborn screening.
Provide executive leadership and staff support to the CHPHC and its' committees.
o Work with committee chairpersons and other leaders to provide project management and other support to the committees and workgroups of the CHPHC.
o Assist with developing, disseminating and promoting the products of the CHPHC committees and workgroups (e.g., fact sheets, social media campaigns, and manuscripts) to primary care providers, other members of the CHPHC, policy-makers, and the general public.
o Develop and disseminate resources to support awareness of congenital heart defects (CHDs), strategies to prevent CHDs and to improve public health outcomes for persons living with a CHD. Develop and implement a content management strategy for the CHPHC's Web site, CHPHC.org, and other dissemination avenues such as weekly CHPHC emails.
o Convene at least one membership and steering committee meeting per project year.
o Collaborate with CDC and CHPHC to develop and implement a call to action based on tenets of the public health framework for CHDs: a) identify and investigate, b) develop interventions and policies, c) implement and evaluate.
o Assist in developing core concepts, strategies, deliverables, outcomes.
o Facilitate CHPHC efforts to implement the call to action.

Expected Outputs:
• Published manuscript describing a public health framework for CHD.
• Published manuscripts describing gaps and opportunities for surveillance, screening, evaluation and management of neurodevelopmental and psychosocial issues of those with CHDs.
• Educational resources to support awareness of CHDs and lifelong care, including, but not limited to:
o Fact sheets for patients, families, providers, and policy makers
o Social media campaigns to engage providers, youth, and young adults that emphasize the need for lifelong specialty care for individuals with CHDs
o Transition resources for college-age young adults
• Content management plan for the website and other dissemination avenues.
• Implementation plan for the CHPHC membership call to action based on the public health framework for CHD, to include activities, deliverables, and outcomes for the next 3-5 years.
• Weekly electronic newsletter to CHPHC membership highlighting recently published literature and upcoming educational opportunities for stakeholders with an interest in CHD.

Expected Outcomes:
• Increase awareness of patients, families, providers and policy-makers that CHD is a lifelong condition and requires specialty care throughout the lifespan.
• Increase the number of adolescents and adults with CHDs that remain in continuous appropriate cardiac care and/or return to 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:* 43/200 words maximum

- Access to a network of healthcare providers that work with infants and children, an established role in providing education to such providers, and an ability to manage large collaborative projects.
- Membership comprised of health care providers that focus on infants and children.

13 Applicant Program Experience:* 47/200 words maximum

- Demonstrated ability to develop and implement nationwide guidelines, successfully educate large numbers of healthcare providers that work with infants and children, and to encourage these providers to adopt evidence-based and promising practices.
- Established capacity to disseminate guidelines and communication materials to infant and child healthcare providers.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 12/200 words maximum

Plan and coordinate with CDC and other federal and private organizations.

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. : * 0/200 words maximum
	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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Reaching People with Disabilities Through Healthy Communities - Dissemination of Project Results

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*
Arlene Vincent-Mark, Ph.D

CIO POC email address(es):*
dsz4@cdc.gov

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

CIO POC phone number(es):*
404 498 6780

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

6 Description of the Target Population:* 6/25 words maximum
Organizations serving people with disabilities

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 number 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**. 357/1,000 words maximum

The purpose of the project is to increase efforts to eliminate health disparities and inequities faced by persons with disabilities, by implementing targeted dissemination and communication strategies to showcase the successes and share lessons learned from the "Reaching People with Disabilities Through Healthy Communities" project.

Proposed Activities:
Proposed activities include the development of a comprehensive Dissemination and Communication Plan that outlines key strategies, completion timelines and responsible parties for each of the key activities. The awardee will compile key success stories from the 5 states (Iowa, Montana, New York, Ohio, and Oregon) and 10 communities (Carroll County, Sioux City, Butte-Silver Bow County, Greater Helena Area, Cattaraugus County, Syracuse, Adams County, Marion County, Benton County, and Umatilla County) involved in the "Reaching People with Disabilities Through Healthy Communities" project, and package them into a Success Story Booklet with accompanying photographs and descriptions of the policy, systems, and environmental (PSE) improvement initiatives that were implemented to promote opportunities for healthy eating, physical activity, and disability inclusion in each community. Two video libraries will be developed – one that catalogs all PSE initiatives, and the other that catalogs all personal testimonials on the successes and impact of the project on the communities and the target population. The awardee will also develop 2 resource catalogs – one of resources related to building inclusive communities, and the other of media products including magazine and newspaper articles, and information on meetings and conferences from the 10 communities. These catalogs will be developed in a format that can be housed on the Disability & Health Branch website. In addition, the awardee will take the lead in developing a peer-reviewed paper on the "Reaching People with Disabilities Through Healthy Communities" project and focal evaluation outcomes (e.g., policy, systems and environmental improvements, types of intervention adaptations, and lessons learned).

Expected Outputs:
- Comprehensive Dissemination and Communication Plan;
- Success Story Booklet;
- Video library of PSE changes;
- Video library of personal testimonies;
- Library/catalog of resources, tools, media products on inclusive communities; and
- Peer-reviewed paper

Expected Outcomes:
- Increased knowledge and awareness of health risk factors;
- Increased availability and use of health promotion resources, tools and inclusion strategies;
- Improved collaboration with partners; and
- Improved evidence-base for health promotion 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

☐	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
- [ ] 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:* 73/200 words maximum

The awardee must possess the following organizational capacity:
• Capacity building ability;
• Expertise in disability, chronic diseases, and related health promotion programs;
• Ability to provide technical assistance to local communities and state entities;
• Strong relationship with national, state and community advocates who promote chronic disease programming;
• Ability to collaborate and partner with organizations at the national, state, and local levels that work with the target population; and
• Expertise in various new communication methods and technologies

13 Applicant Program Experience:* 42/200 words maximum

The awardee must have the following experience:
• History of collaborating and partnering with the CDC, state entities, and national organizations on disability inclusion;
• Experience working with people with disabilities (e.g., people with mobility limitations); and
• Experience developing and disseminating public health communication products

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 71/200 words maximum

The awardee will collaborate closely with the CDC's Disability and Health Branch in the process of completing project activities. It is also expected that the awardee collaborate with the project partners including the state health departments and the local communities in order to fulfill the deliverables for this project. Where appropriate, collaboration may involve national conference presentations, manuscript(s) development and publication, and developing a national social media network or platform.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 45/200 words maximum

The awardee may enter into contracts for services such as videography and photography. Contracts with the providers of these services should state the period of performance, work expected and selection criteria. Contracts must be submitted, reviewed, approved, and managed in accordance with federal standards.

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

Briefly describe how. : * 51/200 words maximum

	Public health agencies will be able to utilize the products and output from this project in their efforts to eliminate health disparities and inequities faced by persons with disabilities. These resources will be made accessible to state and local public health agencies through the CDC Disability and Health Branch website.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 77/100 words maximum
	The awardee will utilize the funds to carry out the specific activities including development and production of video and resource libraries, and conduct site visits to the communities to obtain the information needed for the deliverables and outputs. Funds may also be used to work with sub-contractors such as videographers and photographers. Expenditures should not exceed total budget including direct and indirect costs for this project, and funds should be used in accordance with federal standards.
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Strengthening Disability and Health Knowledge Among The Public Health Workforce

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*
Lisa Sinclair, MPH

CIO POC email address(es):*
lvs4@cdc.gov

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

CIO POC phone number(es):*
4044983019

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

6 Description of the Target Population:* 19/25 words maximum
Non-governmental components of public health including public health students and professionals (clinicians, educators, community workers. policy experts, 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)
$15,000 (Whole number 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**. 153/1,000 words maximum

Purpose: Support the training and education of new public health professionals and students through participation in conference sections.

Proposed: Activities: (1) Provide Disability Section student scholarships, subscriptions, mentoring activities, and other learning opportunities; (2) Widely disseminate timely information about disability data, programs and policies through the annual conference and other types of media; and (3) Network with other organizations to influence and support accessible policies and actions, and to identify opportunities to reduce health disparities among people with disabilities.

Expected Outputs: Expected Outputs: (1) Summary of student scholarships, awards, subscriptions, and directed mentoring and learning activities; (2) updated communication materials and a Disability Section Program; and (3) Strategic networks to support student participation and disability inclusion.

Expected Outcomes: (1) Enhanced knowledge and skills of the public health workforce to measure and address health disparities among people with disabilities; (2) Enhanced awareness and inclusion of people with disabilities in public health activities; and 3) broadened supportive organizational partnerships.

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:* 35/200 words maximum

Award recipient must have the capacity to host an annual public health meeting with more than 10,000 potential attendees; and must have the subject matter expertise to host broad disability and public health content.

13 Applicant Program Experience:* 27/200 words maximum

Award recipient must have experience with soliciting and reviewing abstract submissions on various disability and health topics, communication and marketing, organizing and managing public health meetings.

	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 9/200 words maximum Awardee will consult with CDC staff as needed.
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. : * 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 16/100 words maximum
	Maintain a Disability Section at the annual public health conferences; support student members and participants.
	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.

Submission Date: 05/23/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Strengthening Implementation of Evidence-Based Practice for Prevention of Diabetes in People with Disabilities.

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOP...

3 Division, office, or unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*
Cynthia F. Hinton

CIO POC email address(es):*
ceh9@cdc.gov

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

CIO POC phone number(es):*
404-498-3994

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

6 Description of the Target Population:* 10/25 words maximum
Social Action Organizations that focus on populations with disabilities.

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 number 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

Purpose:
The proposed project will address health disparities by enhancing state public health efforts to promote diabetes prevention in people living with mobility limitations or intellectual and developmental disabilities. The Disability and Health Branch, located within the Division of Human Development and Disability, funds 19 state disability and health programs and two National Centers on Disability to promote healthy lifestyles and prevent chronic disease in people with mobility limitations and people with intellectual and developmental disabilities. Over half of these funded programs plan to implement diabetes prevention programs (CDC's DPP) to help their populations with disabilities prevent diabetes. Supporting a Community of Practice focusing on Disability and Diabetes Prevention will bring together state health programs and National Centers on Disability to improve the capacity of the public health workforce to accelerate disability inclusion in diabetes prevention.
Proposed Activities:
• Support regular Community of Practice communications, including: hosting virtual meetings using a web-based platform, developing agendas, keeping meeting notes, and maintaining web-based resources
• Provide technical assistance to state public health programs (e.g., providing subject matter expertise on disability, public health, and diabetes prevention to state public health organizations)
• Support dissemination activities (e.g., documenting success stories, developing policy briefs, contributing to writing of peer-reviewed manuscript)

Expected Outputs:
Expected outputs include, but are not limited to:
• Communications supporting a Community of Practice for Disability and Diabetes Prevention,
• Policy briefs for state and national policy-makers,
• Implementation resources for public health practitioners, and
• Development of a peer-reviewed manuscript on a Community of Practice for disability and diabetes prevention

Expected Outcomes:
• Funded state disability and health programs will have improved capacity to implement diabetes prevention programs for people with disabilities
• Increased availability and use of health promotion resources, tools, and inclusion strategies among the funded state 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	
	☐	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:* 37/200 words maximum

- Knowledge and experience in public health and disability
- Ability to perform the project activities
- Ability to form and maintain partnerships with federal and state-based disability programs
- Ability to form and maintain partnerships with federal and state-based chronic disease programs

13 Applicant Program Experience:* 49/200 words maximum

- Knowledge of disabilty
- Experience building capacity for disability inclusion in public health programs
- Experience supporting collaborative networks of multidisciplinary partners
- Experience working with University Centers of Excellence in Developmental Disabilities
- Knowledge and experience in developing policy briefs, white papers, and contributing to peer-reviewed papers

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 18/200 words maximum

This project will require collaboration with CDC's Disability and Health Branch staff and state-level public health professionals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 14/200 words maximum

Contracts must be submitted, reviewed, approved, and managed in accordance with federal standards.

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

Briefly describe how. : * 23/200 words maximum

State Disability and Health and state Chronic Disease programs will have improved capacity to implement diabetes prevention programs for people with disabilities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 24/100 words maximum

- Expenditures should not exceed total budget provided. Total amount includes both direct and indirect costs.
- Funds should be used in accordance with federal standards.

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.

Submission Date: 05/18/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
A Decision Analysis: Identifying Priorities in Breast and Colorectal Cancer Survivorship Initiatives

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Sun Hee Rim

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

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

CIO POC phone number(es):*
770-488-0261

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

6 Description of the Target Population:* 14/25 words maximum
Health resource planners cancer health systems and other health services and delivery 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)
$300,000 (Whole number 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**. 837/1,000 words maximum

The purpose of this project is to improve capacity of private sector health practitioners to identify and prioritize health needs and help to understand the value of further research into different areas of cancer survivorship interventions. Value of Information (VOI) analysis is a systematic decision-analytic approach and a health economic evaluation technique that has previously been used in resource planning, setting research priorities, and can be used to estimate and compare the expected return on investment of programmatic resource allocation scenarios. [1-6]

The current project has three goals:

1. Conduct a series of targeted literature searches examining the state of the evidence and gather input parameters on survivorship activities among a) breast cancer and b) colorectal cancer patients.
2. Develop a decision model to evaluate the clinical (i.e. survival and health-related quality of life) and economic (i.e. direct medical expenditure) outcomes of investments to improve a) breast cancer survivorship and b) colorectal cancer survivorship. Using VOI methods, estimate the potential return of future investment to develop better evidence regarding population-based interventions to improve survival, quality of life, and reduce medical expenditures for a) breast cancer and b) colorectal cancer survivors. (The awardee may subcontract with experts in decision analysis and VOI methodology.)
3. Develop summary tables and produce final report, compiling and synthesizing information from the targeted literature searches and model outcomes that will help improve capacity to prioritize cancer survivorship 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

- ☑ 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

To effectively conduct the series of targeted literature searches, applicant's proposed project staff will need to have prior experience conducting and synthesizing the findings from systematic literature reviews. Proposed project staff should have general knowledge of cancer, health services research methods/econometrics, and an understanding of decision analysis and value of information methodology used for research prioritization. Having strong partnerships with existing academic or cancer health systems that have cancer and value-of-information methodologic expertise will be useful.

13

	Applicant Program Experience:* 93/200 words maximum
	In order to effectively conduct the work described in the project description, the applicant organization should have the appropriate staff with knowledge (expertise) and extensive experience in conducting research prioritization analyses specifically using econometric and value of information (VOI) methods. The applicant organization should also have prior experience conducting literature reviews, accessing epidemiologic data/information from various public-use datasets, and experience overseeing subcontractors. This project will ultimately inform research and programmatic activities within the Division of Cancer Prevention and Control, including development of potentially new research and resources around cancer survivorship needs.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 33/200 words maximum
	CDC's technical monitor and project scientists will have substantial involvement in the project. Awardee is expected to collaborate with CDC staff for the project design, informing the literature reviews, and disseminating findings.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 162/200 words maximum
	The awardee may subcontract this project to a qualified individual (or 2 to 3 individuals) with relevant experience to carry out the work described. The subcontracting individual(s) should have extensive expertise/experience (documented portfolio) and familiarity building decision models and using VOI to prioritize research investments. The project period is 1 years. The subcontractor should plan to be available to work on the project for the duration of the project period (through completion of the summary report and final report). However, the subcontractor(s) will be expected to complete the decision modeling work within 9 to 11 months of the project initiation date. Recommended selection criteria include: Strong background in developing and applying health economic and decision-analytic research methods; experience in decision modeling or mathematical modeling; strong communication skills; knowledge of cancer prevention and control literature; knowledge of computer software; training in economics or health services research. The awardee may subcontract with academic institutions or cancer research centers engaged in this work.
16	Will the proposed CBA benefit governmental public health agencies?* ○ Yes ◉ No Briefly describe how. : * 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 75/100 words maximum
	The budget should adhere to OSTLTS and OGS requirements, per the funding announcement. The funds provided for this project should be used to directly address the three goals outlined The organization should provide a qualified individual dedicated to carrying out this project as described. No project equipment is allowed; however, relevant computer software may be purchased with project funds. Funds for travel are permitted for limited site visits to CDC or to meet with subcontractors.
	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.

Submission Date: 04/11/2018

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

Final

Print

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):* 13/15 words maximum
A training and technical assistance network for physical activity in early care and education

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

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

4 CIO Point of Contact (POC) name(s):*
Suzianne Garner; Linda Barnes, Allison Nihiser; Paulette Murph

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

CIO POC email address(es):*
sle1@cdc.gov; lit2@cdc.gov; cuf1@cdc.gov; pem1@cdc.gov

CIO POC phone number(es):*
770-488-5044; 404-867-9697; 770-488-6508; 770-488-5849

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

Target Population Category Descriptions

6 Description of the Target Population:* 32/25 words maximum
Early care and education (ECE) teachers, providers, and trainers and technical assistance providers who need CBA in learning, providing, and promoting best practices and content for physical activity in ECE settings.

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)
$175,000 (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**.
723/1,000 words maximum

The purpose of this project is to integrate physical activity content into state early care and education (ECE) training and technical assistance networks and state ECE professional development systems. Funds will be used to train existing state ECE training and technical assistance providers on how to promote physical activity in ECE settings. This opportunity will 1) improve the capacity of states to train and provide technical assistance on physical activity in ECE and 2) improve the workforce development of ECE teachers and ECE providers. The goal is for ECE teachers and ECE providers to better integrate physical activity opportunities throughout the child care day and use best practices to lead infants, toddlers, and preschoolers in physical activities.
1. This project is intended to provide capacity building assistance to state ECE technical assistance networks and state ECE professional development systems to further develop their ability to offer training and technical assistance on physical activity best practices in ECE.
2. This project is intended to help state ECE technical assistance networks and state ECE professional development systems increase the workforce development of their ECE teachers and ECE providers.
3. This project should engage staff from the Centers for Disease Control and Prevention (CDC), DNPAO, and leading expert consultants in the field of early childhood physical activity and early care and education.
Proposed Activities:
1. Package training and technical assistance materials, in partnership with CDC and leading experts of physical activity in early childhood, to include 1) best practices for promoting physical activity in ECE; 2) an assessment of physical activity best practices; 3) strategies to improve physical activity opportunities throughout the child care day; 4) the relationship between physical activity in early childhood and school readiness / fundamental movement skills / growth and development; 5) teacher practices for engaging and leading infants, toddlers, and preschoolers in physical activity; 6) resources for teachers to use for leading infants, toddlers, and preschoolers in physical activity; and 7) presentation materials, activities, and handouts for conducting trainings and providing technical assistance on this topic.
2. Recruit state ECE technical assistance networks to participate in a training opportunity. To participate, each state ECE technical assistance network would 1) identify two or more of their training and technical assistance providers to attend a training on how to promote physical activity in ECE and 2) agree to add four or more trainings dedicated to physical activity as part of their state ECE training calendar for at least the upcoming year. Priority should be given ECE training and technical assistance networks funded in locales that are recipients of DNPAO's State Physical Activity and Nutrition (SPAN) Cooperative Agreement.
3. Train state ECE training and technical assistance providers.

Expected Outputs:
1. A package of training and technical assistance materials that address 1) best practices for promoting physical activity in ECE; 2) an assessment of physical activity best practices; 3) strategies to improve physical activity opportunities throughout the child care day; 4) the relationship between physical activity in early childhood and school readiness / fundamental movement skills / growth and development; 5) teacher practices for engaging and leading infants, toddlers, and preschoolers in physical activity; 6) resources for teachers to use for leading infants, toddlers, and preschoolers in physical activity; and 7) presentation materials, activities, and handouts for conducting trainings or providing technical assistance on this topic.
2. Multiple ECE training and technical assistance providers identified who will be able to lead trainings and offer technical assistance on promoting physical activity in ECE.
3. A training for the ECE training and technical assistance providers on the contents of the package of training and technical assistance materials – (See Output 1)
4. A marketing strategy to promote the trainings on ECE physical activity best practices targeted for for state ECE training and technical assistance networks and state ECE professional development systems.
Expected Outcomes:
1. A network of training and technical assistance providers with the skills to train ECE teachers, ECE providers, and other ECE training and technical assistance providers on how to better integrate physical activity opportunities throughout the child care day and use best practices to lead infants, toddlers, and preschoolers in physical activities.
2. Some locales funded by DNPAO will have a state ECE technical assistance network and state ECE professional development system with increased capacity to lead training on promoting physical activity in ECE.
3. A series of publically available resources for ECE teachers, ECE providers, and ECE training and technical assistance providers on physical activity in ECE.

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

The applicant should demonstrate the ability to successfully execute the activities and meet expected output and outcomes by addressing the following:
• Adequate program management/staffing to gather, package, or develop training and technical assistance materials that supports best practices in physical activity in early care and education (ECE); train physical activity consultants to be training and technical assistance providers on physical activity in ECE; and coordinate and communicate with a network of training and technical assistance providers.
• Willingness to engage outside experts in early childhood physical activity early care and education in content development.

13 Applicant Program Experience:* 56/200 words maximum

The applicant should demonstrate experience with:
• promoting physical activity in young children;
• addressing the early care and education setting;
• developing or packaging training and technical assistance materials;
• developing trainings based on adult learning theory and professional development best practices;
• leading training of trainers;
• providing technical assistance to constituents (preferably on physical activity); and
• consulting outside experts to inform product development.

COLLABORATIVE WORK

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

Expectations for Collaboration, as applicable (200 word limit):
The applicant should collaborate with CDC's DNPAO and recipients of DNPAO's funding opportunities to:
• inform training and technical assistance materials;
• better understand state ECE technical assistance networks and state ECE professional development systems;
• develop a marketing strategy for state ECE training and technical assistance networks and state ECE professional development systems in promoting the trainings on physical activity and individuals who may provide technical assistance on this topic.
• work with those entities funded through the SPAN Cooperative agreement and other DNPAO recipients (grantees).
The applicant should collaborate with experts in early childhood physical activity and early care and education in the packaging or development of training and technical assistance materials on physical activity best practices in ECE.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 72/200 words maximum

The applicant may use funds to support consultants in early childhood physical activity and early care and education to 1) inform the development or identification of training and technical assistance materials on physical activity best practices in ECE and 2) develop content and/or lead the training for the identified state ECE training and technical assistance providers. Funds may also be use to purchase the rights to use existing ECE PA content.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 56/200 words maximum
	Those public health entities that receive funding through DNPAO's SPAN Cooperative Agreement can leverage the state training and technical assistance network to support their efforts in promoting physical activity in ECE. Further, the awardee and DNPAO's recipients may collaborate to strengthen partnerships with their state ECE technical assistance networks and state ECE professional development systems.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 56/100 words maximum
	- Salary and benefits - Training and technical assistance materials (consultant fees for experts; purchasing rights for existing content ; and developing or packaging training and technical assistance materials (graphics/printing)) - One time training and travel cost for ECE training and technical assistance providers identified to lead physical activity trainings and provide technical assistance on this topic in their state.
	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

Save and Close | Submit | Submit without sending an email

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/89

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Addressing Health Disparities in Community Health Programming for Asian Americans, Native Hawaiians, and Pacific I...

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Linda Barnes, Jenny Brown, Paulette Murphy

CIO POC email address(es):*
lit2@cdc.gov; JBrown1@cdc.gov; pem1@cdc.gov

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

CIO POC phone number(es):*
(404) 867-9697 (Barnes); 770 488 6456 (Brown)

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

6 Description of the Target Population:* 13/25 words maximum
Community based organizations that serve Asian Americans, Native Hawaiians, and Pacific Islanders

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 number 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**. 214/1,000 words maximum

The purpose of this project is to provide technical assistance and training for recipients funded by CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO recipients) on specific ethnic and cultural needs to address disparities in community health programming for Asian Americans, Native Hawaiians, and Pacific Islanders.

Proposed Activities:
• Identify and engage local resources, partners, entities, and non-traditional community members to support multi-sectorial coalition approaches to improving the health of communities funded by DNPAO.
• Provide on-demand technical assistance as needed to DNPAO recipients to assist them in addressing diversity within an ethnic or racial target group and their deliberate approaches to capturing the more definitive/nuanced characteristics within a defined racial or ethnic community.
• Develop resources on issues that may impact the receptivity of interventions based on key factors such as birth origin or geographic residency.
• Gather critical lessons learned that will enhance data collection efforts and advance evaluation inputs and outcomes.

Expected Outputs:
• Develop tailored technical assistance and training to enhance the capacity of DNPAO recipients to deliver, monitor, and evaluate effective programs that consider the specific community health needs and community infrastructure of Asian Americans, Native Hawaiians and Pacific Islanders.
• Develop an annual review that includes accomplishments, findings, and lessons learned.

Expected Outcomes:
• Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

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:* 63/200 words maximum

Applicants must demonstrate organizational capacity:
• In successfully planning, implementing, and evaluating this project;
• To mobilize community-based organizations to improve the health of racial and ethnically diverse populations such as Asian Americans, Native Hawaiians, and Pacific Islanders;
• To efficiently support nutrition and physical activity strategies and activities to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations in communities.

13 Applicant Program Experience:* 53/200 words maximum

Applicant must have:
• Experience and knowledge in working with community-based organizations to implement evidence-based public health programs to reduce health disparities across a broad range of health conditions.
• Significant experience in mobilizing and strengthening community-based organizations to achieve health equity for specific populations such as Asian Americans, Native Hawaiians, and Pacific Islanders.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 89/200 words maximum

Applicants are expected to collaborate with DNPAO staff and DNPAO's recipients and other organizations funded by CDC to facilitate the success of their proposed work in addressing health disparities and preventing chronic disease. These collaborations might include entities such as state or local health departments; community-based organizations; health care organizations; faith-based organizations; tribal organizations; local, regional, state, or national organizations with local affiliates; university/academic institutions, or non-traditional partners (e.g., local education agencies, parks and recreation, transportation, environmental health, housing and urban development, public safety, and financial organizations).

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 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 activities are encouraged.

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

Briefly describe how. : * 33/200 words maximum

Providing technical assistance and training on specific ethnic and cultural needs to address disparities in community health programming will benefit local, state, and federal efforts to prevent and control chronic diseases.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 63/100 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 recipient will work together to revise and further 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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Addressing health equity and preterm birth to improve maternal and child health

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Carla Collazo

CIO POC email address(es):*
cwc8@cdc.gov

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

CIO POC phone number(es):*
(770) 488-6245

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

6 Description of the Target Population:* 20/25 words maximum
Community-based organizations the serve maternal and infant health in addressing equity and prematurity prevention in the United States.

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)
$2,000,000 (Whole number 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**. 272/1,000 words maximum

Project Description – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit):*

Background:

The mission of the Division of Reproductive Health (DRH) is to promote optimal and equitable health in women and infants thought public health surveillance, research, leadership, and partnership to move science to practice.

The purpose of this project is to further the DRH mission by accelerating progress in prematurity prevention with a focus on health equity in the United States, by:

1) advancing implementation of policies, strategies and services to improve equity and reduce preterm birth;
2) advancing the collaborative efforts and projects of multidisciplinary, national organizations collective efforts;
3) improving the capacity of provider groups, community based organizations, and public health leaders to address equity and preterm birth.

Funded activities may include:

• Identify and implement evidence based strategies to reduce preterm birth with a focus on health equity and reducing disparities.
• Engage non traditional partners to explore innovative approaches to reduce preterm birth with a focus on health equity and reducing disparities.
• Support collective efforts and cross sector collaborations to advance equity and prevent preterm birth
• Implement tools and resources and disseminate successful strategies to improve capacity of health care providers, community-based organizations, and public health leaders to address equity and prevent preterm birth.

Expected Outputs:

• Model approaches and processes for improving equity and preventing preterm birth.
• A network of collaborators across sectors who are working to address equity and preterm birth.
• Disseminated tools and resources to improving maternal and infant care.

Expected Outcomes:

• Increase quality of care and outcomes for maternal and infant health
• Newly established, strengthened, and formalized relationships between stakeholders to address equity and preterm birth.

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 applicant must demonstrate the following organizational capacity:

• Have a documented history of establishing effective relationships within and across sectors to address equity and preterm birth (with noprofit organizations, provider organizations, academia, etc)
• Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects.

13 Applicant Program Experience:* 32/200 words maximum

The applicant must demonstrate the following program experience:

• Extensive experience (10 years or more) of formulating and influencing public health strategies and policies.
• Experience addressing maternal and infant health, including preterm birth.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 57/200 words maximum

Expectations for Collaboration, as applicable (200 word limit):

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 improve maternal and infant outcomes. Recipients will also be encouraged to build and sustain strategic partnerships and collaborations to improve maternal and infant 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. : * 42/200 words maximum

This project will advance the implementation of policies, strategies and services to reduce preterm birth with a focus on reducing disparities and improving health equity in concert with a unique focus on working strategically with multidisciplinary organizations for collective impact.

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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
AHA Ten-Day Seminar on the Epidemiology and Prevention of Cardiovascular Disease and Stroke

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Fleetwood Loustalot; Elin Begley

CIO POC email address(es):*
FLoustalot@cdc.gov; EBegley@cdc.gov

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

CIO POC phone number(es):*
770-488-5198; 770-488-7876

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

6 Description of the Target Population:* 22/25 words maximum
Physicians and other health care professionals with an interest in the promotion of cardiovascular health and prevention of cardiovascular disease

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 number 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**. 329/1,000 words maximum

Purpose:
The overall goal of the conference is to enhance the ability of participants to pursue successful careers related to the epidemiology and prevention of heart disease and stroke, and the promotion of cardiovascular health.
Proposed Activities:
A select faculty of epidemiologists, biostatisticians and prevention researchers will use interactive learning techniques; including lectures, small group discussions, and tutorial sessions illustrating basic principles of cardiovascular disease and stroke epidemiology, and prevention, and their applications. There will be extensive group participation. The Ten-Day Seminar on the Epidemiology and Prevention of Cardiovascular Disease and Stroke has a 40+ year history and will be held in July/August 2019.
Expected Outputs:
Fellows will participate in daily lectures, group activities and mentoring sessions. The development of competencies related to grant writing, manuscript development, teaching, and clinical and public health practice are evaluated at the end of each week.
Expected Outcomes:
Upon completion of the group activity and coursework, fellows receive a certificate of completion from the AHA. Fellows may also earn continuing education for participation. In support of improving patient care, this activity has been planned and implemented by American Heart Association is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. The candidates targeted for the conference are ones that have a career trajectory supportive of the goal of the conference. Candidates will ordinarily be at the postdoctoral level and at a point in their careers at which the acquired research knowledge and skills will be used in the near term. Candidates at the master level will be considered based on having the experience and scope of responsibility to enable them to make a significant contribution to the promotion of cardiovascular health or the prevention of cardiovascular disease. Such candidates may include professionals engaged in public health practice at the local, state, or federal level as well as health care 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
- ☐ **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

The applicant must have the capacity to coordinate the ten-day seminar on the epidemiology and prevention of cardiovascular disease and stroke, provide staff resources to manage applications, reviews, faculty and fellow travel, day-to-day activities during the conference, evaluation, continuing education credits and certificate distribution.

13 Applicant Program Experience:* 46/200 words maximum

The application must extensive experience in coordinating the epidemiology course on epidemiology related prevention of cardiovascular disease and stroke. The applicant have experience in conducting short- and long-term evaluations of the course and adapting the delivery of the content to adapt to different learning styles.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 25/200 words maximum

The applicant will collaborate with the CDC/Division of Heart Disease and Stroke Prevention. The applicant may collaborate with other relevant national organizations as needed.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 24/200 words maximum

Applicant will be expected to work with an organization that represents work on prevention of heart disease and stroke to support this activity.

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

Briefly describe how. : * 78/200 words maximum

Candidates for the seminar may include professionals engaged in public health practice at the local, state, or federal level as well as research professionals. Participation in the seminar would support capacity developed among this group, benefiting public health agencies. Other long-term benefits include developing a scientific workforce with an interest in expanding the evidence base for cardiovascular disease research, therefore supporting the development, testing and implementation of activities supportive of improving cardiovascular health in the US.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 24/100 words maximum

Funds for this project are anticipated to be spent on staff time and expertise, travel (including lodging and meals), 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.

Submission Date: 06/18/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Alzheimer's Disease and Dementia: Increasing Physician Capacity to Assess and Diagnosis

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

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

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

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

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

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

6 Description of the Target Population:* 9/25 words maximum
Primary care providers and other health care professionals

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 number 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**. 182/1,000 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 capacity for health care providers to provide assessment, diagnosis and referals varies widely within each state and across the nation. This project is aimed and increasing the ability for health care providers to provide these services to their patients. CDC plans to work with a leading national medical organization to increase physician's and health care professionals' awareness of brain health, including Alzheimer's disease and other dementias, as a serious health condition and to increase the number of physicians/health care professionals taking action to assess and diagnose patients.

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:* 200/200 words maximum

Applicant should have the organizational capacity to work with those working in preventive medicine, including health care providers in direct contact with patients. The applicant should also have the technicolgical capacity to develop and disseminate reorts, training, webinars and outreach through avenues such as the internet and social media, as well as direct contact with providers, described above.
• Successful applicants should have: in this funding opportunity;
• substantial authority or influence in the U.S. medical community;
• capacity to coordinate/collaborate with other physician and health care professional member organizations to expand the potential reach of this work; and
• capacity to substantially increase the number of physicians and health care professionals providing assessment, diagnosis and referral to patients with suspected cognitive decline to appropriate care and community support programs.
• ready access to an existing network of physicians and health care professionals;
• capacity to reach, engage, and activate large numbers (>1,000) of physicians and health care professionals throughout the U.S. efficiently and effectively through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.);
• access to professionally trained staff and members with adequate skills and experience to understand and successfully carry out the work described
• disseminate and build upon existing curriculums developed for physicians importance of blood pressure management for brain health

13 Applicant Program Experience:* 116/200 words maximum

Successful applicants should have prior experience and demonstrated success in:
• engaging and activating large numbers (>1,000) of physicians/health care professionals throughout the U.S. through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.);
• influencing change in physician behaviors/care practices;
• coordinating/collaborating with other physician/health care professional member organizations to advance mutual goals;
• producing effective, high quality, scientifically accurate educational tools/resources for use by physicians/health care professionals;
• developing and disseminating continuing education courses related to brain health;
• planning, implementing, and evaluating the outcome of interventions or demonstration projects targeting specific health care issues/needs; and
• serving as a recognized leader for professional, multi-disciplinary education, collaboration, and communication in the areas of preventive medicine and public health.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 101/200 words maximum

In partnership with CDC's Alzheimer's Disease and Healthy Aging Program, the applicant will:
1. Increase physician's/health care professionals' awareness of brain health, including Alzheimer's disease and other dementias, as a serious health condition and to increase the number of physicians/health care professionals taking action to assess and diagnose patients.
2. Applicants are encouraged to collaborate or subcontract with other physician/health care professional member organizations to build on or enhance the tools and approaches that have been developed to-date by CDC and partner organizations and to expand the potential reach of this work, in close collaboration with CDC's Alzheimer's Disease and Healthy Aging Program.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 55/200 words maximum

Applicants are encouraged to collaborate or subcontract with other physician/health care professional member organizations to build on or enhance the tools and approaches that have been developed to-date by CDC and partner organizations and to expand the potential reach of this work, in close collaboration with CDC's Alzheimer's Disease and Healthy Aging Program.

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: 99/100 words maximum

	Cost will include staffing support including items such as writer/editors, production, printing, mailing, webinars, web page development, and full open access of the publications. 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 a meeting facilitator, providing meeting transcripts, developing the decision aid materials, conducting review and revisions, conducting usability testing, and evaluating the 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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Building Capacity in Federally Qualified Health Centers to Improve Postpartum Diabetes Screening

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

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

CIO POC email address(es):*
eon1@cdc.gov

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

CIO POC phone number(es):*
770-488-8393

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

6 Description of the Target Population:* 14/25 words maximum
This project will benefit Federally Qualified Health Centers and their health care providers.

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)
$1,250,000 (Whole number 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**. 518/1,000 words maximum

Background:
The mission of the Division of Reproductive Health (DRH) is to promote optimal and equitable health in women and infants though public health surveillance, research, leadership, and partnership to move science to practice. The Maternal and Infant Health Branch within the Division supports this mission by promoting women's health before, during, and after pregnancy, and to reduce maternal and infant mortality. One strategic area of focus in DRH is chronic disease prevention among women of reproductive age (i.e., hypertension, heart disease, diabetes, depression, and substance use).
Up to one-third of women who experienced gestational diabetes mellitus (GDM) will have impaired glucose metabolism immediately postpartum and up to 70% of GDM-affected women will develop type 2 diabetes within the decades following the affected pregnancy. Therefore, the American College of Obstetricians and Gynecologists recommends diabetes testing for women at 4-12 weeks postpartum. Diabetes control and indicators for postpartum diabetes screening is a quality indicator for women with GDM-affected pregnancies. In addition, postpartum contraceptive use in women with diabetes could be beneficial for postponing pregnancy until optimal preconception health and preventing unintended pregnancy.

Purpose:
The purpose of the project will be to:
• Improve coordination and linkage with external partners in Federally Qualified Health Centers (FQHC) to disseminate prevention and management guidelines, policies, and practice for postpartum women with GDM-affected pregnancies.
• Develop and integrate a monitoring and tracking system into current medical record systems for identifying GDM-affected pregnancies, screening women with GDM-affected pregnancies for diabetes, and tracking referrals and follow-up.
• Develop quality improvement indicators for postpartum diabetes screening and testing.
• Improve the integration of family planning into primary care by providing client-centered contraception counseling to all women of reproductive age; for women with GDM-affected pregnancies or diabetes, include information on postponing pregnancy until optimal preconception health and preventing unintended pregnancy.

Funded activities may include:
• Determine baseline screening rates for GDM-affected pregnancies, screening women with GDM-affected pregnancies for diabetes, and tracking referrals and follow-up.
• Assess provider awareness of and practices related to the US MEC and the SPR guidelines to identify areas for improvement in clinical practice for women with GDM-affected pregnancies and diabetes and pregnancy prevention.
• Improve the linkage and use of clinical data to monitor changes in care for women with GDM-affected pregnancies and diabetes; prevent future development of GDM in subsequent pregnancies to improve maternal and infant health.
• Develop and pilot a screening, referral, tracking, and treatment tool to follow-up women with GDM-affected pregnancies to obtain a postpartum diabetes test within the current medical record system.
Expected outputs:
• Data on screening rates and provider awareness and practices before and after pilot of screening tool
• Tool for screening, referral, tracking, and treatment among women with a GDM-affected pregnancy
• Lessons learned, success stories, briefs, resource documents, toolkit to disseminate to other FQHC, PCAs, and HCCN.
• Implementation and dissemination plan to share evidence-based and informed best practices.

Expected Outcomes:
• Increased understanding of the current prevalence and internal process (e.g., how screen, refer, track, follow-up) for postpartum diabetes screening among FQHC women with a GDM-affected pregnancy.
• Improved postpartum diabetes screening among FQHC women with a GDM-affected pregnancy based on the baseline assessment.
• Increased integration of family planning into primary care for women with GDM-affected pregnancies or diabetes.

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 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 Federally Qualified Health Centers, Primary care Associations, and Health Centered Controlled Networks.
• Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects of the fellowship program.
• Appropriate information technology systems to produce required federal progress, financial and annual reports.

13 Applicant Program Experience:* 133/200 words maximum

	The applicant must demonstrate the following program experience: • Operates programs and initiatives geared towards the needs of health centers, Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs). • Serves as a major source of information, data, tools, training, resources, research, and advocacy on key issues affecting community-based health centers and the delivery of health care for the medically underserved and uninsured in the United States and its territories; • Works with PCAs and HCCNs to ensure support for health centers at state and federal levels; • Hosts trainings and conferences as well as provides education, training, technical assistance and leadership development for health center staff and board members; and • Builds partnerships and linkages that stimulate public and private sector partnership and collaboration in the delivery of quality health care services to medically underserved communities.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 85/200 words maximum This project will result in increased collaboration between multiple programs within the CDC Division of Reproductive Health, other federal agencies (e.g., HRSA, OPA), our partnering organizations, and states around emerging issues related to chronic disease prevention among women of reproductive age to reduce maternal and infant mortality . Recipients will also be encouraged to build and sustain strategic partnerships and collaborations with FQHC, PCA, HCCN 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. : * 25/200 words maximum This project will address the capapcity building needs of Federally Qualified Health Centers to screen, refer, track, and treat women with postpartum diabetes.
	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.

Submission Date: 04/12/2018

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

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
Building Capacity of the Public Health Workforce to Offer the National DPP Lifestyle Change Program

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

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

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

CIO POC email address(es):*
prs5@cdc.gov; hrw5@cdc.gov

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

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

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

6 Description of the Target Population:* 24/25 words maximum
Lifestyle coaches delivering the National Diabetes Prevention Program (National DPP) lifestyle change program for people at high 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)
$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**.
863/1,000 words maximum

Purpose: According to the 2017 CDC National Diabetes Statistics Report, 84.1 million Americans have prediabetes, a condition that increases risk for type 2 diabetes, heart disease, and stroke. Research has shown that investing in type 2 diabetes prevention can prevent or delay onset of type 2 diabetes in adults with prediabetes—resulting in reduced costs and healthier populations. In response, CDC established the National Diabetes Prevention Program (National DPP), a partnership of public and private organizations working 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 Diabetes Prevention Program research study, and several 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%. The CDC Diabetes Prevention Recognition Program (DPRP) is the quality assurance arm of the National DPP. Through the DPRP, CDC awards recognition to program delivery organizations able to meet national standards (http://www.cdc.gov/diabetes/prevention/recognition/about.htm) and achieve the outcomes proven to prevent or delay onset of type 2 diabetes.

The DPRP Standards specify that the lifestyle change program may be offered by either credentialed or lay coaches. Both credentialed and lay coaches must receive 12 hours of training on the National DPP lifestyle change program from a training entity that has an MOU with CDC's Division of Diabetes Translation or from a Master Trainer that has completed a Master Training Program from a training entity that has an MOU with CDC. In addition to the basic training, organizations are required to provide coaches with ongoing training and support. To meet the potential demand of delivering the National DPP lifestyle change program to the 84 million Americans with prediabetes or at high risk for type 2 diabetes, CDC needs to continue to build the capacity of both the credentialed and lay workforce. Further, State Medicaid Programs considering coverage for the National DPP lifestyle change program, need a way to credential or certify coaches as a prerequisite for reimbursement.

While CDC does not keep a registry of lifestyle coaches, we have data on coaches from a subset of CDC-recognized organizations that were supported by national organization grantees under a five year funding agreement (DP12-1212). An evaluation of the data showed that: 1) sites that used lay coaches rather than credentialed coaches increased session attendance by 1.6 sessions, and 2) sites that provided additional training to coaches (both lay and credentialed) had better participant outcomes.

CDC/DDT has been partnering with the National Board of Medical Examiners (NBME) and the International Consortium of Health and Wellness Coaches (ICHWC) on a project to further strengthen the competencies and capacities of lifestyle coaches delivering the National DPP lifestyle change program. The National Board for Certifying Health and Wellness Coaches is a partnership between NBME and ICHWC that began in 2010 to develop the first certification exam for health and wellness coaches (http://www.nbme.org/hwc/). The certification exam was first offered in July, 2017 and covers 26 content areas. Our work to date has been to identify a critical subset of these coaching competencies for National DPP lifestyle coaches, and investigate the possibility of developing a practical, cost-effective microcertification for National DPP lifestyle coaches. Some type of certification for coaches has been requested by State Medicaid Agencies who are considering covering the program as a health benefit.

Proposed Activities:
The successful applicant will work with CDC/DDT, training entities with an MOU with CDC/DDT, and SMEs with experience in developing credentialing/CEU programs and/or experience providing knowledge and skills-based training and technical assistance for coaches to:
• Develop and pilot test a cost-effective and easily administered knowledge assessment/exam to serve as the first component of a microcertification for National DPP lifestyle coaches. This task will involve developing and testing exam questions based on the subset of competencies identified by CDC/NBME/ICHWC and the CDC training entities.
• Develop and pilot test a cost-effective and easily administered skills assessment/exam to serve as the second component of the microcertification for National DPP lifestyle coaches. This task will involve developing a method to observe and assess skills and competencies in practice (i.e. development of a protocol to review and assess a video of a coach delivering a group session.)
• Develop advanced skills trainings based on the set of coach competencies identified (see above) to be offered by CDC training entities to help coaches prepare for both parts of the microcertification. Some of these trainings may also be disseminated through the National DPP Customer Service Center for general use by coaches.

Expected Outputs:
The applicant will oversee the development of three products in year one:
• Development and initial testing of a knowledge assessment/exam (~30 test questions) for the microcertification
• Development and initial testing of a skills assessment for the microcertification
• At least two, one-hour advanced skills trainings addressing the competencies identified by CDC/DDT, NBME, and ICHWC to be offered by the CDC training entities to help prepare for the microcertification.

Expected Outcomes:
The skills and abilities of National DPP lifestyle change coaches will be strengthened, leading to better attendance and weight loss outcomes for participants in the National DPP lifestyle change program nationwide.

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:* 114/200 words maximum

The successful applicant must have the capacity to convene and collaborate with a range of partners and subcontractors including training entities with an MOU with CDC/DDT, NBME, ICHWC, State Medicaid Programs, the AMA, lifestyle coaches and Master Trainers from CDC-recognized organizations, and other subject matter experts (SMEs) as appropriate. The applicant must be able to facilitate group problem solving and integrate and synthesize the contributions of all partners to minimize duplication and leverage economies of scale for maximum impact. The applicant must have demonstrated ability to use technology for technical assistance, training, and collaboration. Applicants with experience developing credentialing or certificate programs and/or developing skills-based training programs for coaches will be prioritized.

13 Applicant Program Experience:* 53/200 words maximum

The applicant should have experience, either directly or through a partner or subcontractor, in these areas: developing competencies, developing certificate or CEU programs, developing training webinars, and developing training programs. The applicant should also have experience working with a range of partners to develop, conduct, and evaluate pilot or demonstration programs.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 90/200 words maximum

The applicant is expected to collaborate with training entities with an MOU with CDC/DDT (https://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html), NBME, ICHWC, State Medicaid Programs, AMA, lifestyle coaches, Master Trainers from CDC-recognized organizations delivering the National DPP lifestyle change program, and other SMEs as appropriate. The applicant may convene workgroups of specific SMEs to work on individual tasks (i.e. a group of Master Trainers from CDC training entities to develop the skills assessment or the skills training, and a separate workgroup of SMEs with experience in developing test questions to develop the knowledge assessment.)

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 34/200 words maximum

	The applicant is expected to subcontract with one or more organizations that have experience either developing microcertifications or certificate programs, and/or providing skills-based training and technical assistance to health and wellness coaches.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 95/200 words maximum The National DPP is the first national infrastructure to support the delivery of an evidence-based lifestyle change program. Developing the workforce is a key component of this infrastructure. While CDC/DDT is taking the lead on this, the impact would be significant for all chronic disease prevention and promotion programs. Having a well-trained workforce will also facilitate the willingness of State Medicaid programs to include the program as a covered benefit for eligible Medicaid beneficiaries. Medicaid beneficiaries are one of the priority populations at highest risk and with the greatest burden of chronic disease.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 68/100 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 the subcontractors, SMEs, and key partners will have in accomplishing the work. Several in-person meetings will be necessary to ensure the collaboration of the subcontractors, SMEs, and key partners, including a kick-off meeting to finalize a work plan and timeframes for 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

Save and Close | Submit | Submit without sending an email

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/54

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

GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 14/15 words maximum Building Capacity to Improve Pregnancy Outcomes by Supporting Women and Men through the Life Course		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...	3	Division, office, or unit:* Division Of Reproductive Health
4	CIO Point of Contact (POC) name(s):* Lee Warner; Shanna Cox; Carla Collazo		CIO POC email address(es):* dlw7@cdc.gov; cio8@cdc.gov; cwc8@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* (770) 488-5989; (770) 488-6477; (770) 488-6245
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category C
6	Description of the Target Population:* 24/25 words maximum Persons in formal leadership roles of non-profit, voluntary and private entities (e.g., National organizations, school-based health centers and community-based organizations) that support 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) $150,000 (Whole number 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**. 197/1,000 words maximum

Reducing health inequities, in particular adverse pregnancy outcomes, is of primary interest in the United States. Addressing the healthcare needs throughout the life course may be a strategy to improve adverse pregnancy outcomes, improve health equity and reduce disparities. Engagement with national organizations with expertise in public health and particularly health equity are needed to provide continued leadership, technical assistance, guidance and oversight on improving the health of individuals inclusive of, women, men, infants, children and adolescents throughout the life course.
Activities may include, but are not limited to:
• Develop, publish, and disseminate public health issue briefs on improving selected reproductive health topics to expand public and professional knowledge.
• Develop, conduct, and publicize webinars and meetings aimed at expanding public and professional knowledge of evidence-based and best practices for improving the health for individuals across the lifespan inclusive of women, men, infants, children and adolescents and fostering healthy pregnancy outcomes.
• Develop, implement, and execute a Reproductive Health Fellowship program to identify and actively engage emerging leaders and foster the development of leaders in science, policy, program and practice related to improving pregnancy outcomes by improving the reproductive health of women, men, infants, children, and adolescents.

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
- [ ] **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

- [ ] 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
- [ ] 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
- [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:* 30/200 words maximum

Applicant should have strong leadership in the field of public health and a history of convening groups from multiple disciplines and backgrounds to reach consensus around a common goal.

13 Applicant Program Experience:* 62/200 words maximum

	The applicant should have experience leading a national organization dedicated to public health and health equity. Additionally, the applicant should have expertise collaborating on a national level with other organizations interested in improving reproductive health across the lifespan inclusive of women, men, infants, children and adolescents. Other organizations include governmental and nongovernmental organizations, non-profit agencies, academic institutions, and research entities.
	COLLABORATIVE WORK
14	61/200 words maximum Expectations for Collaboration, as applicable: The applicant should have experience leading a national organization dedicated to public health and health equity. Additionally, the applicant should have expertise collaborating on a national level with other organizations interested in improving reproductive health across the lifespan inclusive of women, men, infants, children and adolescents. Other organizations include governmental and nongovernmental organizations, non-profit agencies, academic institutions, and research entities.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 35/200 words maximum Applicant may subcontract the work to a qualified, experienced entity that has demonstrated ability to build capacity with national leaders interested in promoting the health of women, men, infants and families, where applicable.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 92/200 words maximum Activities such as the development and dissemination of public health issue briefs and webinars as well as development and implementation of a Reproductive Health Fellowship program will benefit governmental public health agencies by building capacity and expanding knowledge on strategies to address adverse pregnancy outcomes, improve health equity and reduce disparities. The proposed CBA will further benefit governmental public health agencies through engagement and partnership with a national organization with expertise in public health and health equity on collaborative efforts to reduce disparities in reproductive health across the life course.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 33/100 words maximum
	The applicant is expected to use the funds to focus on issues specifically related to improving the reproductive health of women, men, infants, children, and adolescents. Funds will go towards that end.
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Building Capacity to Offer the National DPP Lifestyle Change Program to Priority Populations in Underserved Areas

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

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

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

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

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

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

6 Description of the Target Population:* 30/25 words maximum
National organizations and their affiliate community-based delivery sites offering the National DPP lifestyle change program to priority populations: Medicare beneficiaries, men, populations with racial/ethnic disparities, and people

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 number 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**. 986/1,000 words maximum

Purpose:
According to the 2017 CDC National Diabetes Statistics Report, 84.1 million Americans have prediabetes, a condition that increases risk for type 2 diabetes, heart disease, and stroke. Research has shown that investing in type 2 diabetes prevention can prevent or delay onset of type 2 diabetes in adults with prediabetes—resulting in reduced costs and healthier populations. In response, CDC established the National Diabetes Prevention Program (National DPP), a partnership of public and private organizations working 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 Diabetes Prevention Program research study, and several 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% (http://www.cdc.gov/diabetes/prevention/index.htm). The CDC Diabetes Prevention Recognition Program (DPRP) is the quality assurance arm of the National DPP. Through the DPRP, CDC awards recognition to program delivery organizations able to meet national standards and achieve the outcomes proven to prevent or delay onset of type 2 diabetes.

While over 1,700 CDC-recognized organizations in 50 states offer the National DPP lifestyle change program, there are still many areas with few or no programs. Some priority populations have been under-enrolling relative to their disease burden and risk factors. These include Medicare beneficiaries, men, African-Americans, Asian-Americans, Hispanics, American Indians, Alaska Natives, Pacific Islanders, and people with visual impairments or physical disabilities. To address these issues, CDC funded 10 national, multi-state networks through CDC-RFA-DP17-1705 (1705) to start new CDC-recognized organizations in underserved areas, and to reach and enroll a total of 50,000 participants over the

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:* 107/200 words maximum

	The successful applicant must have the capacity to work with both national level organizations and various community-based organizations to support the implementation of evidence-based chronic disease prevention interventions. The applicant should have experience engaging with CDC staff, SMEs, and other national, state, and community-level partners to minimize duplication of activities and leverage economies of scale for maximum impact. The successful applicant must have demonstrated ability to use technology for technical assistance and collaboration purposes, such as facilitating communities of practice. The applicant must also have demonstrated experience convening diverse groups of stakeholders, developing focused agendas, and facilitating large group meetings to achieve stated goals and objectives.
13	Applicant Program Experience:* 164/200 words maximum The successful applicant must have demonstrated experience providing support to national and community-based organizations regarding the development, implementation, evaluation, and dissemination of best practices supporting evidence-based interventions to prevent chronic disease. Priority will be given to applicants with specific experience with the National DPP lifestyle change program, and/or specific experience delivering preventive services to the priority populations that are the focus of 1705. Demonstrated experience should include, but is not limited to, delivering tailored programmatic technical assistance and training on key 1705 strategies. These include training lifestyle coaches representative of the priority populations; recruiting and enrolling priority populations to CDC-recognized organizations delivering the National DPP lifestyle change program; working with health systems/providers to screen, test, and refer priority populations at high risk for type 2 diabetes to the new delivery sites; culturally and linguistically adapting tools and best practices for retaining priority population participants; developing value-based reimbursement models; and working with public and private payers and employers on coverage models for sustainability.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 78/200 words maximum The successful applicant is expected to collaborate with a range of staff and partners including, but not limited to, CDC 1705 Project Officers, internal and external SMEs, other CDC-funded recipients (such as state public health departments and State Medicaid Agencies); other federal partners such as the Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, and the Indian Health Service; and other national organization representing pharmacies, health care systems, payers, physicians, and employers.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 6/200 words maximum Subcontracting is not required.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 80/200 words maximum Congress confirmed the value and benefit of public health working together with a wide variety of partners when they authorized the CDC-led National DPP, a partnership of public and private organizations working collectively to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program to prevent or delay onset of type 2 diabetes in people at high risk. There are significant benefits when public health agencies and partners work together to improve health and reduce costs.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 89/100 words maximum
	The annual budget should include, at a minimum, funding to support quarterly group technical assistance and training opportunities such as webinars or facilitated communities of practice, one national meeting, and one formal mechanism for sharing best practices such as the development of a periodic newsletter or the development of one formal success story for each of the ten 1705 award recipients. The budget should also include funds to support applicant staff travel to attend and support the national meeting. Meeting attendees will cover their own travel 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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Building Community Capacity to Address Breastfeeding Disparities

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Diane Roberts Ayers; Carol MacGowan; Linda Barnes; ...

CIO POC email address(es):*
ish0@cdc.gov; dvx2@cdc.gov; lit2@cdc.gov; pem1@cdc.gov

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

CIO POC phone number(es):*
404-867-9697; 770-488-5433; 770-488-5626

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

6 Description of the Target Population:* 11/25 words maximum
Pediatric Healthcare Clinicians working in and with large populations of African Americans

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 number 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**. 317/1,000 words maximum

National estimates of breastfeeding initiation and duration have consistently improved among black and white infants over the past decade. However, the difference in breastfeeding rates between black and white infants remains substantial. The purpose of this project is to address these disparities through addressing barriers in access to breastfeeding support at the community level, that resulted in valuable lessons learned about implementing interventions aimed at establishing systems of continuity of care for breastfeeding support, from pregnancy through the early postpartum period.
The purpose of this project is to build on lessons learned, and continue to focus on reducing breastfeeding disparities, by implementing activities to provide breastfeeding support by lactation support providers and community organizations. This work should include collaborating with appropriate public health partners in order to increase training opportunities, coordinate efforts, and implement plans to address breastfeeding continuity of care and support through public health and community based organizations.

Proposed Activities
• Conduct breastfeeding support training workshops utilizing an established curriculum
• Provide technical assistance to state and local health departments and community based organizations receiving Division of Nutrition, Physical Activity, and Obesity (DNPAO) program funds to increase continuity of care/community support for breastfeeding and address racial disparities.
• Collaborate with other organizations receiving DNPAO funds, in identifying a potential model for breastfeeding continuity of care.
• Work with the multisectoral national breastfeeding committee comprised of representatives from relevant health professional associations, government departments, and non-governmental organizations that coordinate national breastfeeding activities to develop a model for continuity of care/community support for breastfeeding especially for the first 3 weeks postpartum including promising practices; and to ensure that this work is coordinated and not duplicative.
• Evaluate impact and reach of trainings

Expected Outputs:
• Training workshops on breastfeeding support
• Provision of technical assistance to state and local health departments and community based organizations
• A model for breastfeeding continuity of care and community support in African American population
• Evaluation of training workshops and related impacts

Expected Outcomes:
Increased community support for breastfeeding
Decreased breastfeeding disparities

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 applicant should demonstrate the ability to successfully execute the strategies and meet project outcomes by addressing the following: • Adequate program management/staffing to undertake such a local level focused national program • Adequate infrastructure to engage with local health departments, and national organizations in order to build capacity to develop and implement continuity of care models • Capacity and competency to work in community health, specifically in maternal and child health, health equity, partnerships and lactation especially focused on the African American community • Relative skill sets or demonstrated ability to access expertise in breastfeeding • Expertise in data, and electronic, and communication systems to implement the award • Capacity to manage the required procurement efforts, including the ability to write and award subcontracts
13	Applicant Program Experience:* 110/200 words maximum
	The applicant should demonstrate the ability to successfully execute the strategies and meet project outcomes by addressing the following: • Experience and expertise in providing breastfeeding peer counselor trainings specifically focused on African Americans • Experience in partnering with local city and county public health departments to reach community based organizations that serve families and can be engaged to provide breastfeeding support • Experience in using population-based data to define and identify target communities • Experience in working in maternal and child health at the community level • Experience in reaching and providing CBA to community based organizations • Experience in facilitation of community-to-community mentoring, and peer exchange of best practices and tools. • Experience in implementing programs that address health equity
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 127/200 words maximum

	• It is expected that the grantee will collaborate with city and county public health departments, community based organizations and FQHCs in target communities that provide breastfeeding support to women to develop continuity of care promising practices • It is expected that the grantee will collaborate with the multisectoral national breastfeeding committee • It is expected that the grantee will collaborate with a national organization focused on breastfeeding disparities • It is expected that the grantee will collaborate with state and/or local cultural breastfeeding coalitions in target communities • It is expected that the grantee will collaborate with a cadre of national partners addressing public health breastfeeding • It is expected that the grantee will collaborate in the formation or strengthening of a networking collaborative of state and local health departments addressing continuity of care
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 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. : * 36/200 words maximum It will contribute to the advancement of breastfeeding work nationally. There is a critical need to engage public health partners and communities in working towards equitable access to breastfeeding support, and elimination of breastfeeding disparities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 87/100 words maximum
	The grantee may use funds for staff and/or contractors with subject matter expertise, to be able to provide technical assistance. Funds may be used to collaborate with and obtain technical assistance from the multisectoral national breastfeeding committee and/or specific technical assistance providers on appropriate community-level strategies. Funds may be used for sub-contracts to community based organizations (public, private, non-profit, and/or faith-based), FQHCs and cultural coalitions. Funds should be used to evaluate activities and reach of the community based support for breastfeeding, report lessons learned, and create success stories.
	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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Building Health Care Provider Capacity to Screen, Test, and Refer Disparate Populations with Prediabetes

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

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

CIO POC email address(es):*
gzt0@cdc.gov; jxm5@cdc.gov

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

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

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

6 Description of the Target Population:* 24/25 words maximum
The target population is health care providers and CDC-recognized type 2 diabetes prevention programs serving large numbers of disparate populations with prediabetes.

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 number 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**. 926/1,000 words maximum

Purpose:
According to the 2017 CDC National Diabetes Statistics Report, 84.1 million Americans have prediabetes, a condition that increases risk for type 2 diabetes, heart disease, and stroke. Research has shown that investing in type 2 diabetes prevention can prevent or delay onset of type 2 diabetes in adults with prediabetes. In response, CDC established the National Diabetes Prevention Program (National DPP), a partnership of public and private organizations working to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program (LCP). The National DPP LCP is founded on the science of the Diabetes Prevention Program research study, and several 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%. The CDC Diabetes Prevention Recognition Program (DPRP) is the quality assurance arm of the National DPP. Through the DPRP, CDC awards recognition to program delivery organizations able to meet national standards and achieve the outcomes proven to prevent or delay onset of type 2 diabetes.
Data shows that some populations have been under-enrolling relative to their type 2 diabetes risk. According to the National Health Interview Survey, non-Hispanic blacks and people of Hispanic origin had a higher age-adjusted incidence of diabetes compared to non-Hispanic whites. Data from the DPRP shows that non-Hispanic whites accounted for 59.3% of enrolled participants, while only 11.3% of participants were non-Hispanic blacks, and 8.9% were people of Hispanic origin. While CDC does not yet have DPRP data to analyze the impact of socioeconomic disparities on participant outcomes, there is some practice-based evidence indicating that participants with racial/ethnic and socioeconomic disparities require additional support to stay in the program long enough to meet the 5-7% weight loss goal. CDC seeks to explore whether innovative approaches to addressing social determinants of

	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:* 186/200 words maximum

Applicants should have:
• ready access to an existing network of physicians/health care professionals;
• capacity to reach, engage, and activate large numbers (>1,000) of physicians/health care professionals throughout the U.S. efficiently and effectively through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.);
• access to professionally trained staff/members with adequate skills and experience to understand and successfully carry out the work described in this funding opportunity;
• substantial authority or influence in the U.S. medical community;
• capacity to coordinate/collaborate with other physician/health care professional member organizations to expand the potential reach of this work;
• capacity to substantially increase the number of physicians/health care professionals screening, testing, and referring high risk patients with racial/ethnic and socioeconomic disparities to CDC-recognized LCPs;
• capacity to partner with one or more CDC-recognized LCPs serving high risk populations with racial/ethnic and socioeconomic disparities and actively exploring (or interested in exploring) approaches to address social determinants of health as a means to improve participant completion rates and weight loss outcomes; and
• capacity to synthesize, document, and share successful approaches, promising practices, and lessons learned through this work with a wide range of audiences (physicians/healthcare professionals, CDC-recognized LCPs, CDC awardees, etc.)

13 Applicant Program Experience:* 121/200 words maximum

Applicants should have prior experience and demonstrated success in:
• engaging and activating large numbers (>1,000) of physicians/health care professionals throughout the U.S. through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.);
• influencing change in physician behaviors/care practices;
• coordinating/collaborating with other physician/health care professional member organizations to advance mutual goals;
• producing effective, high quality, scientifically accurate educational tools/resources for use by physicians/health care professionals;
• planning, implementing, and evaluating the outcome of interventions or demonstration projects targeting specific health care issues/needs related to the National Diabetes Prevention Program and type 2 diabetes prevention;
• serving as a recognized leader for professional, multi-disciplinary education, collaboration, and communication in the areas of preventive medicine and public health; and,
• working to address health-related disparities and social determinants of health.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 74/200 words maximum

Applicants are encouraged to collaborate with other physician/health professional member organizations or other organizations with specialized expertise working with vulnerable populations and the social determinants of health. Applicants are expected to collaborate with one or more CDC-recognized organizations serving high risk populations with racial/ethnic and socioeconomic disparities and actively exploring (or interested in exploring) approaches to address social determinants of health as a means to improve participant completion rates and weight loss outcomes.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 77/200 words maximum

Applicants are required to subcontract with one or more CDC-recognized organizations serving high risk populations with racial/ethnic and socioeconomic disparities and actively exploring (or interested in exploring) approaches to address social determinants of health as a means to improve participant completion rates and weight loss outcomes. Applicants may also subcontract with an organization with specialized experience in designing projects to evaluate the impact of improvements in the social determinants of health on health-related behaviors and outcomes

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

Briefly describe how. : * 186/200 words maximum

Diabetes was the seventh leading cause of death in the U.S. in 2015. In addition, diabetes is a contributing factor to many other serious health conditions such as heart disease, stroke, nerve and kidney diseases, and vision loss. About 1.5 million people are diagnosed with diabetes each year, and the costs associated with diabetes are staggering. According to a 2018 ADA report, the total estimated cost of diagnosed diabetes in 2017 was $327 billion. Care for people with diagnosed diabetes accounts for 1 in 4 health care dollars in the U.S. Given that these statistics are even higher for vulnerable populations, it is imperative that CDC find ways to better reach these population sub-groups and to provide the necessary support to help them successfully reduce their risk for type 2 diabetes. Effective approaches and lessons learned will be shared with government agencies at the national, state, and local levels to improve their effectiveness in supporting physicians/health professionals in screening and testing for prediabetes and referring eligible participants to CDC-recognized LCPs; and in supporting CDC-recognized LCPs in enrolling and retaining populations with racial/ethnic and socioeconomic disparities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 55/100 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 collaborating organizations, subject matter experts, and subcontractor(s) will have in accomplishing the work. Funds may be used to address social determinants of health for participants in the demonstration 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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Building local capacity to enroll and retain participants in the National DPP

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Judith McDivitt; Amy Bell

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

CIO POC email address(es):*
zlf2@cdc.gov; ewk9@cdc.gov

CIO POC phone number(es):*
770-488-5555

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

6 Description of the Target Population:* 27/25 words maximum
Organizations with at least 80 community-based, local affiliates who have offered a CDC-recognized type 2 diabetes prevention lifestyle change program for at least two years each.

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 number 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: Approximately 84 million Americans have prediabetes, nearly 1 in 3 adults. Prediabetes is characterized by blood glucose levels that are higher than normal but not high enough to be diagnosed as type 2 diabetes. People with prediabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke.
The CDC-led National Diabetes Prevention Program (National DPP: http://www.cdc.gov/diabetes/prevention/index.html) is a public/private partnership working to establish, scale, and sustain an evidence-based lifestyle change program (LCP) for people with prediabetes to prevent or delay onset of type 2 diabetes. The LCP is founded on the Diabetes Prevention Program research study and subsequent translation studies which showed that making modest behavior changes helped participants lose 5% to 7% of their body weight and reduced the risk of developing type 2 diabetes by 58%. CDC-recognized LCPs consist of weekly, then monthly group sessions conducted over a year. A trained lifestyle coach facilitates the sessions to guide people in changing their lifestyle and losing weight.
Since the National DPP was launched in 2010, over 1,700 organizations have provided the lifestyle change program to people at high risk for type 2 diabetes. CDC has identified several challenges that can be addressed through capacity-building activities. The purpose of this project is to build local capacity to enroll more people in LCPs and retain people throughout the year-long program.

Proposed Activities: Activity 1 – Building Local Capacity to Engage Healthcare Providers (HCPs) in Referring Patients to LCPs.
HCP referral is important in enrollment of people in LCPs. However, many HCPs are not aware of prediabetes or the LCP and do not refer. LCPs have requested guidance in how to engage with HCPs regarding referral to their program. This project will involve developing and evaluating the effectiveness of resources and strategies (e.g., training, guides, handouts, technical assistance) to help LCP staff engage with HCPs (e.g., identify, approach, meet with, follow up) to motivate and support them to refer their patients.
Activity 2 – Increasing LCP Capacity to Recruit and Enroll Participants Though Program Champions.
Feedback from LCPs have identified recruitment and enrollment of participants as a major challenge. One solution DDT developed and piloted is the Program Champions Approach, which guides LCP staff in using LCP participants to help recruit people from their community. The Approach draws on behavioral research showing the positive impact of social networks and word of mouth endorsement. For this task, the applicant will implement the Approach in at least 8 delivery sites, make any necessary adjustments to the Approach to meet site needs, and evaluate its effectiveness in increasing enrollment.
Activity 3 – Increasing Referral Capacity through a Third Party Application.
The influx of electronic health records (EHR) has created opportunities and challenges for community-based LCP providers. EHRs can facilitate screening, testing, and identifying people at risk for type 2 diabetes and can make referral to LCPs easier. Interoperability issues, healthcare and LCP provider work flows, and user learning curves (including consumer learning) create challenges for developing EHR-based solutions. During the first 6 months, the applicant will explore options for developing a third party application to address at least the first four components of a full bi-directional referral solution – screening, testing, referring, and processing referrals and providing enrollment and/or progress feedback to the point of referral, and administrative services (e.g., billing and reporting). During the next 6 months the solution shall be developed. The final year shall include testing and evaluating the effectiveness of the solution.
Activity 4 – Building LCP Capacity to Retain Participants Through Implementing and Evaluating a Digital Retention Tool.
Research has shown that the more sessions of an LCP a person attends, the better the outcomes. National DPP LCPs have identified retaining people in their sessions, especially after the initial 16 weeks, as a challenge. Analysis of National DPP evaluation data has demonstrated significant dropout at different points of the program. To address this, CDC developed and tested interactive modules in a retention tool that coaches can send to their participants at different stages of the program to support them in continuing in the program. For this activity, the applicant will implement the retention tool in at least 8 LCPs for each cohort initiated in the first 18 months of the funding period, and evaluate how the tool was incorporated into the sessions and reactions of the coaches and participants.
Activity 5 (optional) – Building Retention Capacity through Incorporating a Tracking Device.
The LCP includes substantial diet and fitness tracking. Digital and app-based devices like Fitbit, Garmin, HealthWatch 360, SparkPeople, and MyFitnessPal may facilitate participant tracking, enhance retention, and provide additional motivational or community-affinity group benefits. Some companies offer guidance on using their app to people with prediabetes. During the first four months of this task, the applicant will conduct market research to select an application or digital tool to incorporate into their LCP. During the second four months, the applicant will user test potential applications/tools for their target populations. During the final 16 months, the applicant will implement and test the effectiveness of the tool on improving tracking and retention in at least 8 LCPs for each cohort initiated in the first 8 months.
Expected Outputs:
Activity 1: An easy-to-follow, tested guide for community-based LCP staff to use.
Activities 2 and 4: An evaluation report including results and lessons learned, feedback on tools, key principles critical for success, recommended revisions (for Activities 2 and 4), and recommendations for CDC and LCPs.
Activity 3: A third party application.
Activity 4: 3 meetings – at 6 months, 1 year, and 1.5 years to discuss progress and retention.
Activity 5: A white paper reporting results of each study stage and a webinar with recommendations for other LCPs.
Expected Outcomes:
The final impact measure will compare retention and behavioral outcomes of participants at the 8 implementation sites with 8 sites not implementing enrollment (Activities 1, 2 and 3) and retention (Activities 4 and 5) enhancements as measured by Diabetes Prevention Recognition Program data.

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

	Successful applicants should have: • Ready access to at least 80 community-based CDC-recognized diabetes prevention programs who have offered the program for at least 2 years; • Access to professionally-trained staff with adequate skills and experience to understand and successfully carry out the work described in this funding opportunity; and • Access to various technologies and technical experts with experience in building apps. • To ensure adequate evaluation of all activities, the applicant must show evidence that they can track information about the number of people touched by their program (those exposed to messages or interventions or those inquiring about an LCP, not just those actually enrolled).
13	Applicant Program Experience:* 46/200 words maximum Successful applicants should have prior experience and demonstrated success in: • Providing support to networks (or large numbers) of community-based CDC-recognized diabetes prevention programs; • Producing effective, high quality, scientifically accurate educational tools/resources; • Planning and implementing interventions or community-based projects; • Planning and conducting implementation, process, and impact evaluation; • Developing web-based apps.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 39/200 words maximum Applicants are encouraged to collaborate or subcontract with any organizations that can build on or enhance the tools and approaches that have been developed to date by CDC and to expand the potential reach of this work.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 14/200 words maximum Applicants are encouraged to consider subcontracting for activities requiring specialized subject matter expertise.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 67/200 words maximum DDT funds state and local governments to support community-based organizations offering the National DPP LCP. The challenges addressed through building local capacity to enroll and retain LCP participants cut across all organizations. This project provides and evaluates several strategies to increase enrollment and retention and will increase local capacity in these areas, allowing governmental public health agencies to focus on other, more individualized technical assistance needs
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 50/100 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 any subcontractors 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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Building on the U.S. Affiliated Pacific Islands (USAPI) Non-Communicable Disease Collaborative

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Satterfield, L. Dawn; Thompson-Reid, Patricia

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

CIO POC email address(es):*
dxs9@cdc.gov

CIO POC phone number(es):*
770-488-5285

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

6 Description of the Target Population:* 25/25 words maximum
Staff in healthcare organizations (Community Health Centers, clinics) that serve adults with diabetes in the USAPI, the U.S. Virgin Islands, and Puerto Rico.

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 number 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**. 938/1,000 words maximum

Purpose:
The U.S. Affiliated Pacific Islands (USAPI)—comprised of Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia—shoulder high rates of diabetes, from Guam (11.6%) to American Samoa (19.2%), compared to 9.3% on the U.S. mainland. In the Atlantic, Puerto Rico (PR) reported a diabetes prevalence of 14.7%, and the U.S. Virgin Islands (USVI) is comparable.

In 2008, the USAPI established the Pacific Chronic Disease Council (PCDC). In 2009, the PCDC recommended that CDC help re-establish the evidence-based Chronic Care Model (CCM) in the USAPI to improve health outcomes by transforming clinical practice and integrating diabetes self-management education and support (DSMES). In 2012, the PCDC established the Non-Communicable Disease (NCD) Collaborative and created their Pacific Care Model (PCM). The PCM includes realistic standards of care, data tracking, Plan-Do-Study-Act cycles, and regional learning sessions with shared storyboards, peer support, and training. USAPI NCD Collaborative healthcare teams with 3-5 members (e.g., physician, nurse, data manger, outreach worker, public health) reported mean upward shifts in preventive care practices (e.g., A1c, foot exams) in 2016 and 2017. In 2018, the PCDC engaged regional input to create their Navigating the Course (NTC) DSMES curriculum.

The purpose of this project is: 1) to expand the USAPI NCD Collaborative to more fully realize the benefit of improved preventive care practices in preventing diabetes complications (e.g., cardiovascular disease [CVD], end stage renal

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

151/200 words maximum

Applicant Organizational Capacity:*

The applicant should have the capacity to work with the PCDC, the 6 USAPI (10 settings), Puerto Rico and the USVI (4 settings), NCD Collaborative teams, partner organizations, DDT technical monitors, and others to clearly communicate, plan short-and long-term objectives, provide support in equitable and timely ways, evaluate the process and outcomes of each meeting to improve the flow and efficiency of future communications and meetings, and provide regular progress updates for Collaborative stakeholders and CDC to review and subsequently share at higher levels. The applicant should demonstrate capacity to implement a variety of evidence-based diabetes management strategies/interventions in collaboration with multiple partners at the territorial, local community, federal agency, and national partner levels. The applicant should be able to secure consultants with diverse subject matter expertise and communication skills to augment the technical assistance and training provided by the PCDC and CDC/DDT; consultants from the islands are key resources.

13 164/200 words maximum

Applicant Program Experience:*

• Direct experience working with DDT and the USAPI, Puerto Rico, and the USVI, using evidence-based approaches focusing on preventive care services strengthened by the CCM.
• Direct program experience with the PCDC, USAPI NCD Collaboratives, and Puerto Rico and USVI NCD programs is helpful, as work across time zones with many diverse partners and complex coordinating needs is challenging. Cultural sensitivity and respect, and understanding of local and regional etiquette are essential qualities for all personnel involved and procedures planned.
• Demonstrated ability to secure, support, and convene a diverse, representative group of subject matter experts with skills and experience needed to work at multiple levels of influence (e.g., clinical preventive care services, DSMES, community resources).
• Demonstrated skills and experience providing diabetes-related technical assistance, training, and leadership development activities for NCD Collaborative representatives from the islands.
• Demonstrated experience convening diverse groups of stakeholders and facilitating meetings with focused agendas for public health action on issues related to diabetes management and type 2 diabetes prevention in the islands.

COLLABORATIVE WORK

14 99/200 words maximum

Expectations for Collaboration, as applicable:

The encouraging outcomes of the USAPI NCD Collaborative since 2012 have revealed many opportunities to collaborate with partners that share common goals, including the World Health Organization's Pacific Special Priorities Group, the Health Resources and Services Administration (HRSA), HRSA's Hanson's Disease Center, HHS Region 9, and non-profit organizations serving the Pacific region. The CDC's National Center for Chronic Disease Prevention and Health Promotion Islands Team (e.g., Division for Heart Disease and Stroke Prevention; Office of Smoking and Health; DDT; Division of Nutrition, Physical Activity, and Obesity) and the CDC Division of TB Elimination are also critical partners.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 54/200 words maximum

Subcontracts may be awarded to non-profit organizations or subject matter experts as part of this funding opportunity to facilitate the accomplishment of key objectives. Appropriate procurement policies and practices should be followed in collaboration with CDC's Office of Grants Services and in consultation with the CDC Project Officer and DDT Technical Monitor.

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

109/200 words maximum

Briefly describe how. : *

The evidence-based CCM is exemplified by encouraging preventive practices and improving quality of care outcomes. Results have been published in numerous peer-reviewed journals since the CCM first came into use in the late 1990s. Successful Collaboratives have shown improved health outcomes and have strengthened the essential public health services of assessment, quality assurance, policy development, and evaluation. Collective impact—described as the commitment of a group of important actors from different sectors to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among participants—has been demonstrated by the USAPI NCD Collaborative, impacting preventive care practices that align with national objectives to prevent many costly, disabling complications.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 96/100 words maximum

	The budget narrative should sufficiently describe the alignment of proposed budgeted activities with the work plan, including detailed information about the roles of key organizations and/or subject matter experts. Support for the recipient's subject matter expertise, coordination, and consultation needs should be included. Funds should judiciously support travel for NCD Collaborative team members to fully participate in trainings, learning sessions, and strategic planning meetings hosted by the USAPI, Puerto Rico, USVI, or CDC. Sharing results is critical in collaborating with partners and stakeholders; funds should accommodate ongoing documentation including progress reports, press releases, photos with consent waivers, and 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.

Submission Date: 04/10/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Building the capacity of healthcare providers to provide preventive sexual health services for adolescents within scho...

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, S...

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Adolescent and School Health (DASH)

4 CIO Point of Contact (POC) name(s):*
Susan Hocevar Adkins; Sandra Leonard

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

CIO POC email address(es):*
lgc7@cdc.gov; kb7cdc.gov

CIO POC phone number(es):*
404-693-4343 ; 404-718-8258

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

6 Description of the Target Population:* 36/25 words maximum
The target population consists of healthcare providers (e.g., physicians, nurses, counselors) who work in school-based or school-linked settings, or providers who serve adolescents in community settings and are interested in developing

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 number 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**. 596/1,000 words maximum

Purpose:
To expand the capacity of healthcare providers to provide preventive sexual health services (SHS) for adolescents within schools. Sexual health services include: confidential risk screening, risk-reduction counseling, anticipatory guidance for HIV/STD and unplanned pregnancy prevention including delaying the onset of sexual activity; HIV testing, STD testing, STD treatment, pregnancy testing, provision of condoms and condom-compatible lubricants (e.g., water- or silicone-based), provision of contraceptives other than condoms; and human papillomavirus (HPV) vaccine administration. Because sexual risk taking is often correlated with other risk-taking behavior, appropriate clinical practices include screening for co-occurring risks (e.g., depression, substance use) at clinic visits; hence, work that includes risk screening for these behaviors would be appropriately included in this effort.
Proposed Activities:
1. SHS quality improvement initiative. Conduct quality improvement efforts using existing validated approaches for clinical practice improvement, aimed at school-based or linked providers to improve the provision and quality of SHS in accordance with best practice guidelines (Bright Futures, CDC recommendations). Examples of QI activities may include, but are not limited to;
- utilization of standardized documentation and risk assessment tools
- peer-to-peer and mentoring support
- strengthening partnerships with schools and parents

2. Provider outreach and capacity building. Provide professional development and technical assistance (in-person and/or virtual) directly to providers to increase knowledge and capacity of healthcare providers to provide SHS in schools. For example, highlighting the importance of:
a. Providing recommended adolescents preventive sexual health services.
b. Collaborating with schools to provide adolescent preventive health services.
c. Collaborating with healthcare providers who work in school-based or school-linked settings to identify successful models of provision of SHS in schools.
d. Providing confidential and one-on-one time with adolescents to discuss sensitive topics.
e. Maximizing reimbursement strategies.
f. Helping parents adopt effective communication strategies to connect with adolescents.
Expected Outputs:
We expect that outputs would include the following for each of the proposed activities:
SHS quality improvement initiative
1. Clinic and provider needs assessment:
a. Quality improvement and needs assessment tools healthcare providers can use to identify areas in need of improvement.
There may be clinics that are able to provide a wide array of services or have undertaken previous work in SHS as well as clinics that have had minimal experience in this area; hence, the clinic/provider needs assessment for areas needing improvement can vary and may include items such as increase in students accessing the clinic for any SHS, increases in referral / provision for LARC, increase in appropriate STD testing (chlamydia, gonorrhea, HIV), increase in confidential history taking to include sexual health history, depression screening, and substance use screening,
2. Provider outreach and capacity building:
a. Online education modules, infobriefs, fact sheets, webinars, or other materials that enhance clinical provider understanding of school based SHS.
b. Conference or workshop presentations to highlight successful programs and lessons learned.
c. Continuing education credits for health care providers (CME, CEU, etc.)
3. Success stories and lessons learned to share knowledge and implementation strategies for successful school-based or school-linked programs with key stakeholders
Expected Outcomes:
We anticipate that the outcome of this effort would be:
1. Increased range of school-based or school-linked sexual health services provided.
2. Increased number of adolescent patients who receive the recommended preventive sexual health services.
3. Improved quality of sexual health services provided.
4. Improved healthcare provider knowledge, comfort, and capacity to provide school-based or school-linked adolescent sexual health services.
5. Increase healthcare provider and parent engagement.
6. Increased school and healthcare provider collaboration and partnerships
7. Increase healthcare provider confidential time alone with adolescents during clinic visits.
8. Increase healthcare provider communication with parents regarding the need for confidentially during clinic visits.
Project Impact:
- decrease in risk taking behaviors
- increase in recognition of co-occurring risks (depression, substance use)
- increase in highly effective contraception use (including condoms)
- increase in STD testing and treatment among US adolescents

	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

The applicant has demonstrated their ability to impact adolescent health through a national set of constituents, members, or by other means; demonstrated the presence of representative constituencies (members, networks, affiliates, chapters) in at least twenty-five states; and demonstrated a minimum of three years' expertise, experience, and documented success in addressing school based health services and sexual health services. Has existing dissemination mechanisms that have the ability to access adolescent healthcare providers with messages related to sexual health services. Experience adapting educational materials for stakeholders and constituents. Has an existing fiscal management system that will ensure funds are appropriately used.

13 Applicant Program Experience:* 51/200 words maximum

	The applicant has demonstrated expertise in conducting quality improvement processes, demonstrated familiarity with adolescent preventive healthcare guidelines, demonstrated ability to deliver trainings and other learning opportunities, has experience bringing together a variety of clinical providers who serve youth in and out of school, and has experience in educating its membership/chapters/affiliates.
	COLLABORATIVE WORK
14	73/200 words Expectations for Collaboration, as applicable: maximum Recipients are expected to coordinate or collaborate with other CDC/DASH awardees when disseminating products, tools, or resources to avoid duplication and achieve synergy. Additional strategic partnerships and collaborations could include organizations that focus on different types of healthcare providers (e.g., physicians, nurses, counselors, social workers) with roles to play in schools and those that support a focus on prevention or identification of related risks (e.g., substance use, mental illness) among teens.
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 Lessons learned from quality improvement efforts will be applicable to state and local health departments as well as school-based programs. Quality improvement tools can also be used by health departments. Online and print materials developed through this effort can be used by health departments with their constituents.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 31/100 words maximum • The applicant should allocate funds to support project evaluation • The applicant should allocate funds for travel to attend at least one in person meeting at the CDC main campus in Atlanta.
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Building the Delivery Infrastructure for the National Diabetes Prevention Program through Strategic Partner Convenin...

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

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

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

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

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

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

6 Description of the Target Population:* 24/25 words maximum
Community Based Organizations (CBOs) implementing the Medicare Diabetes Prevention Program (MDPP) Expanded Model and other partners of the National DPP lifestyle change program

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 number 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**. 999/1,000 words maximum

Purpose:
According to the 2017 CDC National Diabetes Statistics Report, 84.1 million Americans have prediabetes, a condition that increases risk for type 2 diabetes, heart disease, and stroke. Research has shown that investing in type 2 diabetes prevention can prevent or delay onset of type 2 diabetes in adults with prediabetes—resulting in reduced costs and healthier populations. In response, CDC established the National Diabetes Prevention Program (National DPP), a partnership of public and private organizations working 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 Diabetes Prevention Program research study, and several 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%. The CDC Diabetes Prevention Recognition Program (DPRP) is the quality assurance arm of the National DPP. Through the DPRP, CDC awards recognition to program delivery organizations able to meet national standards (http://www.cdc.gov/diabetes/prevention/recognition/about.htm) and achieve the outcomes proven to prevent or delay onset of type 2 diabetes.

Through the National DPP, CDC's Division of Diabetes Translation (DDT) has also 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. On November 2, 2017, CMS issued a rule that finalized policies to implement the Medicare Diabetes Prevention Program (MDPP) Expanded Model. MDPP services became available to eligible beneficiaries nationwide beginning April 1, 2018. Over 100 private insurers/employers currently cover the lifestyle change program in various markets. DDT has also been working with State Medicaid Programs to

	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

• Demonstrated experience in convening diverse groups of stakeholders/thought leaders and facilitating meetings designed to develop focused solutions for public health action
• Demonstrated ability to identify and convene a diverse group of subject matter experts with skills and experience working on scaling the delivery of chronic disease preventive services at the national, state, and local levels

13 Applicant Program Experience:* 120/200 words maximum

	The successful applicant will have the following experience and expertise. • Knowledge of/experience with the National DPP • Understanding of the National DPP "landscape" and the role of various sectors (health care, public and private payers, CBOs, others) in supporting and scaling the program. Awareness of key players, thought leaders, influencers, and SMEs working in this space • Demonstrated ability to work with National DPP partners and SMEs in a variety of operational areas designed to scale the program (e.g., increasing the number of quality programs, building a trained program delivery workforce, increasing coverage, and increasing the number of enrolled participants achieving attendance and weight loss outcomes) • Understanding of the healthcare payment system and the organizational infrastructure needed to successfully bill public and private payers
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 33/200 words maximum The applicant is expected to collaborate with a wide range of National DPP partners and SMEs. Specific partners and SMEs will vary based on the issue or operational challenge being addressed.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 17/200 words maximum Subcontracting is not required, but may be considered if necessary to obtain specific technical expertise.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 143/200 words maximum Congress authorized CDC to establish and lead the National DPP to help stem the devastating complications and staggering health care cost of type 2 diabetes. Through the National DPP, CDC has the opportunity to work with public and private partners to demonstrate that a low-cost, evidence-based lifestyle change intervention can be administered through CBOs to prevent or delay type 2 diabetes. Because this is the first time CBOs will have the opportunity to submit claims to public and private payers for reimbursement for these services, operational challenges are to be expected. Since this effort must succeed, along with others that will follow, it is of significant benefit to the government to secure timely input and recommendations from critical partners, stakeholders, and SMEs to address these challenges. Solutions can then be documented and shared with others to help further scale this effort.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 44/100 words maximum
	The budget narrative should sufficiently describe how proposed budgeted activities align with the work plan. The annual budget should contain travel funds and honorariums as appropriate to support the attendance of up to 10 key partners and/or SMEs to attend each convening.
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Clinical Decision Support for Contraception Practice Guidelines

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Pam Pagano; Kate Curtis; Maura Whiteman

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

CIO POC email address(es):*
fzu7@cdc.gov; kmc6@cdc.gov; acq5@cdc.gov

CIO POC phone number(es):*
770-488-0933; 770-499-6397; 770-488-6293

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

6 Description of the Target Population:* 20/25 words maximum
Health clinics, centers, and systems that provide family planning services, including dedicated reproductive health sites and primary care sites.

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 number 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**. 921/1,000 words maximum

Purpose: Almost half of U.S. pregnancies are unintended. Unintended pregnancy is associated with greater risk of adverse outcomes for mothers and infants as well as increased healthcare costs. Strategies to reduce unintended pregnancy and related adverse health outcomes include improving access to and use of effective contraceptive methods. Primary healthcare providers play a key role in assisting patients to choose and use contraception successfully. Evidence-based guidelines on contraception (such as CDC's US Medical Eligibility Criteria for Contraceptive Use and US Selected Practice Recommendations for Contraceptive Use) are available to assist providers when they counsel patients about contraceptive method choice and related family planning services. Guidelines can also facilitate voluntary quality improvement activities in healthcare systems that provide services to women of reproductive age. However, implementation of these guidelines can be challenging for busy providers and health systems, resulting in missed opportunities to address patients' family planning needs.

Clinical decision support (CDS) tools, which leverage electronic health record (EHR) data, allow for intelligent processing of patient data in tandem with clinical guidelines to provide computed information at the point-of-care for clinical decision making. These technological advancements can improve quality of care, health outcomes, efficiency, and provider and patient satisfaction. CDS tools for contraception provision have the ability to integrate clinical recommendations into the primary care provider workflow, which will support providers in facilitating patient-centered care and making evidence-based decisions, leading to improved access to and use of contraception and lower rates of unintended pregnancy.

		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:* 63/200 words maximum

The recipient organization should have the capacity to: 1) develop/adopt an agnostic CDS framework that is compatible with EHR systems; 2) partner effectively with multiple stakeholders, including family planning and primary care clinicians, health systems, and EHR vendors to assess needs and preferences for this CDS tool and pilot the prototype; 3) complete the expected outcomes listed above.

13 Applicant Program Experience:* 57/200 words maximum

The recipient organization should have experience with developing CDS tools, implementing CDS tools in an EHR system, and evaluating use of the tool. The recipient organization should also have experience working with and have existing partnerships with multiple stakeholders, including family planning and primary care clinicians, health systems, and EHR vendors.

COLLABORATIVE WORK

14

	42/200 words Expectations for Collaboration, as applicable: maximum The recipient organization will be expected to collaborate with CDC's Division of Reproductive Health as the Technical Monitor for this project, and with family planning and primary health care providers and health systems in the development and testing of the tool.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 29/200 words maximum If a subcontractor is used, we recommend that a subcontractor with strong experience in developing CDS tools for use with primary care providers and health systems is selected.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 82/200 words maximum The development of a CDS tool for contraception clinical practice guidelines will benefit governmental public health agencies by providing a tool that these agencies can use in their family planning and primary care service sites to improve quality of family planning care and improve access to contraception, thereby reducing risk for unintended pregnancy. These sites could included state and local family planning and maternal/child health clinics, federally-qualified health centers, and other primary care sites where family planning services are provided.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 18/100 words maximum
	The funding restrictions and guidance provided in the NOFO, section #17, page 37 apply to this request.
	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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/15 words maximum
Community Hypertension Models Project

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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; Kaha Ahmed

CIO POC email address(es):*
lrp0@cdc.gov; eut9@cdc.gov; wnq9@cdc.gov

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

CIO POC phone number(es):*
770-488-5177; 770-488-6215; 770-488-7474

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

6 Description of the Target Population:* 16/25 words maximum
Community-based organizations that serve high-burden rural and urban communities; clinical providers focused on hypertension 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)
$2,500,000 (Whole number 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**. 262/1,000 words maximum

Purpose: To spread and scale the blood pressure self-monitoring (BPSM) program across the nation by building upon past project efforts in hypertension control. To increase the clinic to community linkages for the BPSM program and to help identify and scale the best practices to all program providers.

Proposed Activities:
- Support and monitor program implementation.
- Increase the number of referrals to community-based organizations delivering the BPSM program in partnership with heart disease and stroke prevention funded clinics.
- Develop and document best practices to facilitate success use of bi-directional eReferral models to bridge the clinic to community gap.
- Deliver program performance summit to continuously improve the delivery of the BPSM program.
- Conduct program monitoring and evaluation projects to continuously improve the delivery of the BPSM program.
- Work with national partners to align efforts to advance blood pressure self-monitoring.

Expected Outputs:
- Workplans to accomplish assigned activities
- Mass communications via webinars, conference calls, newsletter, website, online educational library, social media content
- Training modules for clinics providers and community staff
- Infographics, clinic flow diagrams, practice tool resources, etc.
- Final report – highlighting successful approaches and key evaluation findings
- Key lessons learned and best practices/strategies for clinic and community staff
- Sustainability plan

Expected Outcomes:
- Increase the number of community-based organizations delivering the BPSM program.
- Increased availability, quality, and sustainability of evidence-based programs offered in partnership with heart disease and stroke prevention funded clinics.
- Increased adoption or implementation of evidence-based public health programs, policies, and services.
- Increased number of technical assistance resources by developing and document best practices to successfully implement or facilitate bi-directionality.
- Increased number of providers with systems in place to enhance the bi-directional referral process.

	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:* 93/200 words maximum

Highly trained staff with the experience and skills to achieve project milestones. The staff bring a diverse set of backgrounds and experience developing, implementing, and evaluating high-quality chronic disease prevention programs.

Staff/Technical Advisors (TA) who provide technical assistance delivering and implementing chronic disease prevention programs in their communities. Participate in regular technical assistance phone calls and webinars with TA and representatives from other organizations to share information, discuss challenges, answer questions, complete trainings, and disseminate information. Experience with large community-based training systems to deliver web-based and in-person trainings to community organizations.

13 Applicant Program Experience:* 105/200 words maximum

The applicant should have experience in delivering evidence-based chronic disease prevention programs in a community-based settings. This experience includes working with CDC to ensure program fidelity, evaluating the effectiveness of interventions, and replication and scaling of proven program components.

Recipient has experience in the development and design of self-monitoring blood pressure programs that are at least 4 months in duration. Developed training programs that utilize community health workers with emphasis on hypertension control. Has experience in bi-directional referral and working with electronic medical record (EMR) system and continues to enhance clinical integration and facilitate better connections and data sharing with health care providers.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 54/200 words maximum

Recipient is expected to have partnerships with national medical societies to align both organizations efforts to advance blood pressure self-monitoring. Also work with a national non-profit to support blood pressure control, such as the American Heart Association (AHA), to advance work in this area and help provide systems, clinical, and strategic direction.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 58/200 words maximum

Recipient will work with consultants including but not limited to a national medical society, a national non-profit focused on blood pressure control, a health network, and state or local organizations to develop and assess bi-directionality to educate and reach potential health care systems and physicians for the purpose of referral through the electronic medical record (EMR) platform.

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

	Briefly describe how. : * 0/200 words maximum
	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.

Submission Date: 04/12/2018

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

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
Community of Practice: Community-Based Prevention Services for People Who Inject Drugs

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Melanie Ross; Amanda McWhorter

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

CIO POC email address(es):*
mross@cdc.gov; frh6@cdc.gov

CIO POC phone number(es):*
404-639-8840; 404-639-2225

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

6 Description of the Target Population:* 20/25 words maximum
Non-governmental associations or organizations who can convene multidisciplinary groups including CBOs, health entities, law enforcement, and other public health 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)
$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**.
367/1,000 words maximum

Purpose:
This project aims to develop a harm reduction Community of Practice around community-based prevention services for people who inject drugs that will provide technical assistance with the goals of sharing promising, innovative practices to prevent and treat infectious disease, prevent overdoses, and treat substance use disorder including through syringe services programs. The Community of Practice will also build collaborations that advance local, regional, and national efforts to halt the spread of infectious diseases from the opioid crisis.

NCHHSTP prioritizes cost-effective, scalable programs, policies, and research to achieve the greatest impact on reducing the incidence of HIV, viral hepatitis, STDs, and tuberculosis and preventing related illness and death. These infections result in high personal, societal, and economic costs. Individuals working in public health, law enforcement, and community-based organizations are well-positioned to identify and implement opportunities for advancing infectious disease prevention and treatment strategies and can benefit from learning how experts and peers have successfully prevented and/or treated these infectious diseases, as well as co-morbidities like opioid addiction.

Proposed Activities:
• Design and establish a group of committed and knowledgeable participants from community-based organizations, health departments, law enforcement, and CDC subject matter experts to share best practices and lessons learned, and offer hands-on technical assistance and consultation.
• Convene one in-person meeting, and coordinate monthly virtual engagements of the group. Capture key learning and insights from meetings.
• Institute communication channels and processes that facilitate ongoing interaction among the group to encourage sustainability of the Community.

Expected Outputs:
• Provide technical assistance through the development of a repository and dissemination of tools and resources.
• Deliver resources including but not limited to communication and education materials, list of law enforcement champions, and outreach and engagement training, and best practices of established community-based prevention programs to facilitate effective communication and collaboration within communities.
• Capture and share key learning, insights, and collaborations shared via the Community of Practice.

Expected Outcomes:
• Increased collaborations that advance local, regional, and national efforts to halt the spread of infectious diseases from the opioid crisis.
• Increased awareness among non-public health partners on the infectious disease impact of the opioid epidemic
• Community of Practice participants integrate effective and promising practices that address the infectious disease impact on opioid epidemic within their respective 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
- ☑ 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
- [ ] 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

An effective applicant will have skills in partnership-building, administration of budgets, project management, as well as the ability to identify, engage, and convene public health and relevant community partners involved in responding to the opioid crisis.

13 Applicant Program Experience:* 40/200 words maximum

An effective applicant will have knowledge of the epidemiology and social determinants of the opioid epidemic, experience working with syringe services programs, expertise in partnering with local health departments and relevant community partners, and experience administering CDC funding.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 19/200 words maximum

It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas.

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

Community of Practice participants will likely include representatives from public health agencies, who will benefit from shared knowledge as well as technical assistance and collaboration opportunities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 12/100 words maximum

Funds may not be spent on medical equipment or medical tests.

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

Save and Close | Submit | Submit without sending an email

Submission Date: 04/12/2018

You will be directed to a confirmation screen upon successful save or submission.

NCHHSTP/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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Convening of National Organizations Focused on School Health Services

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Leah Johnson; Trevor Newby

CIO POC email address(es):*
lhl0@cdc.gov; xwp8@cdc.gov

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

CIO POC phone number(es):*
770-712-6484

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

6 Description of the Target Population:* 4/25 words maximum
School health services

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 number 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**. 163/1,000 words maximum

Purpose:
The purpose of this project is to improve the health of school-aged youth 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 strengthen school health services including the management of chronic conditions. This effort will identify policy, programmatic and research gaps in school health services and recommend strategies to address.

Proposed Activities:
(1) Hold 1-2 meetings of key stakeholders to address the following: identify policy, programmatic and research gaps in school health services, including chronic conditions and develop recommendations to address.
(2) Conduct follow-up activities as needed;
(3) Create summary document describing gaps and recommendations.

Expected Outputs: (1) Summary of gaps in school health services and recommendations to address gaps.

Expected Outcomes:
(1) A "charge to action" that will identify actions that can be taken by various stakeholders to improve the capacity of schools to support comprehensive school health services that support the management of chronic conditions.
(2) Increased opportunities for collaboration 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:* 32/200 words maximum The applicant should have a expertise in school health services and a history of working with state health and education agencies and other national organizations focused on school health initiatives.
13	Applicant Program Experience:* 42/200 words maximum The recipient should have experience working with state education and health agencies to improve the provision of school health services. Recipient should have existing relationships with other education and 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: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 28/200 words maximum State and local public health agencies will have a greater understanding and guidance on how they can provide better support to state and local education agencies.
	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.

Submission Date: 06/18/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Dissemination of the Cancer Screening Transformation Project

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Djenaba A. Joseph; Valerie Richmond-Reese

CIO POC email address(es):*
dajoseph@cdc.gov; var1@cdc.gov

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

CIO POC phone number(es):*
770-488-3157; 770-488-3694

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

6 Description of the Target Population:* 11/25 words maximum
Nongovernmental – community health centers including federally qualified health centers

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 number 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**. 525/1,000 words maximum

CDC's Division of Cancer Prevention and Control worked with a CDC funded partner to develop and implement the Cancer Screening Transformation Project to increase colorectal and cervical cancer screening in selected community health centers. The project utilized a Transformation Framework which included three key activity areas (people, care delivery, and infrastructure) and five areas of intervention focus (leadership, population health management, care management, care teams, and evidence-based care). This project was part of a larger project in which the Transformation Framework was applied to other preventive health and chronic disease conditions (hypertension, diabetes, obesity screening, and depression screening/management). Clinics participating in this project saw an average increase of 6.4% in cervical cancer screening, 14% increase in colorectal cancer screening, and increases in the proportion of patients with controlled hypertension, recorded body mass index, depression screening, and decreased proportion of patients with uncontrolled diabetes.
Purpose: A: To develop and disseminate a technical package for community health centers or other primary care facilities that 1) describes and provides the rationale for the transformation framework, 2) describes necessary components to prepare for and to implement the framework, 3) provides strategies and tools to successfully increase cancer screening rates in primary care clinics, 4) describes appropriate evaluation and quality improvement activities and strategies, and 5) provides case studies and/or examples of successful implementation of the transformation framework. B: Implement the technical package in selected community health centers to assess usability of the technical package.

Proposed Activities:
1. Develop a technical package to allow community health centers and other interested primary care facilities to implement the Cancer Screening Transformation Project utilizing the Transformation Framework;
2. Disseminate the technical package via website, print, webinar, or any other mechanisms as deemed suitable;
3. Review and summarize existing toolkits, guidelines, and best practices to increase breast, cervical, and colorectal cancer screening for inclusion in the technical package;
4. Conduct case studies of Cancer Screening Transformation Project participating clinics including, but not limited to, a description of pre-implementation activities, implementation activities, evaluation and quality improvement activities, staff experience and satisfaction, and patient experience and satisfaction;
5. Explore the feasibility of including steps to perform cost-effectiveness and/or return on investment analyses in the technical package.
6. Plan to identify and implement the technical package as developed in up to 8 community health centers and evaluate the replication including assessing ease of use, facilitators, and barriers to use of the technical package.

Expected Outputs:
1. A technical package that describes and provides guidance on the implementation of the Transformation Framework to increase cancer screening in primary care settings;
2. Dissemination of the technical package via website, print, webinar, or other mechanisms to community health centers and other primary care facilities;
3. Two or three case studies for inclusion in the technical package;
4. One-pagers, slide-sets, fact sheets or other short documents that summarize existing toolkits, guidelines, and best practices to increase cancer screening for inclusion in the technical package;
5. Implementation of the developed technical package in up to 8 community health centers

Expected Outcomes:
1. Increased knowledge about and use of evidence-based interventions that increase cancer screening in primary care settings
2. Increased knowledge and use of the Transformation Framework that can be used to address other preventive health and chronic disease conditions
3. Increased colorectal, breast and cervical cancer screening rates in selected implementation 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:* 114/200 words maximum

The applicant organization should have a strong, established relationship with community health centers, including federally qualified health centers, health center controlled networks, and state primary care associations, and be familiar with the Cancer Screening Transformation Project and the Transformation Framework. In addition, the applicant organization should have expertise in strategic planning and provision of technical assistance/training. The applicant organization should have an established, competent infrastructure to support efficiency in carrying out this project. Furthermore, the applicant should have existing national meetings of community health centers, health center controlled networks, primary care associations, and others which will provide opportunity to disseminate information and conduct training on cancer screening for this target audience, if appropriate.

13 Applicant Program Experience:* 82/200 words maximum

The applicant organization should have a comprehensive understanding, extensive experience, and existing strong communications with the target audience of community health centers, health control controlled network, and state primary care associations across the United States. The applicant organization should have experience at the national level in addressing disparities in cancer screening and have experience in conducting strategic planning and providing training/technical assistance. 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: 28/200 words maximum

The applicant may collaborate with CDC Colorectal Cancer Control Program, National Breast and Cervical Cancer Early Detection Program, and National Comprehensive Cancer Control Program awardees as appropriate.

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. : * 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 31/100 words maximum
	Funds should support overall management of the project, staff time to support planning and delivery of training/technical assistance, and travel for meetings in Atlanta (estimate 3-4 trips for 3 staff).
	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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Educating Physicians on the Benefits of Blood Pressure Management to Reduce Risk of Impaired Brain Health

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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; Kaha Ahmed

CIO POC email address(es):*
lrp0@cdc.gov; eut9@cdc.gov; wnq9@cdc.gov

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

CIO POC phone number(es):*
770-488-5177; 770-488-6215; 770-488-7474

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

6 Description of the Target Population:* 14/25 words maximum
Medical providers/physicians who focus on cardiovascular disease, particularly hypertension prevention, detection, 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 number 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**. 318/1,000 words maximum

Purpose: The Centers for Disease Control and Prevention's (CDC) Division for Heart Disease and Stroke Prevention (DHDSP) will work collaboratively with the Alzheimer's Disease and Healthy Aging Program (AD + HAP) to increase physician's/health care professionals' awareness of brain health as a serious health condition focusing on the potential of blood pressure control to reduce the risk of future cognitive decline and dementia. Additionally, this project will increase the number of physicians/health care professionals who take action to assess, diagnose and refer patients with brain health issues (regardless of etiology) to care and community support programs focused on blood pressure control and management.

Proposed Activities:

- Development of communication and educational activities (webinar series) and products (i.e., issue briefs, factsheets, infographics, physician practice work flow diagrams, etc.)
- Enhance physician's/health care professionals leadership capacity to implement systems change initiative through a prevention-focused leadership institute.
- Conduct virtual learning sessions and in-person meetings.
- Utilize existing tools and resources from DHDSP.
- Plan and participate in epidemiology and surveillance calls in support of relevant DHDSP NOFOs.
- Organize and disseminate technical assistance materials, responses related to epidemiology and surveillance queries and compile and maintain a comprehensive list of invitees to the calls proposed above.

Expected Outputs:

- Mass communications - webinars, press releases, conference calls, newsletter, website, online educational library, social media content
- Infographics, work flow diagrams, practice tool resources, etc.
- Final report – highlighting successful approaches and key evaluation findings
- Key lessons learned and best practices/strategies for physician's/health care professionals
- Sustainability plan
- Recordings of all trainings/webinars

Expected Outcomes:

- Increase physician's/health care professionals' awareness of hypertension management in relation to brain health as a chronic health condition.
- Describe the potential benefit of blood pressure control in mid-life to reduce the risk of future cognitive decline and dementia.
- Identify key strategies and resources to identify, assess, and refer patients with hypertension and Alzheimer's or other dementias to care and community support programs.
- Increased referrals to evidence-based hypertension programs.
- Increased implementation of evidence-based public health programs, policies, and services.

	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:* 178/200 words maximum

The recipient should have expertise in cardiovascular health and brain health, provider engagement, changing provider behavior, team-based care, cross-sector collaboration, incorporating measures in EHR, and patient engagement and shared decision making. The recipient should have experience in referring to community services. The recipient should also be trained in clinical medicine and population health.

In addition, successful applicants should have:

- substantial authority or influence in the U.S. medical community;
- capacity to coordinate/collaborate with other physician and health care professional member organizations to expand the potential reach of this work;
- capacity to substantially increase the number of physicians and health care professionals providing assessment, diagnosis and referral to patients with suspected cognitive decline to appropriate care and community support programs;
- ready access to an existing network of physicians and health care professionals;
- capacity to reach, engage, and activate large numbers (>1,000) of physicians and health care professionals throughout the U.S. efficiently and effectively through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.); and
- access to professionally trained staff and members with adequate skills and experience to understand and successfully carry out the work described.

13 Applicant Program Experience:* 100/200 words maximum

Successful applicants should have prior experience and demonstrated success in:

- engaging and activating large numbers (>1,000) of physicians/health care professionals throughout the U.S. through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.);
- influencing change in physician behaviors/care practices;
- coordinating/collaborating with other physician/health care professional member organizations to advance mutual goals;
- producing effective, high quality, scientifically accurate educational tools/resources for use by physicians/health care professionals;
- planning, implementing, and evaluating the outcome of interventions or demonstration projects targeting specific health care issues/needs; and
- serving as a recognized leader for professional, multi-disciplinary education, collaboration, and communication in the areas of preventive medicine and public health.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 61/200 words maximum

The project will require collaboration with experts in control of hypertension, brain health, health systems transformation, and population health improvement. This collaboration should focus on enhancing partnerships between clinical, public health, and community partners to create systems of care spanning clinical, community, and public health settings that identify individuals with hypertension and support them in achieving blood pressure control.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 34/200 words maximum

Applicants are encouraged to collaborate or subcontract with other physician/health care professional member organizations to build on or enhance the tools and approaches that have been developed to-date by CDC and partner organizations.

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

Briefly describe how. : * 0/200 words maximum

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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Enhancing Healthcare Provider Capacity to Effectively Counsel and Refer Patients to Arthritis-Appropriate Evidence-B...

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

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

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

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

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

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

6 Description of the Target Population:* 25/25 words maximum
Healthcare providers including physicians, nurses, physical therapists, community health workers and other health practitioners who are able to recommend physical activity to patients.

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 number 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**. 751/1,000 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. Evidence suggests adults are more likely to attend an education program and engage in physical activity when recommended by a healthcare provider. Because physicians' advice is respected and physician-patient encounters can be frequent among adults diagnosed with arthritis, these encounters can be used to counsel about physical activity and refer adults with arthritis to arthritis-appropriate evidence-based interventions (AAEBIs) for physical activity and self-management education. The purpose of this project is to implement strategies that improve the health, wellness and quality of life for people with arthritis by enhancing the capacity of healthcare providers (HCP) to counsel people with arthritis about physical activity for arthritis management, including walking, and referring adults with arthritis to AAEBIs for physical activity. A list of interventions that meet the CDC Arthritis Program's criteria for evidence-based interventions is available at: https://www.cdc.gov/arthritis/interventions/index.htm.
It is anticipated that up to $150k will be available to support the development and promotion of HCP awareness resources and tools to support patient counseling about physical activity, recommendations to walk for exercise, and referral processes to AAEBIS. These activities are intended to facilitate HCP awareness and action and to build HCP capacity to counsel patients with arthritis about being physically active as a way to manage arthritis. The activities associated with this project are intended to complement Strategy 2 in Notice of Funding Opportunity CDC-RFA-DP18-1803 (https://www.cdc.gov/arthritis/about/nofo/2018/index.htm).
Examples of acceptable types of activities in order of priority, include:
1. Develop and implement a communication plan or strategy, and related communication messaging and tools, to promote HCP counseling and referral of patients to increase physical activity, including participation in arthritis-appropriate interventions and walking. The plan should focus on increasing HCP awareness about the importance of recommending physical activity, including walking and arthritis-appropriate interventions for arthritis management;
a. Develop and use new, or, enhance and use existing HCP and patient materials (See strategy 2) as needed, to promote physical activity to patients for arthritis management.
b. Package key public health messages regarding physician counseling and referral activities into topic-specific information and tools for HCPs and for organizations reaching HCPs about the importance and benefits of physical activity for managing arthritis.
c. Implement communication strategies to promote awareness among HCPs and increase physical activity counseling.
2. Conduct audience/market research to identify low or no-cost incentives for HCPs to recommend physical activity to adults with arthritis (i.e. – credentialing, CEUs, professional recognition, etc.).
a. Develop recommendations based on the audience/market research.
b. Disseminate findings and recommendations to CDC Arthritis Program funded partners.
c. Develop and implement a plan for employing incentives to increase HCP physical activity counseling for arthritis management.
3. Execute a proactive and reactive communication campaign or media strategy targeted at increasing HCP provider capacity to support physical activity counseling to manage arthritis. Recommendations about counseling techniques and strategies should be based on best practices for counseling.
a. Pilot campaign messages and materials for reach, uptake and impact.
b. Review campaign materials and complete revisions or updating as needed.
4. Provide technical assistance and support to CDC Arthritis Program funded partners in achieving progress towards the cooperative agreement goals associated with CDC-RFA-DP18-1803.
5. Leverage and/or engage appropriate collaborators or partners, if/as needed, to support healthcare provider counseling practices and referrals to AAEBIs.

Applicants are not required to respond to or propose work related to each activity type. Funding is based upon availability each year.

Outputs that are expected include the development and maintenance of health communication tools, implementation of a marketing strategy, technical assistance opportunities, and/or generation of reports and products that help expand and improve the AAEBI referrals. Examples of acceptable types of outputs include:
1. Written plans which highlight a health communication strategy with healthcare providers to increase physical activity counseling and arthritis intervention referrals;
2. Technical assistance materials and resources for the target audience segment(s) and CDC Arthritis Program funded partners; and
3. Written reports detailing the outcomes, successes, and lessons learned from implementing the HCP-focused health communication campaign.
Outcomes expected by the end of the project period include:
1. Increased health care provider organizations' capacity to support physical activity counseling to manage arthritis;
2. Increased HCP physical activity counseling for arthritis management;
3. Increased referrals to arthritis-appropriate evidence-based interventions and walking;
4. Increased awareness and knowledge about arthritis-appropriate evidence-based interventions and their benefits for arthritis management;
5. Increased tools, resources and lessons that may help advance the work of CDC Arthritis Program funded grantees; and
6. Improved quality, availability and accessibility of public health education materials 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:* 44/200 words maximum

The organization must demonstrate previous experience and success in health marketing to health care providers or influencing the behaviors and practices of health care providers and must demonstrate their current organizational capacity to carry out the strategies and activities associated with this project.

13 Applicant Program Experience:* 146/200 words maximum

Applicants must describe sufficient capacity to reach healthcare providers who work with people affected by arthritis and possess an organizational structure that indicates national presence or capacity to implement strategies through a nationwide network. Preference may be given to organizations with the capacity to reach a broad range of, or multiple different, health care provider types. Examples of desirable program experience include:

1. Successful history of developing and carrying out national health education campaigns targeting HCPs;
2. Experience in working with and identifying the needs of healthcare or HCP organizations in order to develop messages that resonate with the target audience and motivate action.
3. Capacity and proven prior success in engaging various types of audience-appropriate media across the country to publish or execute campaign and/or health communication messages or materials.
4. Proven prior success promoting awareness and/or implementing health communication campaigns to reach target audiences.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 45/200 words maximum

The awardee is expected to partner, as appropriate, with academic, community and clinical healthcare professionals and with healthcare provider organizations with national or regional influence. 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: 88/200 words maximum

The organization may subcontract with agencies or organizations whose employees, populations, members or constituencies include HCPs serving adults (particularly those aged 40 and older) and organizations providing clinical services to a significant proportion of adults with arthritis (i.e. – 25% or more patient population). 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. : * 52/200 words maximum

Activities supported by this funding mechanism will supplement activities conducted by other funded state and national grantees. This project will also help increase: 1) HCP capacity to support physical activity counseling to manage arthritis; 2) Awareness of AAEBIs and their benefits for arthritis management; and 3) Referrals to AAEBIs and walking.

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.
- Recipients 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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Expanding Tobacco Cessation and Smoke-free Environments in Behavioral Health Settings

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Chanel Recasner, Renee Wright, Pam Cox

CIO POC email address(es):*
fuh0@cdc.gov; rid2@cdc.gov; pkc2@cdc.gov

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

CIO POC phone number(es):*
770-488-8119; 770-488-1146; 770-488-7885

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

6 Description of the Target Population:* 5/25 words maximum
Community behavioral health 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)
$175,000 (Whole number 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**. 339/1,000 words maximum

Purpose:
The purpose of this project is to expand the knowledge of tobacco control within behavioral health settings. We hope to (1) Facilitate knowledge-sharing between states that have made progress to address disparities in tobacco use among behavioral health populations. Several states, including Oklahoma, New York, North Carolina, and Texas, have made significant strides in this area, but progress across states is uneven and (2) Develop and/or promote education materials for behavioral health providers about the importance of and best practices for increasing tobacco cessation among patients with mental or substance use disorders, including an emphasis on populations who misuse opioids.

Proposed Activities:
- Convening and facilitating an intensive workshop for a handful of states focused on specific behavioral health and tobacco control topics
- Development of a toolkit for state practitioners
- Development of educational resources for behavioral health providers
- Knowledge sharing between states on how to:
o Increase tobacco-free campus policies in mental health and substance abuse treatment settings. (Examples: New York, Texas, North Carolina)
o Offer tobacco use screening, and tobacco cessation medications and counseling in mental health and substance abuse treatment settings; and offering tobacco cessation support to clients after discharge from behavioral health treatment settings. (Examples: New York, Oklahoma)
o Reduce barriers to tobacco cessation treatment, including for Medicaid beneficiaries, including by removing limits on the amount of tobacco cessation medications that are covered each year. (Examples: New York, Oklahoma, Vermont)
o Educate behavioral health providers about the importance of tobacco cessation among populations with mental or substance use disorders.
o Increase coordination between state tobacco control and behavioral health professionals.

Expected Outputs:
- Agenda and plan to convene 1 workshop for 6-10 states
- Report from workshop
- 1 toolkit for state practitioners 1-2 educational resources for behavioral health providers
- 1 community of practice for 6-10 states

Expected Outcomes:
- Increase the knowledge of implementing tobacco control within behavioral health settings among state practitioners
- Increase practical tools for state practitioners to use in local and state settings
- Reduce barriers of state practitioner working on tobacco control within behavioral health settings
- Increase behavioral health providers' knowledge of importance of and best practices for addressing tobacco use among behavioral health patients

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:* 30/200 words maximum

The applicant is required to have the necessary staff to complete the proposed activities. The applicant must have established relationships with behavioral health organizations necessary to complete the activities.

13 Applicant Program Experience:* 32/200 words maximum

Applicant needs to have experience in working on public health issues within mental health settings and substance abuse settings, ideally with a minimum of 5 years experience in tobacco control interventions.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 41/200 words maximum

The applicant is expected to collaborate with state tobacco control programs in 6-10 states; collaborate with the OSH National Network focusing on behavioral health; coordinate with SAMSHA efforts through their Leadership Academies; and collaborate with the Smoking Cessation Leadership Center.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 4/200 words maximum

Applicant may subcontract.

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

Briefly describe how. : * 18/200 words maximum

Increase the knowledge and capacity of implementing tobacco control within behavioral health settings among state practitioners

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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Health Care Provider Education for Nutrition, Physical Activity, and Obesity Recommendations for Cancer Prevention ...

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Mary Puckett; Natasha Buchanan Lunsford

CIO POC email address(es):*
xdg6@cdc.gov; nbuchanan@cdc.gov

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

CIO POC phone number(es):*
770-488-6451; 770-488-3031

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

6 Description of the Target Population:* 11/25 words maximum
Healthcare providers (e.g. physicians, nurses, hospitals, community health centers, 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)
$248,000 (Whole number 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**. 961/1,000 words maximum

There are more than 15 million people living after a cancer diagnosis (cancer survivors) in the US, and many of whom have obesity or do not meet nutrition or physical activity recommendations. However, maintaining a healthy weight and increased physical activity are associated with increased survival and quality of life among cancer survivors. Because of these associations and the high obesity throughout the US, promoting and supporting healthy behaviors is a critical activity in promoting overall health and wellness in cancer survivors.
A primary source of information for cancer survivors, related to healthy behaviors, is healthcare providers, such as primary care physicians, nurse practitioners, physician's assistants, and nurses. However, previous research from CDC and systematic reviews show that healthcare providers do not feel comfortable counseling cancer survivors on obesity, nutrition, and physical activity, and there is a lack of educational resources addressing this topic. Because of these findings, educational and training materials for healthcare providers are needed.
The Centers for Disease Control and Prevention (CDC) seeks to collaborate with a recipient organization to improve their capacity to provide relevant, quality, and accessible public health education training and aligned resources for medical providers caring for cancer survivors. The project will consist of collaborative development and activation of an online, freely available continuing medical education (CME) accredited digital training tool to improve the capacity of medical providers to: a) engage in effective discussion around obesity, nutrition, and physical activity with cancer survivors; and b) increase knowledge of recommendations, screening tools, and resources to maintain a healthy weight and improve nutrition and physical activity in cancer survivors. Improvements in training could translate to improved communication between cancer survivors and their health care providers around obesity, nutrition, and physical activity, effective identification and referral of cancer survivors in need of additional resources to improve nutrition

	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:* 164/200 words maximum

To effectively develop the aforementioned educational training for primary care providers caring for cancer survivors, some of the recipient's proposed project staff will need to have prior experience creating interactive educational training resources and digital assets (e.g. videos, presentations, audio clips). As the project aims to build training and educational resource capacity pertaining to cancer survivorship and obesity, nutrition, and physical activity, proposed project staff should also have a general knowledge of cancer epidemiology; cancer survivorship, obesity, nutrition, and physical activity, and public health practice.

To effectively ensure that training materials are utilized as a CME on an online medical community platform, some of the recipient's proposed project staff will need to have experience planning and providing logistical support for training accreditation by the Accreditation Council for Continuing Medical Education (ACCME). In the event that the recipient does not have the organizational capacity to support these activities, subcontractual work will be expected to manage aforementioned logistics (see section on "expected subcontractual work" below).

13 Applicant Program Experience:* 87/200 words maximum

To effectively conduct the work described under the project description, the recipient should have expertise on chronic disease and cancer epidemiology, obesity, nutrition, and physical activity, and public health practice. Additionally, the recipient should also have experience disseminating health promotion materials and developing content for medical provider education and training. As the project aims to improve capacity in training development that is digital in nature, the recipient will need to have experience in developing e-learning authoring tools and digital assets (as described in the project description).

COLLABORATIVE WORK

14

	Expectations for Collaboration, as applicable: 116/200 words maximum
	The recipient will be expected to collaborate with CDC staff who are subject matter experts in the area of cancer prevention and control, cancer survivorship, and obesity, nutrition, and physical activity, in addition to other subject matter experts external to CDC who have subject matter expertise in cancer survivorship, obesity, nutrition, and physical activity, and health communication work. The recipient should work with the CDC TMs to identify potential experts to engage when; a) developing content for e-learning digital assets (eg. videos, training modules) and b) considering potential partnerships and dissemination plans for e-learning resources. The recipient will also be expected to collaborate with CDC on the development and dissemination of all project resources.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 153/200 words maximum
	In the event that the recipient does not possess the needed expertise to implement the creation and customization of digitally simulated avatar based e-learning modules, the recipient will be expected to secure the following subcontractor types: 1. Wide reaching, ACCME accredited online medical organization that can host the aforementioned provider CME e-learning resource. An online medical organization/community host should have the ability to assess and evaluate pre-and-post e learning impact (eg. change in provider knowledge and behavior based CME training). 2. A company/firm with expertise in instructional design, graphic design, software engineering, virtual animation and/or other technical skills needed to develop an e-learning authoring tool enabling the creation and customization of digitally simulated e-learning modules. 3. A transcriptionist with prior experience providing transcription services based on audio recordings conducted during trainings and from other digital assets (eg. videos). The transcriptionist should be able to provide complete transcripts within one month of e-learning tool development.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 50/200 words maximum
	Governmental public health agencies will benefit by having additional resources available to health care providers in their communities that serve cancer survivors. State, tribal, and territorial comprehensive cancer control programs housed within government public health agencies will be able to disseminate the developed CME to providers in their communities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 94/100 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, providing modest incentives for participants providing expertise in developing educational content and materials, securing software and other materials needed for e-learning tool development, paying for pertinent travel, and assistance from professional firms in e-learning development. Any 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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Improving capacity and support for community health centers to provide pediatric weight management program serv...

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

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

CIO POC email address(es):*
sle1@cdc.gv, lit2@cdc.gov; iym3@cdc.gov; pem1@cdc.gov

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

CIO POC phone number(es):*
770-488-5044; 404-867-9697;770-588-6269; 770-488-5849

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

6 Description of the Target Population:* 17/25 words maximum
Health Centers and the patients and communities in which they serve targeting low-income children with obesity

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 number 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**. 711/1,000 words maximum

Purpose: The purpose of this project is to improve capacity & support for community health centers to implement an evidence-based pediatric weight management program that aligns with national recommendations for childhood obesity prevention and treatment. Specifically, this project aims to: 1) increase capacity & support for implementation of an evidence-based pediatric weight management program (PWMP) that follows the components, dose and intensity of the 2017 US Preventative Services Task Force Grade B Recommendation for child obesity and is packaged for implementation (e.g., the Mind, Exercise, Nutrition, Do It program (MEND)) through providers that serve low-income children, 2) build on lessons learned from a 2018 pilot project of implementing MEND in 16 federally qualified health centers (FQHCs), and extend to additional sites or locations, and 3) further describe the key processes and factors

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:* 196/200 words maximum

Existing relationships with the Bureau of Primary Care, state PCAs, and large networks of FQHCs, FQHC look-alikes, etc. Access to a network of FQHCs in all DHHS regions that have the capacity to:

13 Applicant Program Experience:* 161/200 words maximum

Must have access to a network of FQHCs across the U.S. to disseminate findings to a network of FQHCs across the U.S. Applicant should have an existing relationship with an existing evidence-based pediatric weight management program.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 78/200 words maximum

Applicant is expected to foster collaboration among participating FQHCs through a learning collaborative, as described above. In addition, applicant should have an existing relationship with an existing evidence-based pediatric weight

15

	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 200/200 words maximum Use of an intervention that meets the USPSTF recommendation intensity & components to improve weight status among children aged 7-13 years of age. This should have clinical trial evidence and evaluation findings in multiple U.S.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 200/200 words maximum Approximately 12M children in the US have obesity. The harms of obesity and the benefits of treatment are not equally shared. Children of low-income families and racial/ethnic minorities carry a higher burden of overweight and
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 90/100 words maximum
	National Network Partner Applicant project manager time
	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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Improving Hypertension Control among African Americans: Gathering the Will and Knowledge

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Letitia Presley-Cantrell; Tiffany Fell; Rebekah Buckley;...

CIO POC email address(es):*
lrp0@cdc.gov; lkl5@cdc.gov; eut9@cdc.gov; sjl0@cdc.gov; fl...

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

CIO POC phone number(es):*
770-488-5177

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

6 Description of the Target Population:* 23/25 words maximum
Non-governmental community-based organizations with reach in African American communities. Persons in formal and informal leadership roles of non-profit, voluntary private entities.

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)
$2,000,000 (Whole number 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: Differences in cardiovascular disease mortality accounts for one out of four years of decreased life expectancy for African Americans (AA). Approximately 45% of AA have hypertension. As of 2015, there were an estimated 11.1 million non-Hispanic blacks with hypertension in the US and of those, only 46.3% were controlled, leaving 6 million AA at increased risk for heart attacks, strokes, heart failure, chronic kidney disease and dementia. This cardiovascular disease disparity is a priority for the Division for Heart Disease and Stroke Prevention and for Million Hearts® 2022. This project will expand and sustain partnerships with CDC and respected and influential organizations serving AA. This effort will draw upon the influence and reach of these organizations within the AA community while CDC offers critical health information intended to increase awareness and action related to cardiovascular disease among AA. Additionally, this project seeks to work with community-based organizations with national reach to accelerate implementation of selected high priority activities.

Proposed Activities:
1. Recipient will identify and engage with traditional and non-traditional stakeholders with a successful history of working with minority populations, particularly AA, including providers and provider organizations, health systems, state and local public health entities, state and local health councils, pharmacists and pharmacist organizations, faith based organizations, and other minority serving groups to address hypertension prevention, detection, and control.

2. Prepare an executive summary and develop and disseminate messages based on stakeholder engagement related to hypertension prevention, detection, and control among AA.

3. Work with selected organizations to leverage and further support their relevant, current, and newly developing initiatives designed to address hypertension prevention, detection, and control among AA.

4. Develop an evaluation plan for all proposed activities.

Expected Outputs: Focused stakeholder engagement; executive summary; tailored messages and follow-up engagement with target communities and organizations to further support their relevant, current, and newly developing initiatives designed to address hypertension.

Expected Outcomes:
1. Work with community-based organizations with national reach to accelerate implementation of selected high priority activities to improve hypertension prevention, detection, and control in AA communities across the US.

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:* 72/200 words maximum

Applicant should have ability to: 1) work with traditional and non-traditional stakeholders with a successful history of working with minority populations, particularly AA, including providers and provider organizations, health systems, state and local public health entities, state and local health councils, pharmacists and pharmacist organizations, faith based organizations, and other minority serving ; 2) Ability to facilitate, lead, and manage stakeholder engagement activities; and 3) Ability to provide fiscal and programmatic oversight to organizations.

13 Applicant Program Experience:* 55/200 words maximum

Applicant should have: 1) history of successfully working with minority populations, particularly AA with chronic conditions; have national reach or the ability to reach large populations of AA; 2) experience planning and managing large stakeholder meetings; and 3) history serving as a fiduciary agent or lead. The recipient should be able to produce effective, high-quality, scientifically accurate educational tools/resources.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 71/200 words maximum

Collaboration with CDC is expected, especially in the design and implementation of these partnership and communication activities. Additionally, recipient would be expected to collaborate with traditional and non-traditional stakeholders with a successful history of working with minority populations, particularly AA, including providers and provider organizations, health systems, state and local public health entities, state and local health councils, pharmacists and pharmacist organizations, faith based organizations, and other minority serving organizations.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 words maximum

Applicant is expected to provide national oversight and support to the project.

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

Briefly describe how. : * 40/200 words maximum

Governmental agencies will better understand the communication needs and nuances needed to effectively reach this (often) underserved population. The tools, resources, strategies and partnerships developed through this project would have broad applicability to numerous government and public health agencies.

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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Improving Outcomes Related to Opioid Misuse through Strategies Addressing Clinical Care for Women and Infants

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Carla Collazo

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

CIO POC email address(es):*
cwc8@cdc.gov

CIO POC phone number(es):*
(770) 488-6245

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

6 Description of the Target Population:* 4/25 words maximum
Pediatric healthcare clinicians

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)
$2,000,000 (Whole number 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**. 258/1,000 words maximum

Background:
The mission of the Division of Reproductive Health (DRH) is to promote optimal and equitable health in women and infants thought public health surveillance, research, leadership, and partnership to move science to practice.
The purpose of this project is to further the DRH mission by:
• Developing, implementing, and disseminating strategies for primary care providers (including pediatricians and ob-gyns) to screen for opioid misuse and abuse among women of reproductive age and link those who screen positive to care.
• Improving the integration of clinical care and public health with a focus on maternal and infant health
• Promoting the development and strengthening of effective partnerships and infrastructure to leverage resources for improved clinical care for maternal and infant health relating to opioid misuse and abuse.
Funded activities may include:
• Identify and implement strategies to improve access to treatment for women of reproductive age of opioid misuse and abuse.
• Implement tools and resources and disseminate successful strategies for screening women of reproductive age for opioid misuse and subsequent linkages to care.
• Develop communciations tools for health care providers/and or general public about the intersection of for opioid misuse and maternal and infant health.

Expected Outputs:
• Model approaches and processes for improving the quality of care and linkages to care for women of reproductive age who misuse or abuse opioids.
• Dissemination of tools and resources for improving and innovating maternal and infant care associated with opioid misuse and abuse.
Expected Outcomes:
• Increase quality of care for maternal and infant health
• Newly established, strengthened, and formalized relationships between stakeholders to address opioid misuse and abuse among women of reproductive age

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 applicant must demonstrate the following organizational capacity:
• Have a documented history of establishing effective relationships with and across public health agencies and health care providers (including primary care providers, pediatricians, and ob-gyns).
• Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects.

13 Applicant Program Experience:* 36/200 words maximum

The applicant must demonstrate the following program experience:

• Extensive experience (10 years or more) of formulating and influencing excellence in clinical care and linkages to care.
• Experience developing protocols for clinical screening and linkages to care.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 39/200 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 quality of care and linkages to care for opioid misuse and abuse.

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. : * 68/200 words maximum

This project will provide tools and resources for public health agencies to help clinicians improve screening and treatment for women and infants impacted by opioid misuse and abuse. Upon completion of this project, local, state, and federal governmental public health agencies will increase their capabilities to effectively and consistently implement opioid misuse and abuse initiatives on quality and linkages to care for improving maternal and infant health.

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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Improving STD Prevention and Care through Partnerships with State Legislators and Policy Makers

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, S...

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 C

6 Description of the Target Population:* 6/25 words maximum
State and local legislators and policy makers

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 number 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**. 307/1,000 words maximum

Purpose: The purpose of this project is to facilitate relationships and communication between governmental and non-governmental decision-makers in order to solve high-level systemic issues that create barriers to efficient and effective public health governmental work in STD prevention.
Proposed Activities: The recipient is expected to develop a process for assessing STD-related policies and issues from the perspectives of policy makers and legislators. The recipient will use established networks of policy makers to gain insight on issues of importance to STD prevention. Part of this work may include working with STD prevention experts to determine key areas of inquiry. Additionally, the recipient will work with policy experts at CDC to understand the landscape of STD-related policies and issues from the public health perspective, determine gaps, and suggest possible solutions. The recipient will utilize networks of policy makers and legislators to provide in-depth perspectives and solutions.

Some example project structures may be:
The recipient may select 2-4 states (a mix of Medicaid expansion and non-expansion in areas of high burden for STDs) and do a "deep dive" into policies that impact STD prevention service delivery. For example, state Medicaid policies and contracts to state Medicaid managed care organizations may be examined to determine what policies are impeding and promoting STD prevention efforts in that state.
This work should result in an increased understanding of this area of policy at different levels of government as well as stimulation and facilitation of policy-related public health actions that will improve STD prevention and control. Increased understanding of relevant policy and increased public health policy actions will improve the capacity of governmental health departments in making and executing sexually transmitted disease prevention and control.
Expected Outputs:
At a minimum, a landscape assessment and report. Additional outputs will be determined based on proposed work.

Expected Outcomes:
Increased understanding and awareness of policy makers about STD issues, and an understanding of the policy 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
☐	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:* 13/200 words maximum

Recipient should have ability to reach legislators and other policy makers across the nation.

13 Applicant Program Experience:* 14/200 words maximum

Recipient should have demonstrated success working with legislators and other policy makers across the nation.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 15/200 words maximum

Recipient is expected to work collaboratively with CDC, and with other funded CDC/DSTDP national partners

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. : * 32/200 words maximum

The project is anticipated to facilitate relationships between governmental and non-governmental decision-makers who have the ability to solve high-level systemic issues that create barriers to efficient and effective public health governmental work

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 79/100 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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Increasing vaccination, testing, and treatment for viral hepatitis in underserved populations

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, S...

3 Division, office, or unit:*
Division Of Viral Hepatitis

4 CIO Point of Contact (POC) name(s):*
Liesl Hagan

CIO POC email address(es):*
vqf8@cdc.gov

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

CIO POC phone number(es):*
404-718-8336

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

6 Description of the Target Population:* 14/25 words maximum
Federally qualified health centers and community health centers that provide primary care to underserved populations

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 number 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**. 874/1,000 words maximum

Purpose: The primary purpose of this project is to leverage FQHC/CHC networks that use integrated and standardized electronic health care systems to design and establish infrastructure necessary to identify persons living with viral hepatitis infections and ensure that they receive the recommended care and treatment.

Proposed Activities:
Activity 1: Maintain and continue to develop a health center-controlled network (HCCN)-based data system to:

- Evaluate access to hepatitis B virus (HBV) and hepatitis C virus (HCV) testing, care, and treatment
- Identify gaps in the HBV care continuum and HCV care cascade (as defined by CDC)
- Design and evaluate interventions to reduce barriers in health care delivery and data collection systems that prevent documented progression from testing to treatment/cure for HBV and HCV
- Monitor the impact of policies, laws, and recommendations to improve HBV and HCV testing, care, and treatment.

Work toward a federated data model where multiple HCCNs can contribute data that can be combined in a unified system. Ensure that the data system is able to identify and measure health outcomes in populations at high risk for viral hepatitis infection (specifically, people who inject drugs/PWID, persons currently incarcerated or with a history of incarceration, and homeless persons).

Activity 2: Design a training curriculum to improve integration of viral hepatitis care in settings where primary care providers serve populations at high risk for viral hepatitis infection (specifically, persons struggling with substance

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:* 63/200 words maximum

	Recipient should have the organizational reach, health systems knowledge and experience, informatics expertise and capacity, and partnerships with FQHC/CHCs, HCCNs, sub-population stakeholders, and HBV and HCV subject matter experts 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:* 28/200 words maximum Recipient should have experience designing and implementing data-based systems and programs related to HBV, HCV, and quality improvement in FQHC/CHCs, and designing and evaluating trainng curricula.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 37/200 words maximum CDC Division of Viral Hepatitis will be involved in this project on a day-to-day level. The recipient will be an implementing partner with the desire to work closely and maintain strong working relationships with CDC subject matter experts.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 66/200 words maximum Developing a federated data system for HBV and HCV and testing interventions will require collaboration with a variety of partners including FQHC/CHCs, HCCNs, community-based organizations, and public health departments. This work may be supported through subcontracts. As the need for subcontracts arises for various aspects of this work, CDC Division of Viral Hepatitis 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. : * 91/200 words maximum The recipient will provide direct technical assistance to state and local health departments funded by CDC Division of Viral Hepatitis, Prevention Branch. This technical assistance will focus on identifying, cultivating, and maintaining partnerships with FQHC/CHCs to improve HBV and HCV testing, care, and treatment in underserved populations. In addition, health departments will have access to the data dashboard developed in this project to reflect the HBV care continuum and HCV care cascade in FQHC/CHCs. These data will help inform their work to improve health outcomes related to HBV and HCV.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 67/100 words maximum
	Please provide line item detail for how funds will be allocated to each of the following activities: 1. Development of a federated data system for HBV and HCV in high-risk populations, and corresponding data dashboard 2. HBV and HCV Learning Collaboratives 3. Viral hepatitis/primary care integration training curriculum, content delivery, and evaluation 4. Technical assistance to state and local health departments around partnerships with FQHC/CHCs 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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Informing State Leaders on Effective Infectious Disease Policies and Systems Strategies

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, S...

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Melanie Ross; Aliyah Ali

CIO POC email address(es):*
mross@cdc.gov; wvh3@cdc.gov

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

CIO POC phone number(es):*
404-639-8840; 404.718.1461

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

6 Description of the Target Population:* 6/25 words maximum
State legislators 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)
$150,000 (Whole number 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**. 325/1,000 words maximum

Purpose:
The goal of this project is to assist state legislators and their staff, through a collaborative learning process, to integrate promising, innovative practices for advancing efforts to prevent and treat infectious disease, including the infectious disease impact of the opioid epidemic and substance use disorder.

NCHHSTP prioritizes cost-effective, scalable programs, policies, and research to achieve the greatest impact on reducing the incidence of HIV, viral hepatitis, STDs, and tuberculosis and preventing related illness and death. These infections result in high personal, societal, and economic costs. Individuals working at the state legislative level are well positioned to identify and implement opportunities for advancing infectious disease prevention and treatment strategies and can benefit from learning how experts and peers have successfully prevented and/or treated these infectious diseases, as well as co-morbidities like opioid addiction.

Proposed Activities:
• Convene a learning collaborative/training of 5-8 states to integrate promising, innovative practices for preventing and/or treating HIV/AIDS, viral hepatitis, STDs, or tuberculosis as well as co-morbidities like opioid addiction
• Develop state action plans that aim to advance state strategies related to infectious disease treatment and prevention, including the impact of infectious disease on the opioid epidemic
• Identify and implement technical assistance strategies pre and post convening to assist states in formulating and implementing action plans

Expected Outputs:
• Needs assessment of states to identify potential topics and presenters for learning collaborative and technical assistance strategies.
• One training for state legislators or their staff as well as representatives from various state agencies, including state public health officials/staff, public safety, behavioral health and education.
• State action plans addressing the infection disease impact of the opioid epidemic.

Expected Outcomes:
• Increased awareness among state leaders on effective policies and systems strategies that advance infectious disease treatment and prevention activities.
• Increased awareness among state leaders on the infectious disease impact of the opioid crisis.
• Learning collaborative participants integrate policies and systems strategies that address the infectious disease impact on opioid epidemic within their respective states.

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:* 53/200 words maximum

Applicant should have access to state legislators and their staff, state public health departments, and other governmental entities involved in responding to the opioid crisis (public safety, education etc.). Applicant should have the capacity to plan, implement, and evaluate trainings on public health topics and to provide ongoing technical assistance to attendees.

13 Applicant Program Experience:* 37/200 words maximum

Applicant should have documented experience:
• Working successfully with state legislators and their staff, state public health departments, and public safety staff
• Implementing effective trainings on public health topics
• Implementing pre, post, and follow up evaluations to measure impact

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 19/200 words maximum

It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas.

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. : * 30/200 words maximum

Learning collaborative participants will likely include representatives from public health agencies, who will benefit from the content presented during the collaborative as well as on-going technical assistance opportunities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 12/100 words maximum

Funds may not spent on medical equipment or medical tests.

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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Informing State Leaders on Effective Policies and Systems Strategies for Enhancing Infectious Disease Surveillance

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, S...

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Melanie Ross; Aliyah Ali

CIO POC email address(es):*
mross@cdc.gov; wvh3@cdc.gov

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

CIO POC phone number(es):*
404-639-8840; 404-718-1461

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

6 Description of the Target Population:* 5/25 words maximum
Governors 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)
$400,000 (Whole number 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**. 435/1,000 words maximum

Purpose:
The goal of this project is to assist Governor's and their staff, through a collaborative learning process, to integrate promising, innovative practices for enhancing data collection and surveillance efforts to better address the infectious disease impact of injection drug use (IDU). The project will explore model approaches for strengthening screening and linkage to care in correctional facilities, and supporting effective primary prevention of substance use in schools.

NCHHSTP prioritizes cost-effective, scalable programs, policies, and research to achieve the greatest impact on reducing the incidence of HIV, viral hepatitis, STDs, and tuberculosis and preventing related illness and death. These infections result in high personal, societal, and economic costs. Individuals working at the state executive level are well positioned to identify and implement opportunities for advancing infectious disease prevention and treatment strategies and can benefit from learning how experts and peers have leveraged data and surveillance activities to address emerging public health issues such as the infectious disease impact of injection drug use.

Proposed Activities:
• Conduct a training for 3-7 states to integrate promising, innovative practices for enhancing data collection and surveillance methods as it relates to injection drug use in multiple sectors.
• Develop state action plans that aim to advance data collection and surveillance strategies to better assess and address the impact of injection drug use multiple settings, including corrections and schools
• Identify and implement technical assistance strategies pre and post convening to assist states in formulating and implementing action plans

Expected Outputs:
• Needs assessment of states to identify potential topics and presenters for training and technical assistance strategies.
• Training for Governor's or their staff as well as representatives from various state agencies, including state public health officials/staff, public safety, education etc.
• State action plans that aim to advance data collection and surveillance strategies to better assess and address the impact of injection drug use multiple settings, including corrections and schools.
• Identify model approaches for strengthening screening and linkage to care in correctional facilities, and supporting effective primary prevention of substance use in schools.

Expected Outcomes:
• Increased awareness among Governor's or their staff and other state leaders on effective data collection and surveillance strategies related to injection drug use.
• Increased awareness among Governor's or their staff and other state leaders on model approaches for strengthening screening and linkage to care in correctional facilities, and supporting effective primary prevention of substance use in schools.
• Increased awareness among Governor's or their staff and other state leaders on the infectious disease impact of injection drug use in multiple settings.
• Participants integrate policies and systems strategies that enhance IDU data and surveillance activities within their respective states.

	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
- [ ] 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
- [ ] 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:* 82/200 words maximum

Applicant should have access to Governor's and their staff, state public health departments, and other governmental entities involved in responding to the opioid crisis (public safety, education etc.) and/or issues related to injection drug use. Applicant should have the capacity to plan, implement, and evaluate trainings on public health topics and to provide ongoing technical assistance to attendees. Applicants should have past experience in addressing public health topics that impact multiple sectors and/or settings, such as schools and correctional facilities.

13 Applicant Program Experience:* 36/200 words maximum

Applicant should have documented experience:
• Working successfully with Governor's and their staff, state public health departments, and public safety staff
• Implementing effective trainings on public health topics
• Implementing pre, post, and follow up evaluations to measure impact

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 19/200 words maximum

It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas.

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. : * 29/200 words maximum

State participants will likely include representatives from public health agencies, who will benefit from the content presented during the collaborative as well as on-going technical assistance opportunities/activities.

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 12/100 words maximum
	Funds may not be spent on medical equipment or medical tests.
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Million Hearts®: Preventing Heart Attacks and Strokes in Primary Care

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

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

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

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 C

6 Description of the Target Population:* 15/25 words maximum
Community health centers, federally qualified health centers, primary care associations and primary care practitioners.

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)
$4,000,000 (Whole number 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**. 314/1,000 words maximum

Purpose: to prevent heart attacks and strokes through the implementation of Million Hearts® interventions, by primary care practitioners. Through this project, we want to: discover new tools and strategies that will work in community health centers to improve performance in the ABCS (Aspirin as appropriate, Blood pressure control, Cholesterol management, and Smoking Cessation); test and implement evidence-based strategies to improve health outcomes at participating sites and identify best practices to implement these strategies nationwide; and scale the interventions that are ready for maximum impact.

Proposed Activities: Develop an annual plan that outlines the focus for the upcoming year's discovery, implementation and scale efforts. An example for year one discovery activities could be: to use new tools for the diagnosis and engagement of individuals at risk for or having cardiovascular events; or, for widespread use of home blood pressure monitors to provide individuals with elevated blood pressure readings, but no diagnosis of hypertension that are "hiding in plain sight" a proper diagnosis and care to bring their blood pressure to control. An example of year one implementation activities could be: to improve performance in the ABCS for patients 35-64 years of age and for African Americans patients in three separate Health Center Controlled Networks. An example for year one scale activities could be: to scale the "hiding in plain sight" work to at least 10 additional Health Center Controlled Networks.

Expected Outputs: Increased focus on the implementation of Million Hearts® evidence-based strategies, increased partnerships with community support programs, improved knowledge of changes needed in workflow at Federally Qualified Health Centers (FQHC), development of implementation tools for primary care practitioners and health systems.

Expected Outcomes: Increased knowledge on what interventions work best for improving performance in the ABCS in FQHCs increased use of specific evidence-based interventions (e.g. self-measured blood pressure monitoring (SMBP), protocol adoption, health IT, etc.) leading to improved performance in the ABCS for patients served by FQHC'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:* 63/200 words maximum

Applicants should have the ability to provide technical assistance to a variety of entities that support work of FQHCs, such as Primary Care Associations, Health Center Controlled Networks and community support organizations. The applicant should also have the ability to support the development and quality improvement work of FQHCs. Finally, the applicant needs the ability to work nationally with Primary Care Associations.

13 Applicant Program Experience:* 51/200 words maximum

Applicants should have a deep understanding of FQHCs, FQHC associations such as Primary Care Associations and Health Center Controlled Networks. Applicants should have experience directing clinical quality improvement activities and promoting and scaling interventions. Ideally, the recipient would be familiar with Million Hearts® evidence-based strategies, data metrics, and quality improvement activities.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 58/200 words maximum

Collaboration with CDC is expected, especially in the development and analysis of priorities, and evaluation of impact. Additionally, recipient would be expected to collaborate with other public health partners working on similar projects, and with other federal agencies, such as HRSA. The ideal candidate would have some history of engaging with scientific and programmatic collaborators of stature.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 43/200 words maximum

Applicants are expected to provide national oversight and support to the project, but much of the technical work will take place at subcontracted networked health centers and possibly individual FQHCs. It may also be appropriate to subcontract for evaluation and publication activities.

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

Briefly describe how. : * 45/200 words maximum

Tools, resources, and strategies developed for FQHCs will have broad applicability to other primary care practitioners, especially those serving low-income individuals. Findings from the discovery, implementation and scaling efforts will likely have significant impact on informing which strategies to promote through public health programs.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 87/100 words maximum

Funds should be used to generate strategies and tools, collect data, produce, disseminate, and scale interventions. It is reasonable for some funds to be devoted to supporting national efforts, such as collaboration around improved use of self-measured blood pressure monitoring. Travel is permissible, but should be minimized for maximum impact. It would be helpful for the budget to be scalable. For example, it should provide flexibility to work with 2-15 Health Center Controlled Networks to improve diagnosis of hypertension, with an anticipated reach of 100,000 adults/network.

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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Model hepatitis B prevention programs to strengthen public health systems and eliminate hepatitis B

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, S...

3 Division, office, or unit:*
Division Of Viral Hepatitis

4 CIO Point of Contact (POC) name(s):*
Aaron Harris

CIO POC email address(es):*
ieo9@cdc.gov, dmw7@cdc.gov

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

CIO POC phone number(es):*
404-718-8541

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

6 Description of the Target Population:* 5/25 words maximum
Community Based Organizations (CBOs)

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 number 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**. 414/1,000 words maximum

Purpose: Develop a model comprehensive hepatitis B virus (HBV) prevention program, including strategic partnerships between community-based organizations servicing communities at risk, state/local departments of health, perinatal hepatitis B programs, and healthcare facilities to build capacity for scale-up of HBV testing and care services to advance progress towards national hepatitis B elimination goals recommended by National Academies of Sciences (NAS).
Capacity-building assistance activities:
• Provide technical assistance to strengthen public health information technology
• Train public health staff, healthcare providers, community leaders, etc. on HBV prevention
• Provide training and technical assistance on using health information systems to monitor HBV surveillance, linkage to care, and outcomes for the defined population
• Train clinical sites on HBV and deploy implementation strategies to increase HBV testing, linkage to care, and vaccination in target populations

Expected outputs: 1) Surveillance data capability; 2) Clinical care data; 3) Hepatitis B prevention models; 4) Hepatitis B elimination plans; 5) Political commitment.
Short-term and intermediate outcomes: 1) Expand community outreach and education to increase HBV testing and linkage to care or vaccination at the community and state level; 2)Strengthen public health HBV surveillance by increasing reporting of HBV cases to state/local public health departments, developing partnerships with health clinics to refer persons identified with HBV to care, and HBV case finding and contact tracing; 3) Patient navigation defined as coordination of HBV testing and care, care management for persons identified with HBV, health education and reassurance, and testing of household contacts of persons identified with HBV; 4) Utilization of electronic health record to improve perinatal HBV prevention (increase birth dose vaccination coverage, increase maternal HBV testing, post exposure prophylaxis in HBV exposed newborns), increase HBV testing through standing order sets of HBV markers, and increase linkage to care for persons identified with HBV; and 5) Coordinate with other CDC supported programs if present in sites funded with this award including viral hepatitis surveillance and prevention grantees, state adult vaccine coordinators, state perinatal hepatitis B prevention coordinators, and/or refugee health.

Long-term outcomes: 1) Decrease maternal-child transmission of HBV infection to zero by increasing birth dose coverage to HP2020 target, increase HBV testing (and HBV DNA testing of HBV-infected) pregnant women, managing HBV exposed newborns, and linking mothers with HBV to care and treatment; 2) Increase adult vaccine coverage from 25% to >50% among at risk adults; 3) Increase CDC recommendations for HBV testing and linkage to care in non U.S. born persons; 4) Set and demonstrate progress toward elimination goals for HBV transmission among young children, and HBV related disease and mortality.

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:* 132/200 words maximum

Applicant is expected to have the organizational reach, health systems knowledge and experience, health informatics capacity, and strategic partnerships with state/local health departments, community-based organizations, and health clinics in order to: 1) Identify a site with collaborations with community organizations, state/local health departments, health clinics to develop a model hepatitis B prevention program to serve the target populations; 2) Capacity to strengthen existing public health system by utilizing strategies such as health information technology, patient navigation, contact tracing, training and education; 3) Provide ongoing expertise and oversight to the model program; 4) Facilitate and oversee implementation of interventions to strengthen the public health system; 5) Utilize data systems to monitor and evaluate the program; and 6) Train viral hepatitis coordinators at state/local public health departments and health clinics to build partnerships.

13 Applicant Program Experience:* 17/200 words maximum

Applicants must have strong working relationships with community organizations and health clinics serving the target population.

COLLABORATIVE WORK

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

Applicants must have demonstrated knowledge of and experience collaborating with community organizations and health clinics serving the target population, as well as experts across different areas of the health system.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 40/200 words maximum

The development of a model hepatitis B prevention program will require close collaboration and strategic partnerships with a variety of community partners and health clinics, with ongoing monitoring and evaluation using data. This work may be supported through subcontracts.

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

Briefly describe how. : * 27/200 words maximum

Governmental public health agencies will benefit through strengthening of their hepatitis B surveillance systems through data driven strategies and cross cutting collaboration with community organizations and health clinics.

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.

Submission Date: 06/20/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
National Program for Obesity Prevention Efforts in the Early Care and Education (ECE) setting

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Suzianne Garner; Linda Barnes, Meredith Reynolds; P...

CIO POC email address(es):*
sle1@cdc.gov; lit2@cdc.gov; mtr6@cdc.gov; pem1@cdc.gov

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

CIO POC phone number(es):*
770-488-5044; 404-867-9697; 770-826-5117; 770-488-5849

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

6 Description of the Target Population:* 24/25 words maximum
Statewide early care and education organizations who need capacity building assistance to support ECE providers statewide to improve their policies, practices, and environments.

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)
$2,150,000 (Whole number 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:
The purpose of this project is to provide capacity building assistance to and within states by a national organization that will help embed national obesity prevention standards and implementation support for those standards into state and local early care and education (ECE) systems. Obesity prevention standards include those related to improving nutrition, breastfeeding support, physical activity, and reducing screen time. CDC's Quick Start Action Guide (2.0) for State Obesity Prevention Efforts Targeting the ECE setting provides a comprehensive framework and set of materials to guide this work.

Proposed Activities:
1) Partner with CDC/DNPAO to develop a process and criteria to select and support 5-7 states who are recipients (teetees) under the DNPAO's State Physical Activity and Nutrition (SPAN) Cooperative Agreement to complete health equity-focused work that aligns with their state's obesity prevention efforts specific to the the ECE setting. The following are examples of such efforts. Over the 5 year award cycle, states would continue to build upon their work in order to achieve statewide impact that improves health disparities:
- For example, a state SPAN recipient working to embed obesity prevention standards and support into their state's child care food program might be supported under this mechanism to do statewide or local jurisdiction mapping of ECE program's participation and retention rates in the state child care food program.
- Similarly, a state SPAN recipient working to improve obesity prevention standards and support in a statewide Quality Rating and Improvement System might use this mechanism for special retruitment, training and technical assistance activities targeting ECE providers who serve low-income children to increase their participation level in QRIS and quality levels achieved.

2) Partner with DNPAO to develop a process and critieria to select and support 4-6 states over a 5 year award cycle who are not SPAN NOFO recipients (grantees) to continue and further existing state-level efforts for obesity prevention targeting the ECE setting that align with CDC's 2.0 Action Guide. State's should be selected based on an already existing, shared state action plan.

3) Partner with DNPAO to develop a process and criteria to select and support local entities such as high obesity program counties and jurisdictions receiving REACH program funding within states to complete discrete, projects that further their efforts to better embed obesity prevention standards and implementation support into their ECE systems (especially at the center level) and which align with CDC's 2.0 Action Guide. For example, entities might request funding to support Go NAP SACC; enhance a center-level ECE recognition program; disseminate or implement a standardized toolkit for providing technical assistance to ECE providers on obesity prevention related topics, etc.

Expected Outcomes and Outputs:
1) Funded states will have increased the number and quality of obesity prevention standards and implementation support that are embedded into their state ECE systems and the number of children and ECE providers reached by those systems (outcome).
2) Convene state stakeholder meetings for the purposes of training and technical assistance and the development of shared action plans (output & outcome).
3) Spread successful models/tools/resources used in states through peer to peer learning in ECE settings (outcome)
4) Develop short case studies documenting success, challeges, and outcomes of participating states and localities for each 1-year cycle (output).
5) Improved coordination, communication, and uptake of existing CDC tools or resources (outcome). This may results in feedback to help improve these tools and resources (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:* 160/200 words maximum

The national organization should have the organizational capacity to work with diverse state stakeholder groups for the purpose of achieving state-level ECE system change.

The organization should be a national leader in childhood obesity prevention specifically targeted on early childhood education.

The organization should be familiar with and have used CDC's Action Guide and framework for obesity prevention in the ECE, which will to help enrolled states or localities understand how sustainable changes can be made to the ECE system to support improved nutrition.

Capacity as a professional organization or an organization with a large reach into state public health or ECE systems that is able to enroll and collaborate with a several states and encourage shared learning and collaboration across jurisdictions:
- whose membership are stakeholders who support states or localities to improve obesity prevention
- that has technical expertise in state level work to improve the ECE setting
- has technical expertise in ways to approach equity initiatives for the ECE setting

13 Applicant Program Experience:* 65/200 words maximum

Extensive experience collaborating with state level stakeholder groups that impact the ECE environment and ECE system change
Experience working the CDC's Action Guide and framework.
Experience coordinating peer-sharing sessions (monthly, quarterly, as necessary) between and among states and within state stakeholder groups and able to provide TA when necessary.
Extensive experience in providing technical assistance and training in early childhood education strategies to prevent obesity.

	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 152/200 words maximum It is expected that the recipient will be a professional organization or an organization with a large reach into state public health or ECE systems - whose membership are stakeholders who support states or localities to improve obesity prevention - that has technical expertise in state level work to improve the ECE setting - has technical expertise in ways to approach equity initiatives for the ECE setting - will be able to enroll and collaborate with a several states and encourage shared learning and collaboration across jurisdictions. It is expected the organization will collaborate closely with the DNPAO and DNPAO funded recipients (grantees) including SPAN, High Obesity Program, and REACH particularly in our current ECE work and any identified national partners to minimize duplication and improve collaborative efforts. It expected that the recipient will collaborate with subject matter experts/other ogranizaitons with subject matter expertise to properaly support states if the expertise does not reside within the grantee organization.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 37/200 words maximum It is expected that the awarded with subcontract to numerous states, as outlined in the project description. Criteria for selecting states will vary based on the activity and will be developed post-award in partnership with CDC/DNPAO.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 106/200 words maximum Most state public health agencies do not have direct authority over any components of their states' ECE system. In order to successfully pursue public health approaches to obesity prevention targeting the ECE setting, these agencies benefit significantly from dedicated funding that allows them to have a leadership role in convening the diverse group of state stakeholders needed to do this work and in guiding them through a systematic process that results in a shared action plan which is then implemented. This work will benefit public health agencies by disseminating and promoting use of national obesity prevention standards to prevent childhood obesity and other chronic diseases.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 45/100 words maximum
	The recipient 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 in-person meetings, 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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 9/15 words maximum Partnership to Improve STD Prevention and Care in Clinical Settings	
2	CIO:* NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, S...	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 C
6	Description of the Target Population:* 7/25 words maximum Medical providers working in nongovernmental public health entities	

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 number 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**. 108/1,000 words maximum

Purpose: Engage with providers and other medical professionals to improve the uptake of STD clinical services and improve the quality of care. Improve collaborations and data sharing. Improve communications and information sharing between medical professionals and the public health system at all levels.

Proposed Activities:
Provide information, data, tools, training, and resources to medical professionals concerning STD prevention
Build partnerships and linkages that stimulate public and private sector collaboration in the delivery of quality health care services

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:* 8/200 words maximum

The organization should be able to reach medical professionals.

13 Applicant Program Experience:* 22/200 words maximum

The recipient should have experience communicating complex public health issues and working with providers to improve uptake of prevention services.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 82/200 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 (e.g., the National Association of County

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 53/200 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
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 29/200 words maximum The governmental agencies will benefit from increased partnerships and functioning across the medical care landscape, and reduced patient burden when local medical professionals are able to provide STD prevention services.
	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
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Partnerships for Public Health with the Nongovernmental Sector

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

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

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

CIO POC phone number(es):*
770.488.0877

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

6 Description of the Target Population:* 4/25 words maximum
Community based 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)
$500,000 (Whole number 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**. 149/1,000 words maximum

Purpose: The purpose of this project is to use the power, authority and insight of nongovernmental partnerships to improve overall health status of the population particularly as it relates to chronic diseases.

Proposed Activities: Activities are varied and may include assessments of chronic disease public health gaps and network analysis and identification of likely nongovernmental partners who may be in a position to contribute to reducing that gap. Depending on the context, activities may include capacity building of both governmental and nongovernmental organizations (staff) to identify and leverage partnerships to address chronic disease concerns. Activities could also include engagements between public health and nongovernmental organizations with the goal of strategically addressing chronic disease health issues impacting nongovernmental organization mission.

Expected Outputs: Identified and engaged organizations and individuals for long-term partnership efforts; potential design and strategic opportunities documents.

Expected Outcomes: Stronger, more varied partnerships with demonstrable results leading to improvement in health status.

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

Demonstrated record of successful partnership development and interactions with nongovernmental organizations that contribute to improving population health status as well as within the governmental public health community. Ability to tailor strategies to meet diverse population needs of local communities.

13 Applicant Program Experience:* 25/200 words maximum

	Familiarity with or access to subject matter experts addressing the wide variety of public health needs, particularly in the area of chronic disease prevention.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 15/200 words maximum Collaboration across multiple sectors, disciplines, layers of authority and cultures is expected at baseline.
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. : * 30/200 words maximum Stronger partnerships with nontraditional, nongovernmental partners, plus additional skills on the part of the public health community in identifying, developing, and maintaining successful partnership to improve population health status.
	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.

Submission Date:

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Physician Engagement and Training focused on Infant Nutrition

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Jennifer Nelson; Linda Barnes; Carol MacGowan; Paul...

CIO POC email address(es):*
zcn6@cdc.gov; lit2@cdc.gov; dvx2@cdc.gov; pem1@cdc.gov

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

CIO POC phone number(es):*
770-488-5157; 404-867-9697; 770-488-5626; 770-488-5849

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

6 Description of the Target Population:* 5/25 words maximum
Pediatric Health Care Clinicians

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 number 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**. 977/1,000 words maximum

The purpose is to engage medical provider organizations and/or relevant stakeholders (e.g., organizations with missions related to medical student, physician, and advanced practitioner education, training, and certification, and those responsible for accreditation of infant feeding-related perinatal care) to: 1) increase availability and accessibility of medical student, physician, and advanced practitioner (e.g., nurse practitioners and physician assistants) (hereafter, referred to as medical practitioners) infant feeding-related training and education; 2) implement recommendations on training and educational needs to build capacity of medical practitioners to provide optimal support for infant feeding, especially among disparate populations; 3) implement recommendations on strategies to engage medical practitioners to improve the continuity of infant feeding-related care from the prenatal period through early childhood; and 4) implement recommendations on strategies to engage medical practitioners to support the safe implementation of evidence-based maternity practices supportive of infant feeding at the hospital level.

Proposed Activities (Note: proposed activities for the 2 year project period. Year 1 activities to be selected from the list.)
• Development of tools and resources to ensure maternal-child medical practitioners have adequate infant feeding-related knowledge as well as the clinical skills necessary to manage the breastfeeding dyad.
• Development of an undergraduate education curriculum for infant feeding, which integrates knowledge on infant feeding as well as the clinical skills necessary to manage the breastfeeding dyad throughout preclinical and clinical education.
• Development or revision of a graduate medical education curriculum for infant feeding to ensure maternal-child

	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:* 197/200 words maximum

Ability to build the knowledge and capacity of maternal-child medical practitioners as related to optimal infant nutrition, including breastfeeding, as well as clinical management of the breastfeeding dyad.

Adequate infrastructure to engage and convene multiple medical practitioner professional organizations and relevant stakeholders whose members provide direct services to children as well as the breastfeeding dyad, including populations with disparities in breastfeeding rates.

Adequate infrastructure to engage and convene relevant organizations responsible for accreditation of perinatal care and/or designation of maternity care supportive of infant feeding, including breastfeeding.

Adequate program management/staffing to engage and convene medical practitioner organizations and relevant stakeholders.

Workforce capacity and competency in medical practitioner education and training, infant nutrition, and health equity.

Knowledge, understanding, and commitment to improve infant nutrition as well as promote, protect, and support breastfeeding at the hospital and community levels.

Relevant skill sets or ability to access expertise in infant nutrition, including breastfeeding, and health equity.

Capability to plan, develop, produce, disseminate, and evaluate multi-specialty medical practitioner education related to infant feeding in multiple formats and using novel approaches.

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.

13 Applicant Program Experience:* 139/200 words maximum

Experience providing medical provider education and training on infant nutrition, including breastfeeding, to build capacity of medical practitioners, such as medical students, physicians, and advanced practitioners (i.e., nurse practitioners and physician assistants) in various specialties, in various settings, and at varying career points.

Ability to develop educational opportunities in infant nutrition for members and other external partners as well as to provide maternal-child medical practitioners access to resources and services designated to advance infant nutrition, including breastfeeding.

Experience partnering with organizations responsible for hospital accreditation and designation processes related to maternity care practices supportive of breastfeeding.

Experience in reaching and providing capacity building assistance to medical practitioners providing care related to infant nutrition, including care of the breastfeeding maternal-child dyad, at the hospital and community levels.

Experience in implementing programs directed at medical practitioners that address health equity.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 147/200 words maximum

It is expected that the awardee will partner with professional organizations whose memberships are comprised of medical practitioners who provide direct services to breastfeeding women and/or infants and children.

It is expected that the awardee will partner with professional organizations representing medical providers with the mission of improving parity in medicine, eliminating health disparities, and promoting optimal health.

It is expected that the awardee may partner with organizations that represent relevant stakeholders such as those with experience and expertise in breastfeeding support, health equity, and/or certification.

It is expected that the awardee may partner with organizations that are responsible for hospital accreditation and designation processes related to perinatal care and/or maternity care practices supportive of breastfeeding.

It is expected that the awardee may partner with organizations that play a role in continuity of breastfeeding-related care, such as other organizations providing peer and/or professional support for breastfeeding.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 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. : * 82/200 words maximum Medical practitioners who have the proper infant feeding knowledge as well as adequate skills to manage the breastfeeding mother-child dyad are better equipped to provide appropriate counseling on and care for infant feeding. Proper nutrition in infancy and during the early childhood period lays the foundation for nutrition patterns throughout the lifespan. Establishing proper nutrition during this period has the potential to reduce obesity in both children and adults as well as other chronic diseases, leading to a healthier US population.
	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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/15 words maximum
Preventive Medicine Collaboration with WISEWOMAN

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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; Kaha Ahmed

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

CIO POC email address(es):*
lrp0@cdc.gov; eut9@cdc.gov; wnq9@cdc.gov

CIO POC phone number(es):*
770-488-5177; 770-488-6215; 770-488-7474

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

6 Description of the Target Population:* 25/25 words maximum
WISEWOMAN providers and administrators; State/Local Health Department physicians and others involved in providing coordinated patient care, preventive medicine providers, medical societies/associations, and national 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)
$150,000 (Whole number 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**. 245/1,000 words maximum

Purpose: To assist the National Center for Chronic Disease Prevention and Health Promotion's Division for Heart Disease and Stroke Prevention to increase physician/clinician screening, testing, and referrals of patients with hypertension to evidence-based programs and to increase physician/clinician awareness of hypertension as a serious health condition.

Proposed Activities:

- Development of educational activities (webinar series) and products (i.e., issue briefs, factsheets, infographics, physician practice work flow diagrams, etc.).
- Integrate, expand, and reinvigorate knowledge of lifestyle/preventive medicine as a "first-line" treatment practice that has population health impacts via expanded access to an e-learning portal, practical tools/resources.
- Conduct a qualitative analysis research study among WISEWOMAN providers of their knowledge and practical uses of Lifestyle Medicine to address cardiovascular disease/hypertension among woman.
- Actively involve a Lifestyle Medicine Provider Education Advisory Council in the development of education activities and products that will emphasize best-practices and a plan to address provider practice implementation needs.

Expected Outputs:

- Lifestyle medicine electives/modules
- Dissemination of new education modules to WISEWOMAN grantees and providers
- Mass communications - webinars, press releases, conference calls, newsletter, website, online educational library, social media content
- Infographics, work flow diagrams, practice tool resources, etc.
- Final report – highlighting successful approaches and key evaluation findings
- Key lessons learned and best practices/strategies for physicians
- Sustainability plan

Expected Outcomes:

- 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.
- Increased awareness of hypertension as a significant public health concern.
- Increased referrals to the evidence-based hypertension 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	
	☑	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:* 73/200 words maximum

The successful applicant will need the capacity to work closely with a variety of providers that promote cardiovascular health in different types of health care settings. They should have the means to develop, coordinate, implement and manage educational trainings, as well as, gather stakeholder input from experts in the field. Finally, the organization needs the capacity to compile all feedback and relevant data from participating providers and translate findings for project improvement purposes.

13 Applicant Program Experience:* 59/200 words maximum

The applicant should demonstrate understanding of Division for Heart Disease and Stroke Prevention goals and strategies. Have existing partnerships with organizations that can support this work as subject matter experts or the ability to form such relationships. Demonstrate the ability to develop and implement curricula that support learning objectives related to the educational development and training of providers.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 78/200 words maximum

Recipient will work closely with other organizations to advance the work of increasing hypertension screening, awareness, and referral to the program. The following organizations are listed as potential collaborators in promoting education opportunities and member involvement:

- American Medical Association
- American College of Lifestyle Medicine
- American College of Family Physicians
- American College of Physicians
- Association of State and Territorial Health Officials
- Council of Preventive Medicine Residency Directors
- National Association of County and City Health Officials
- National Association of Community Health Centers
- Select State Medical Societies
- Y-USA

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 18/200 words maximum

If in-house expertise does not exist, work may be subcontracted in order to engage subject matter experts.

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

	Briefly describe how. : * 0/200 words maximum
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Promoting Routine and Risk-based Screening for HIV, Viral Hepatitis, STDs, and LTBI in Hospitals/Health Systems

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, S...

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Program and Performance Improvement Office

4 CIO Point of Contact (POC) name(s):*
Michelle Van Handel

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

CIO POC email address(es):*
ioq4@cdc.gov

CIO POC phone number(es):*
404-639-0947

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

6 Description of the Target Population:* 7/25 words maximum
Hospitals, hospital systems, and/or health 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 number 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**. 389/1,000 words maximum

Purpose: CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) prioritizes cost-effective, scalable programs, policies, and research to decrease incidence, decrease morbidity and mortality, and decrease health disparities for HIV, viral hepatitis, STDs, and tuberculosis. These infections result in high personal, societal, and economic costs. Routine and risk-based screening for these infections in healthcare settings is a cost-effective strategy to reduce incidence, morbidity, and mortality associated with these infections.

The primary goal of this project is to expand routine and risk-based screening in health systems and other healthcare settings in the United States to increase detection of undiagnosed HIV, viral hepatitis, STDs, and latent TB infection (LTBI). Persons aware of their infection can be linked to necessary medical care to improve their lives and reduce the risk of transmission to others. Therefore, a secondary goal is to increase linkage to care and appropriate treatment for persons diagnosed with one of these infections.

Proposed Activities: This project will fund an organization to partner with one or more national healthcare partners (e.g., hospital or primary care associations) to identify best practices, and develop and disseminate strategies and tools that support implementation, scale up, and sustainability of a routine and risk-based screening program for HIV, viral hepatitis, STDs, and LTBI in hospital, health systems and other healthcare settings. These activities should support translating routine and risk-based screening recommendations from CDC and USPSTF with fidelity.

Expected Outputs: Expected outputs for year 1 include, but are not limited to, hands-on tools that provide

1. Model policies, protocols, standards, and practices
2. Step-by-step guides to develop and implement screening programs that fit within existing clinical and technical workflows
3. Templates and artifacts that optimize workflow integration (e.g., those that incorporate screening-related clinical decision support within electronic medical records systems)

Outputs for any continuing funded years will focus on improving outputs from year 1, increasing linkage to care and provision of treatment, and implementing the tools from year 1 in settings with high levels of undiagnosed infection.

Expected Outcomes:

1. Increased availability of tools to support expanded, integrated routine and risk-based screening in hospitals, health systems and other healthcare settings
2. Expanded implementation of routine and risk-based screening in hospitals, health systems and other healthcare settings
3. Increased detection of undiagnosed HIV, viral hepatitis, STDs, and LTBI
4. Increased treatment for HIV, viral hepatitis, STDs, and LTBI
5. Reduced incidence of HIV, viral hepatitis, STDs, and LTBI

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:* 199/200 words maximum

The applicant should have detailed understanding of the target population and development of and modifications to clinical workflows. The applicant should have a general understanding of CDC recommendations for screening for HIV, viral hepatitis, STDs, and latent TB infection, as well as applicable US Preventive Services Task Force recommendations. The applicant should have the capacity to identify model programs that implement these screening recommendations, distill scalable elements of these models, and translate those model elements into strategies and tools that can be disseminated and implemented at scale while allowing for customization to local operational context and workflows. Given the centrality of electronic health records to healthcare, applicant should have the skills to develop tools and resources that support execution of clinical decision support tools at the local level (e.g., translating narrative guidelines into semi-structured/structured formats).

This capacity may be internal or demonstrated through partnerships and contractual mechansims with other entities. The applicant should demonstrate its capacity to oversee and manage all aspects of the project to ensure
1. Subject matter experts and CDC-recommended stakeholders are engaged
2. Appropriate communication modes are used to disseminate developed tools
3. Developed tools are available and useful to the target population and other healthcare stakeholders

13 Applicant Program Experience:* 114/200 words maximum

The applicant should have experience translating clinical recommendations for execution in healthcare systems and other healthcare settings. The applicant should also demonstrate experience working directly with hospitals, healthcare systems or other healthcare settings to build internal capacity.

Applicant should have documented experience:

1. Translating clinical recommendations for execution in hospitals, health systems or other healthcare settings.
2. Working directly with hospitals, healthcare systems or other health settings to build internal capacity
3. Developing partnerships with hospitals, health systems, other healthcare organizations, providers or their national and state representative associations to improve patient outcomes
4. Developing tools for hospitals, health systems, other healthcare settings, or providers to translate clinical recommendations to practice
5. Implementing pre, post, and follow up evaluations to measure impact

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 19/200 words maximum

	It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 67/200 words maximum The grantee is encouraged to subcontract with entities that can improve the delivery of the expected outputs. CDC does not encourage use of multiple subcontractors, or subcontracting to an entity that must itself subcontract with one or more additional organizations, unless the grantee can provide clear evidence that such an arrangement will yield greater product quality and completeness for the same (or an even lower) budget.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 67/200 words maximum The model policies, protocols, standards, and practices; step-by-step guides; and templates and artifacts that optimize workflow integration can be used by state, tribal, local and territorial health departments to collaborate with healthcare systems to implement expanded, integrated routine and risk-based screening for these infections in their jurisdiction. Tools will be produced that can be adapted to the local context, but maintain fidelity to CDC's recommendations.
	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.

Submission Date: 06/18/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Promotion of nutrition during the first 1000 days

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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; Pau...

CIO POC email address(es):*
hvc2@cdc.gov; lit2@cdc.gov; dvx2@cdc.gov; pem1@cdc.gov

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

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 C

6 Description of the Target Population:* 4/25 words maximum
Pediatric Health Care Clinicians

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 number 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**. 543/1,000 words maximum

Improving nutrition during the first 1000 days of life, from pregnancy to the first two year of life, is a strategic priority of CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO). Beginning in pregnancy, the health and well-being of the mother can have long lasting impacts on her child. Appropriate gestational weight gain and maternal micronutrient status are two examples that can have profound impacts on both mothers and their future child. Following birth, the American Academy of Pediatrics recommends 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
This project is to promote and disseminate key nutrition messages to pregnant mothers, families and caregivers of children birth to 2 years of age. Creating a surround sound approach of nutrition related messages based on current recommendations and guidelines and coming from a credible source, could help ensure that pregnant women, families and caregivers are receiving consistent messages from multiple sources.

Proposed Activities
Efforts may include:
1) Conduct a landscape assessment of current nutrition related evidence-based guidelines and recommendations for pregnant women and children birth to 2 years.
2) Translate existing evidence-based guidelines and recommendations related to nutrition during the first 1000 days into easily understandable communication messages targeting pregnant women, families and caregivers of children birth to 2 years. Materials could include development of videos, social media assets, point of purchase materials, or others.
3) Explore the feasibility of working with a variety of communication channels to reach pregnant women and families of children birth to 2 years where they live, work and play. This could include collaborating with retail or online organizations, grocery stores or other outlets that provide food, or other organizations that target or provide services for pregnant women and families with children birth to 2 years.
4) Develop a comprehensive promotion plan for key nutrition messages on topics related to pregnancy nutrition, and what, when, and how to feed children birth to 2 years of age.

Outputs
Based on activities implemented, outputs could include the following:
• Communication materials and other supporting resources to reach pregnant women, families and caregivers of children birth to 2 years
• Summaries of lessons learned and recommendations for working with novel partners to reach pregnant women, families and caregivers of children birth to 2 years
• Model communication tools and other resources, as needed, to be made publicly available
• Implementation of a dissemination and promotion plan for resources identified and developed

Outcomes
• Increased availability of credible and consistent support and resources for families on optimal nutrition needs during pregnancy and early child nutrition and feeding practices.
• Increased dissemination of information on optimal nutrition needs during pregnancy and early child nutrition and feeding practices for families where they live, work, and play.
• Increased awareness and knowledge of optimal nutrition needs during pregnancy and early child nutrition and feeding practices among families.

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

• Direct access to a wide range of pregnant women and families and caregivers of children birth to 2 years.
• Expertise to plan, develop, produce, and disseminate communication materials or tools on optimal nutrition during pregnancy and early child nutrition and feeding practices.
• Capacity and competency to promote and support optimal nutrition during pregnancy and early child nutrition and feeding practices with pregnant women and families and caregivers of children birth to 2 years.
• Capacity to collaborate with other organizations who may interact or target pregnant women, and families and caregivers of children birth to 2 years in order to boost dissemination of developed materials.

13 Applicant Program Experience:* 64/200 words maximum

• Experience in developing communication materials or other innovative means of reaching pregnant women, and families with children birth to 2 years.
• Experience promoting and disseminating communication materials for pregnant women, and families with children birth to 2 years.
• Experience collaborating with a wide range of organizations who also provide services or support to pregnant women, and families with children birth to 2 years.

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: 13/200 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. : * 60/200 words maximum Creating a surround sound approach of nutrition related messages based on current recommendations and guidelines and coming from a credible source, could help ensure that pregnant women, families and caregivers are receiving consistent messages from multiple sources. 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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Reaching Minority Men Where They Are: Building Capacity for Enrollment in Diabetes Prevention and Management P...

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Andrew Lanza; Amy Bell

CIO POC email address(es):*
alanza@cdc.gov; ewk9@cdc.gov

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

CIO POC phone number(es):*
404-610-1294; 770-488-5404

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

6 Description of the Target Population:* 22/25 words maximum
Non-governmental, nonprofit organizations (e.g., community-based organizations or community health centers) that address medical and social determinants of health, focusing on minority men's 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)
$400,000 (Whole number 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**. 881/1,000 words maximum

Purpose:
The Centers for Disease Control and Prevention (CDC) estimate that 21 million adults in the United States have been diagnosed with type 2 diabetes, with the majority of them being men. Type 2 diabetes disproportionately affects minority populations and places them at greater risk for complications, such as heart disease, kidney disease, and blindness (National Diabetes Statistics Report, 2017). Diabetes self-management education and support programs (DSMES) are available to aid people with type 2 diabetes in developing knowledge, skills, and the ability necessary for diabetes self-care, by using evidence-based strategies.
In addition to the burden of diabetes in the United States, approximately 84 million American adults—more than 1 out of 3—also have prediabetes, a condition that places individuals at risk for developing type 2 diabetes. Data for 2011–2014 indicated that more men (36.6%) than women (29.3%) had prediabetes, with prevalence rates being similar among racial and ethnic groups.

To prevent or delay type 2 diabetes, the CDC's Division of Diabetes Translation has developed and implemented the National Diabetes Prevention Program (National DPP) which includes an evidence-based lifestyle change program shown to prevent or delay type 2 diabetes among people with prediabetes or at high risk for type 2 diabetes.
Given that significantly fewer men than women enroll in programs for type 2 diabetes prevention and diabetes management and there is a higher risk for men in minority communities to developing type 2 diabetes and complications, some communities have developed innovative, novel strategies to reach and enroll men in chronic disease prevention and management programs, including diabetes.
The purpose of this project is to:

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:* 73/200 words maximum

An organization with broad multi-regional or national reach that directly delivers health programs to minority men or works closely with organizations that do. The organization should have the capacity to conduct all of the proposed activities and expected outputs that have been noted with the required skills, technology and infrastructure to do so successfully. The recipient organization must have credibility and demonstrated trust shared with the target population of minority men.

13 Applicant Program Experience:* 57/200 words maximum

Recipient with extensive health program delivery experience to minority populations, specifically men. Their experience should reflect all of the proposed activities such as conducting an environmental scan/landscape analysis, among others. Their experience should include the discovery, development and delivery phase of health programs that use human-centered design as a key feature, thereby focusing on the patient/client/customer/person.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 41/200 words maximum

Although not required, we encourage collaboration. This could add value and a broader perspective to the work. For example, a University setting or Community Health Worker organization can offer valuable assistance in completing the proposed activities and expected outputs.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 41/200 words maximum

	Although not required, we encourage collaboration. This could add value and a broader perspective to the work. For example, a University setting or Community Health Worker organization can offer valuable assistance in completing the proposed activities and expected outputs.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 49/200 words maximum Although we have not conducted an extensive search, we have only become aware of a small number of communities and community organizations that deliver novel approaches to reach minority men on health-related issues. The Government would benefit from the knowledge and information gained on a national level.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 56/100 words maximum
	The budget narrative should sufficiently describe how proposed activities align with the work plan and should include detailed information about the roles that key subcontractors and subject matter experts (if any) will have in accomplishing the work. Several in-person meetings will be necessary to complete the work so travel should be planned and budgeted.
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 4/15 words maximum Reducing Hypertension Among Priority Populations		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...	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; michael sells;...		CIO POC email address(es):* lrp0@cdc.gov; eut9@cdc.gov; wnq9@cdc.gov; znp1@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770-488-5177; 770-488-6215
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category C
6	Description of the Target Population:* 25/25 words maximum A medical association with national reach that has the capacity to support providers who focus on cardiovascular disease, particularly hypertension prevention, detection, 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) $700,000 (Whole number 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

Working with providers, health care systems and the community the recipient will identify and address factors associated with uncontrolled hypertension in African-Americans with a specific focus on African-American males. Providers will utilize a quality improvement process to develop performance measures relating to Health IT and team-based care to improve rates of blood pressure control among hypertensives; and identify barriers and strategies to achieve hypertension control.
In collaboration with traditional and nontraditional partners (e.g., community-based organizations, faith-based organizations, sororities and fraternities, and local health councils), the recipient will implement interventions that focus on DHDSP priority strategies such as, team-based care, community-clinical linkages, self-monitoring of blood pressure linked to clinical support, medication adherence, and removal of barriers to care or other areas related to hypertension prevention, detection, and control. Additionally, interventions must meaningfully address the social determinants of health. The recipient will also produce effective, high-quality, scientifically accurate educational tools/resources for use in strengthening community-clinical linkages. The project should be scalable to multiple providers/systems/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
- ☑ 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:* 182/200 words maximum

	Applicant should have the organizational capacity to work with those engaging with health care providers in direct contact with patients. The applicant should also have the technological capacity to develop and disseminate reports, training, webinars and outreach through avenues such as the internet and social media, as well as direct contact with providers, described above. Successful applicants should have substantial authority or influence in the U.S. medical community; capacity to coordinate/collaborate with other physician and health care professional member organizations to expand the potential reach of this work; and the capacity to substantially increase the number of physicians and health care professionals providing assessment, diagnosis and referral to appropriate care and community support programs. Applicant should have ready access to an existing network of physicians and health care professionals; capacity to reach, engage, and activate large numbers (>1,000) of physicians and health care professionals throughout the U.S. efficiently and effectively through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.); and access to professionally trained staff and members with adequate skills and experience to understand and successfully carry out the work described.
13	Applicant Program Experience:* 106/200 words maximum Successful applicants should have prior experience and demonstrated success in: • engaging and activating large numbers (>1,000) of physicians/health care professionals throughout the U.S. through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.); • influencing change in physician behaviors/care practices; • coordinating/collaborating with other physician/health care professional member organizations to advance mutual goals; • producing effective, high quality, scientifically accurate educational tools/resources for use by physicians/health care professionals; • planning, implementing, and evaluating the outcome of interventions or demonstration projects targeting specific health care issues/needs; and • serving as a recognized leader for professional, multi-disciplinary education, collaboration, and communication in the areas of preventive medicine and public health.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 21/200 words maximum The applicant should provide documented experience in collaborating with FQHCs, and other health systems and other relevant stakeholders specifically addressing cardiovascular disease.
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. : * 0/200 words maximum
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Strengthening Pediatricians' Capacity for Global Tobacco Control among Children and Families

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Sheila Porter; Indu Ahluwalia; Pam Cox; Evelyn Twent...

CIO POC email address(es):*
sporter@cdc.gov; iaa2@cdc.gov; pcox@cdc.gov; ydj2@cdc.g...

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

CIO POC phone number(es):*
770-488-4629; 770-488-7885

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

6 Description of the Target Population:* 24/25 words maximum
Pediatricians and other healthcare providers working with children, youth and adolescents, and their parents and families in high priority countries for tobacco 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)
$150,000 (Whole number 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**. 622/1,000 words maximum

Background Each year, tobacco causes nearly seven million deaths worldwide; 600,000 of these deaths are attributable to secondhand smoke (SHS) exposure. Tobacco poses significant health risks to children, causing many experts to classify tobacco exposure as a pediatric disease. Most smokers first become addicted during adolescence. Children are more highly exposed to SHS than any other age group. Tobacco use and SHS have significant impacts on low-birthweight, prematurity, and child survival. SHS exposure during a child's formative years also has significant short- and long-term health effects, including increased respiratory infections, asthma and Sudden Infant Death Syndrome (SIDS). This results in a disproportionate disease burden: nearly 1 in 4 deaths from SHS occur in children, most often from respiratory infection in the first few years of life. There are regional variations in child mortality from SHS exposure, with over 60% of child SHS deaths in Africa and southeast Asia. In addition to the harms from direct exposure, children are harmed by tobacco in other ways, including parental tobacco-related illness or premature death, malnutrition and food insecurity as parents in low-income households spend money on tobacco rather than food, and through their own labor and the labor of family members on tobacco farms. Beyond the direct human toll, tobacco negatively impacts productivity and healthcare costs, weakening a country's economic well-being, which trickles down to harm children and families. If current usage trends continue, tobacco-related deaths will reach one billion in the 21st century. Child harm from exposure to tobacco and SHS requires direct intervention from pediatricians and other child health providers. Pediatricians are a trusted voice for children, and-with the support of their national pediatric associations-have the power to champion tobacco control efforts in their nations and communities. However, not all pediatric leaders have prioritized developing the capacity to support child health initiatives.

Pediatric clinicians and national pediatric associations can benefit from capacity- building tools to help them effectively address tobacco control at multiple system-levels, including clinical care, organizational/community change, and national laws and policies. Intervening at each level requires a different skill set: to protect children and families in clinical practice, pediatric clinicians need screening tools and interventions and training to encourage cessation, prevent initiation, and protect children and other nonsmokers from SHS exposure. In the community, when working towards policy change, clinicians need successful strategies for promoting clean air and youth-focused policies, and effective methods of sharing this knowledge. Communicating effectively with governments and partners, in ways that can be easily understood and acted upon, is a unique skillset that can be improved through technical assistance and training.

This proposed project will invest in engaging pediatricians and other child healthcare providers in strengthening their own healthcare systems via the integration of child and family centered tobacco control initiatives. The goal of this project is to continue to mobilize country-based champions to implement comprehensive tobacco control strategies that impact child and adolescent health. The proposed project will engage child healthcare leaders in countries to promote tobacco and secondhand smoke (SHS) prevention programs and implement evidence-based guidelines for community level tobacco control, and to support these stakeholders in efforts to champion tobacco control in their country's healthcare systems.

Building from previously conducted work, project activities include:
1) Continue to use the comprehensive, multi-year strategy to address pediatric tobacco use and SHS exposure that has been developed. Select a new set of 5-6 countries to continue training.
2) Together with selected countries' child health leadership, we will continue to develop and test advocacy tools and capacity-building workshops or other strategies for clinician leaders in 5-6 countries. Information gained from these capacity building activities will be used to refine these training and advocacy tools for use in other countries in future years.
3) Evaluate the project for quality improvement of services and training.

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:* 159/200 words maximum

The organization will need to have access to primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults. The applicant will work to develop and implement statewide and international children's health policy, as well as address the individual needs of pediatricians and children at the international, state and local levels. They will also need to also help to inform the international and national issues that pediatricians and pediatric subspecialists face at the international, state and local levels. The applicant should have experience working to educate pediatricians about tobacco and secondhand smoke. The applicant should have a strong commitment to and an extensive history of supporting pediatricians and child health providers as community advocates working to make their communities and the world a better place for children to live. The applicant should have experience working with pediatricians as key stakeholders and influential in promoting tobacco and secondhand smoke exposure prevention programs in their communities and countries.

13 Applicant Program Experience:* 180/200 words maximum

The applicant should have experience and expertise in pediatric and public health research. Professional staff should have doctoral-trained scientists, and senior masters-level research staff. The applicant should have research activities that are enhanced by close collaborative relationships with leading academicians. Should have experience working with Universities, hospitals, ministries of health, researchers, scientists, government organizations, and medical hospitals. Experience in the following areas is also required: 1) providing core data sources and analyses about children and SHS; 2) training the next generation of tobacco control scholars; 3) training child health clinicians to deliver brief, effective counseling to reduce/eliminate children's exposure to SHS and to be effective in advocating for tobacco control policies affecting individuals and communities; 4) synthesizing and providing scientific information for development and implementation of new strategies to reduce children's exposure to SHS; 5) developing and testing rapid, in-office test for SHS exposure; 6) developing and testing targeted, family-centered, theory-driven communication strategies for preventing children's exposure to SHS in the US and in China; and 7) evaluating the health impact of electronic cigarettes and other new product that have entered the market.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 65/200 words maximum

To work with the Global Branch to develop new materials if needed and participate in workshops during the year and evaluate the project at the end of each year to revisit the multi-year strategic plan and discuss lessons learned from the workshops. Knowledge from the year will be used as the foundation for ongoing comprehensive work to address tobacco and second hand smoke exposure worldwide.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 116/200 words maximum

The plan is to issue small grants to 5-6 national pediatric societies to guide the priority country activities. These small grants awards will total up to $9,000-10,000 US dollars each, and will support development and translation of training curricula and educational materials and implementation of the workshops and other technical assistance events in their country.
The grant process will include an agreement between the organizations. Program staff will work closely with the main contact at the grantee organization to carefully develop a scope of work with outputs and outcomes that are specific, measurable, feasible, and timely.
Criteria for choosing grantees:
• Priority country (see above criteria) for CDC
• History of effective multinational partnerships
• Society leadership capacity
• Ability to carry out the country-level needs assessment.

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

Briefly describe how. : * 27/200 words maximum

Working collaboratively with CDC this will enhance the Global Tobacco Control Branch's reach and education in the area of tobacco control for health care professionals internationally.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 20/100 words maximum

It is expected that the applicant will provide to 5-6 countries, $9,000 or more per country for in-country projects.

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.

Submission Date: 05/10/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Support for Pediatric Providers and Early Child Feeding – Birth to 2 years

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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; Pau...

CIO POC email address(es):*
hfc2@cdc.gov; dvx2@cdc.gov; lit2@cdc.gov; pem1@cdc.gov

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

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 C

6 Description of the Target Population:* 5/25 words maximum
Pediatric Health Care Clinicians

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 number 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**. 741/1,000 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 recommends 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 explore clinical practices and public health strategies that align with current American Academy of Pediatrics recommendations (a credible source of information) and determine how to provide support to pediatric health care providers and the families and patients they serve to implement optimal early nutrition and feeding practices among children birth to 2 years of age.

Proposed Activities
Efforts may include:

1) Explore the feasibility of:
a. Developing a comprehensive electronic health record system approach to support optimal nutrition and feeding

	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:* 77/200 words maximum

- Authority and direct access to pediatric service providers.
- Capacity to reach out to its professional membership of physicians/providers that provide direct services to families with children 0 – 2 yrs.
- Expertise to plan, develop, produce, disseminate and evaluate early child nutrition programs and/or materials/tools.
- Capacity and competency to promote and support early child nutrition strategies and practices within pediatric health care provider practices.
- Capacity to implement and/or evaluate evidence-based strategies within clinical settings that provide support to pediatric populations.

13

Applicant Program Experience:* 80/200 words maximum

- Experience collaborating with physician or other provider organizations to reach clinic and community based physicians/providers serving families with children 0 – 2 yrs.
- Experience collaborating with organizations with expertise in provider education and training aimed at supporting maternal and child nutrition issues.
- Experience in developing support tools or other innovative means of reaching providers serving families with children 0 – 2 yrs.
- Experience in implementing and evaluating programs directed at providers that address maternal and child nutrition issues.

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: 13/200 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. : * 70/200 words maximum

Supporting clinical practices and public health strategies that align with current American Academy of Pediatrics recommendations can ensure that providers have the tools and resources to give their families and patients (children birth to 2 years of age) optimal early nutrition and feeding practice information. 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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Supporting medical education for primary care providers regarding early onset breast cancer risk, detection, and surv...

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Temeika L. Fairley

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

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

CIO POC phone number(es):*
770-488-4518; 404-857-5530

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

6 Description of the Target Population:* 18/25 words maximum
Obstetrician-Gynecologist and other women's health care providers (Note: this may include nurses, nurse practitioners, and physician's assistants)

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 number 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**. 740/1,000 words maximum

Purpose: The purpose of this project is to explore innovative ways of educating obstetrician-gynecologist and other women's health care providers about early onset breast cancer. The effort will include the development and implementation of narrative/story-focused video-based continuing medical education resources (e.g., video, audio, etc.) for health care provider that address topics related to early onset breast cancer (e.g., risk, risk reduction, survivorship including metastasis) and breast health in young women (<45 years of age). The scenario for this is young women (<45 years of age) and early onset breast cancer (including hereditary breast cancer). This scenario includes decisions that involve complex information dealing with the risk factors, detection, and treatment for early onset breast cancer that have to be understood in order to attain the best possible outcomes for young women facing breast cancer. Increased understanding of these complex communication and decision factors will translate to better outcomes at the population level.

Women younger than 45 years account for less than 10 percent of all cases of breast cancer in the United States, however, they experience more aggressive disease, higher risk of recurrence and death, and more treatment-related long term side effects than older women. Some young women have a higher risk for developing this disease. They include women who received chest radiation for childhood cancer, women with certain family histories of breast cancer or genetic predispositions for breast cancer (e.g., Ashkenazi Jewish and African American, etc.), women with a prior history of breast/ovarian cancer or breast disease, and women with dense breasts.

Early detection of disease is essential to effective treatment in young women who are at increased risk. It is imperative that young women and their health care providers are aware of factors that contribute to increased risk for disease and ways to manage these risks (e.g., genetic counseling/testing, enhanced screening/surveillance, chemoprevention, surgery, health behaviors, etc.). There is also a need for effective patient and provider communication about early onset breast cancer which affect decision-making and uptake of action-oriented outcomes such as referral to specialists for advanced care. Challenges in these areas have been noted, but not necessarily addressed in a novel or effective manner. These challenges include lack of knowledge about hereditary breast cancer among primary care providers and limited experience in referring women for genetic counseling; poor systematic collection of family history data; provider difficulty in communicating risk (e.g., genetic or cancer-related); and poor patient understanding regarding risks (including hereditary cancer risk), the genetic counseling and testing process, and the meaning of genetic testing results. Additionally, health care providers have noted difficulty in keeping track of current recommendations and guidelines related to breast cancer screening for the affected age groups as well as concerns about potentially over treating young women who are unnecessarily concerned about getting breast cancer (e.g., worried well).
The lack of awareness and understanding of important risk, early detection, and treatment-related factors coupled with diminished patient provider communication may lead to delayed diagnosis and/or treatment of disease which is often aggressive in young women. Given these challenges, there is a need to develop patient-provider communication resources related to early **onset breast cancer.**

Proposed Activities: Activities needed to support and complete this project include, but may not be limited to: 1) environmental scan/literature review of relevant content related to selected topics; 2) identification of platform for developing and delivering CME; 3) development of story-focused training script for the video; 4) supporting CDC scientific and communications clearance of all resources; 5) securing CME for developed resource; 5) establishing relevant partnerships with entities to support resource development and dissemination (including paid strategy like ads; etc).

Expected Outputs: 1) Completed environmental scan/literature review report of relevant content related to selected topics; 2)Clearance-ready story-focused training script for the video(s); 3) established up to 2 relevant partnerships with entities to support resource development and dissemination; 4) completed (cleared) training videos and resources; 5) dissemination plan (and paid media strategy if needed) for CME for selected platform; secure CME ; final metrics report from the CME (e.g., learners; completed CME credits delivered, etc.).

Expected outcomes: CME training opportunities and messages related to early onset breast cancer topics (e.g., risk, risk reduction, detection, and survivorship including metastasis) using traditional and/or innovative channels to reach women's health casre providers who serve young women at living with or at risk for early onset breast cancer. Educational resources and channels will be assessed during the project period and a report of challenges and successes delivered to the Division of Cancer Prevention and Control.

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:* 144/200 words maximum

Proposed project staff should have knowledge of breast cancer epidemiology, screening, treatment, survivorship issues and evidence related to breast cancer and breast health. Some of the proposed project staff should have expertise in technical writing as related to medical topics and the capacity to translate health information and clinical guidelines. Staff should have experience in evidence-based interventions and implementation. The applicant will need to have the ability to do environmental scans to determine the state of the evidence before beginning work on developing educational messages and training resources. Some of the project staff should have prior experience in developing continuing medical educational materials and securing CME. The evaluation of all tools developed is a critical ability of the project staff. Project staff lead will need to appropriate project management experience and capacity to oversee all aspects of the effort and facilitate project completion.

13 Applicant Program Experience:* 175/200 words maximum

To effectively conduct the work described under the project description, the applicant should have experience in cancer epidemiology, cancer screening and treatment and issues related to early onset breast cancer detection and treatment guidelines. The applicant should be able to translate these guidelines/recommendations into messages for use by the young women at increased risk for early onset breast cancer and the health care providers who treat them. 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. 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 the continuing medical education outlets that serve the subpopulations targeted by the project. The applicant should have experience working with health care providers to reach young women at increased risk for breast cancer as well as marketing companies who can help develop the materials and assist with dissemination.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 78/200 words maximum

The applicant will be expected to collaborate with the TM, the CDC project team, and the expert consultants on all aspects of the project. All material developed will be reviewed and approved by TM and CDC project staff. CDC has a successful early onset breast cancer campaign, Bring Your Brave (www.cdc.gov/bringyourbrave). This campaign has a component that targets health care providers specifically (https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/health_care_provider_education/index.htm). All of CDC's materials are free for use and can be cobranded as needed.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 122/200 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. The applicant may need to secure a subcontractor for expertise in developing and deploying continuing medical education program that are video based and getting messages out to the target audience in unique ways. The applicant may 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. With regards to this project effort, CDC will be looking for the project team to explore innovative methods and present them to CDC for consideration and approval.

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

Briefly describe how. : * 0/200 words maximum

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 98/100 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 CME platforms and audiovisual equipment, producing educational materials, paying for travel (if needed), disseminating educational resources , conducting review and revisions, conducting usability testing, paid media dissemination, 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 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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Supporting National Efforts to Create Active Communities

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTI...

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

4 CIO Point of Contact (POC) name(s):*
Ken Rose, Linda Barnes; Kristine Day; Jenny Brown; Pa...

CIO POC email address(es):*
kfr2@cdc.gov; lit2@cdc.gov; knd8@cdc.gov; jxb9@cdc.gov; ...

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

CIO POC phone number(es):*
770-488-5446; 770-488-6456

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

6 Description of the Target Population:* 3/25 words maximum
YMCA's nationwide

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)
$900,000 (Whole number 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

This project will support national efforts on state and local partnerships to facilitate places for physical activity that support health, active living, and safety and to enhance the adoption of comprehensive policies to improve community design for active living. The goal of this project is to support a national network of state affiliates to partner with recipients funded by CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO recipients) on efforts to create heathier, active communities, promote messages for active living and design, and identify opportunities for youth development.

The strategies and accompanying activities for this project are listed below:

- Create active communities that support safe and accessible places for physical activity.
  • Support 15-20 state affiliates to partner with recipients funded by DNPAO recipients in their state to create walkable, and bikeable communities using the Community Preventive Services Task Force Recommendation for Built Environment Interventions to Increase Physical Activity. (https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches).
  • Provide technical assistance to the applicant's affiliates and DNPAO recipients.
  • Convene stakeholders and take action through: 1) a walk/bike/smart growth community coalition; 2) Vision Zero initiative; or 3) a training on safe routes to school, parks, etc.
  • Conduct walk/bike audits to identify an environment in need of change (ie creating activity-friendly routes to everyday destinations), stakeholders needed to create the change, and develop action plan for needed change.
  • Support or contribute to the implementation of a Safe Routes program.
  • Provide support/partnership, educate, and/or pursue policies for: zoning codes supportive of The Community Guide recommendations, complete streets, walking or biking plans (either stand-alone or as part of comprehensive or master plans), and/or safe routes to schools.

Facilitate community-clinical collaborations in populations experiencing chronic disease health disparities.
• Promote the use of appropriate and locally available programs for individuals in priority population(s) (e.g., Diabetes Prevention Program (DPP), Chronic Disease Self-Management Program (CDSMP), and tobacco cessation services).
• Link health professionals such as Community Health Workers, patient navigators, and pharmacists, to include referral of individuals in priority population(s) to appropriate and locally available health and preventive care programs.

Education and communication efforts that support and promote healthier communities.
• Develop and disseminate successes and outcomes achieved by each the applicant's affiliates in partnership with DNPAO recipients. This includes, but is not limited to, compiling a list of the actions implemented, a collection of success stories, information on how they leveraged resources, and a final report summarizing accomplishments.
• Host walking/ biking promotional events (e.g. local annual walk; walk or bike-to-school or work days) that include key stakeholders, decision makers, and/or community champions.
• Educate leaders on health and economic benefits of creating healthier communities.
• Implement walking programs that foster social support. (https://www.thecommunityguide.org/findings/physical-activity-social-support-interventions-community-settings)
• Link Y state affiliates with coalitions supported by DNPAO recipients.
• Create, promote and disseminate through social and other media a report about the extent and quality of safe routes to school programs across the U.S. to meet the needs of CDC, the applicant's affiliates, and DNPAO funded recipients

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:* 191/200 words maximum

The applicant must show significant organizational experience and knowledge in promoting healthier communities, be a recognized leader in these areas, have long-standing credibility and relationships in communities throughout the country, have credibility with the intended target audiences and identified collaborators, and have locations throughout the nation. Experience establishing national and local coalitions for healthier communities is essential.

The applicant should demonstrate a proven track record in successful program management, meeting program goals, and advancing healthier communities.

The applicant must have an established network of state affiliates with a coordinated engagement strategy aligned with the applicant's national strategy. The state affiliates must demonstrate sufficient infrastructure and capacity to support local Y efforts to advance DNPAO recipient strategies and activities for active community design.

The organization must have an existing portfolio and efforts in promoting healthier communities focused on promoting safe and accessible places for physical activity and facilitating community-clinical linkages. A proven track record in successful program management, meeting program goals, and advancing healthier communities for physical activity must be demonstrated.

The applicant should have the capacity to appropriately staff and manage the project and have adequate budget management systems in place.

13 Applicant Program Experience:* 141/200 words maximum

The applicant must show significant experience and knowledge in promoting healthier communities, be a recognized leader in these areas, have long-standing credibility and relationships in communities throughout the country, have credibility with the intended target audiences and identified collaborators, have internal core capacity needed for the project, the ability to have connections to communities throughout the nation, and experience supporting national and local coalitions for healthier.

The applicant should demonstrate experience in engaging with, and building on, the capacity of state affiliates to support policy, systems and environment changes to improve walking and biking, and activity-friendly communities and community-clinical linkages.

The applicant should demonstrate experience working with the safe routes to school programs to create technical assistance products and community or state report cards to support the work of state and local health departments, Y state affiliates and DNPAO recipients.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 77/200 words maximum

Collaboration is expected with CDC staff and DNPAO recipients to support state and local efforts to improve health, prevent chronic diseases, and reduce health disparities among priority populations with the highest health risk behaviors – tobacco use, poor nutrition, and physical inactivity. In addition, applicants are expected to work with:

• Leading organizations to promote a national and local movement for walking and other forms of active transportation

• Community coalitions that are chaired by DNPAO recipients

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 139/200 words maximum

To the degree that specific content expertise is required to effectively conduct the work described above does not exist within applicant's organization, sub-contractual activities are encouraged. To build capacity around walkable communities, the applicant will subcontract with leading organizations to enhance a national movement of walking and other forms of active transportation.

It is expected that the applicant will engage 15-20 state affiliates in states that have DNPAO recipients. Each of these affiliates will receive $15-20K to participate. Each affiliate should demonstrate how their proposed activities builds upon previous work in the community and aligns with advancement of appropriate PSE changes to create safe and accessible places for physical activity. The selected affiliates should articulate how they will collaborate with partners to implement activities that have a broader community impact, and connect more directly to work with DNPAO recipients.

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

Briefly describe how. : * 54/200 words maximum

This project will increase the capacity of state affiliates, state and local health departments, and community based organizations to effectively collaborate on creating healthier communities. It will also create sustainable coalitions between public health and non-public health entities that will promote and facilitate critical cross-sectoral work needed to support and expand community environments.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 66/100 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. 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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/15 words maximum
Asthma Guidelines-Based Care Coverage Project

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):*
Pamela Collins

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

CIO POC email address(es):*
ING4@CDC.GOV

CIO POC phone number(es):*
770-488-0792

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

6 Description of the Target Population:* 17/25 words maximum
Coalitions, patient advocacy organizations, and other community-based organizations addressing the prevention and management of lung diseases.

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 number 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**. 243/1,000 words maximum

The purpose of the project is for the applicant to work with CDC/NCEH/ACHB to track the following with state Medicaid programs and state asthma coalitions/programs that work toward comprehensive coverage for Guidelines-based asthma care which includes:
1. Coverage for at least one medication per class within fast-acting inhalers;
2. Coverage of at least one medication per class within long-acting medications;
3. Coverage of allergy testing, both in-vitro and skin testing, of individuals with persistent asthma;
4. Coverage for devices and barriers;
5. Coverage or reimbursement for home visits;
6. Coverage for asthma self-management education;
7. Presence of restrictions to Free Care rule.
The applicant will complete data review and analysis for all 50 states and US territories state asthma coalitions/programs. The applicant will share tracking data with community-based organizations and community coalitions, working collaboration with state health departments' asthma programs.

• Information gathered will strengthen coalitions capacity to promote asthma guidelines-based care.
• Community organizations will facilitate sharing of asthma Medicaid resources, information, challenges, and data among asthma stakeholders.
• Promote coverage for and utilization of comprehensive asthma control services including medicine, devices, intensive self-management education, and home visits, for example.
• Coalitions will have the capacity to, with partners, inform uninsured people about affordable health insurance available through HealthCare.gov, and either assist with enrollment or connect the uninsured to local help.

Outputs include:
1. Methodology and data collection process
2. Network building – state contact list
3. Background document on Guidelines-based care
4. Data report– state by state analysis (all 50 states and US territories)
5. Webinar for interested stakeholders
6. Provide technical assistance on working with State Medicaid 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	
	☑	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:* 70/200 words maximum

The applicant must be a national non-governmental organanization with a strong history in public health response to asthma by building the capacity of national and regional staff and volunteers to research, collect and communicate data and information, develop partnerships, increase implementation of policies and programs, disseminate resources, and add to the evidence base. Particularly, as it relates to the knowledge of Medicaid comprehensive coverage for Guidelines-based asthma care.

13 Applicant Program Experience:* 72/200 words maximum

Applicant has extensive involvement and knowledge in health education and policy change. The organization should have a grassroots network to expand its efforts to other lung health issues including air quality, tobacco control, and asthma management. Partner with state/local asthma coliations/programs and other related organizations with similar interests. The organization should understand the importance of adherence to best practices, protocols, and guidelines in reducing the burden that is caused by asthma.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 10/200 words maximum

Collaborating with state asthma programs, coalitions, and community-based programs.

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. : * 158/200 words maximum

Comprehensive asthma care entails providing a seamless alignment of the full array of services across the public health and health care sectors so that people with asthma receive all, not just some, of the services they need. Providing comprehensive care at a population level requires a stepwise approach. The first step is to ensure the availability of and access to guidelines-based medical management and pharmacotherapy for all people with asthma. Then, for the segment of people whose asthma remains poorly controlled, additional next steps provide or link them with progressively more individualized services (e.g., intensive self-management education, home-based trigger reduction services, and other environmental management strategies). The proposed CBA benefits governmental public health agencies by tracking guidelines-based care Medicaid coverage by state and territory. This allows State Public Health Asthma Programs to work closely with state asthma coalitions to educate patients, healthcare providers, and decision makers on the importance of guidelines-based care and services that are covered by Medicaid in their state.

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.

Submission Date: 06/16/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Building Epidemiologic Capacity for Children's Environmental Health Among American Indian and Alaska Native Popul...

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 C

6 Description of the Target Population:* 17/25 words maximum
Nongovernmental Public Health Components: Public health organizations and/or health care providers that serve American Indian/Alaskan Native Populations

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 number 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: The purpose of the project is to build capacity to collect, use, and analyze health and environmental data among public health agencies and/or health care providers that serve American Indian and Alaska Native (AI/AN) populations.
Proposed Activities: Conduct a baseline needs assessment of epidemiologic capacity to collect, use, and analyze data on children's environmental health issues. Provide technical assistance as needed to develop capacity to use existing data to define a children's health issue, such as childhood lead poisoning prevention.
Expected Outputs: Baseline assessment of environmental health in American Indian and Alaska Native (AI/AN) children.
Expected Outcomes: Improved capacity to understand and address tribal needs associated with children's environmental 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:* 25/200 words maximum

Organization should have access and influence with public health agencies, organizations, and/or health care providers that serve American Indian and Alaska Native (AI/AN) populations.

13 Applicant Program Experience:* 39/200 words maximum

Recipient organization should have experience and expertise in collecting, analyzing, and using health or environmental data to drive actions, develop policies, and make programmatic decisions. Additional experience addressing health disparities and/or social environmental justice issues would be helpful.

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 38/200 words maximum It is expected that recipient organization will collaborate with Federal partners to help build capacity to understand and address health disparities related to environmental hazards, exposures, and health impacts among American Indian and Alaska Native (AI/AN) populations.
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. : * 31/200 words maximum It is expected that this project will help to build capacity to understand and address health disparities related to children's environmental health issues among American Indian and Alaska Native (AI/AN) populations.
	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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/15 words maximum
Climate change and respiratory health

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

CIO POC email address(es):*
pschramm@cdc.gov; ing4@cdc.gov

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

CIO POC phone number(es):*
770-488-0666; 770-488-0792

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

6 Description of the Target Population:* 16/25 words maximum
Public health professionals in community-based organizations working on respiratory health and prevention of lung disease.

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 number 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**. 356/1,000 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
Climate change is expected to have an impact on respiratory health, and the health impacts of events such as heatwaves are already apparent. Recent studies have shown an increasing impact of aeroallergens such as pollen, and a potential change in wildfire exposure. These climate-related impacts have the ability to directly influence respiratory health. There is a need for communications materials, fact sheet(s), a toolkit, and/or best practices documents or related products to inform the public health response to climate-related respiratory impacts. The applicant will work with partners and stakeholders (including all relevant parts of CDC) to determine the most effective products or actions that would help to inform the public health workforce, and create and disseminate these product(s).

Potential activities and outputs
Activities should help to build capacity of public health professionals to identify and respond to the respiratory health effects of climate change. Products should focus on climate-related impacts such as increasing ozone, impacts of wildfires, urban air quality, aeroallergens, or indoor air quality following disasters. Outputs should follow the identified needs, and may include:
• educational webinar(s) and fact sheet(s) aimed at communicating the respiratory health impacts of climate change
• Case studies that demonstrate impact and best practices
• A toolkit of existing technical assistance and information on the respiratory impacts of climate change

Outcomes/goals
Key outcomes would be a better informed public health workforce that will be able to adapt to the respiratory health impacts of climate change, aided by these newly created 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:* 59/200 words maximum

The applicant must have capacity to work with a broad array of organizations to develop and lead activities related to the respiratory health impacts of climate change. The applicant must be able to facilitate communication through methods such as conference lines or webinars, perform monitoring, and support programs through methods that may include site visits or in-person meetings.

13 Applicant Program Experience:* 72/200 words maximum

The applicant must have strong working relationships with professional organizations and individuals working in the field of climate and respiratory health. Staff should have specific extensive experience facilitating communication, organizing meetings, and developing documents on respiratory health and/or asthma. Broad experience with and knowledge of respiratory health efforts is needed. The applicant should be actively engaged in relevant networks and groups related to asthma, lung disease, and other climate-related health impacts.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 42/200 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, other Federal or local agencies, and any relevant academic or government partners working on respiratory 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.

Submission Date: 06/18/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Education and Motivation for Preventing Noise Induced Hearing Loss

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

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

4 CIO Point of Contact (POC) name(s):*
Yulia Carroll, MD; John Eichwald, MA

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

CIO POC email address(es):*
eya3@cdc.gov; bmv7@cdc.gov

CIO POC phone number(es):*
(770) 488-3912; (404) 498-3961

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

6 Description of the Target Population:* 6/25 words maximum
Physicians, Health Care Providers, Clinicians

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 number 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**. 370/1,000 words maximum

Purpose:
A critical component for increasing the effectiveness of public health hearing loss prevention programs is to increase the capacity of health professionals to identify and address noise-induced hearing loss in their patients. Development of an effective curriculum could increase opportunities for patient education and lead to earlier diagnosis and intervention for noise-induced hearing problems.

The primary goals of this project are the development of 1) a professional curriculum for training and educating health professionals to improve their understanding of the adverse health hazards of excessive noise exposure, recognize the signs of hearing loss, and counsel patients on the effective use of personal hearing protection devices and other effective strategies for the prevention of noise-induced hearing loss and 2) a plan for disseminating the training curriculum within the target audience. Targeted health care providers include, but are not limited to, those in the fields of medicine, nursing, audiology, speech/language pathology, otolaryngology, industrial hygiene and in MPH training programs. The focus of this project is to influence the education and knowledge of health care providers by providing resources to educate, inform, and guide those providing clinical services on successful noise-induced hearing loss prevention practices.

Proposed Activities:
The applicant should propose activities that define the target audience, research existing related curricula, define the recommended instructional method (e.g., classroom, web-based), create curriculum goals and objectives, and develop an evaluation plan. Applicants should justify their project plan according to the best available evidence for their proposed target population. Best available evidence includes published literature, results from studies, applicants' knowledge of their target population, and scientific peer-reviewed sources.

Expected Outputs:
Expected deliverables include a project management plan with a well-articulated timeline. Applicant activities should lead to the development of resources such as tools, educational materials, software, trainings, and webinars. At the end of the project period, applicant outputs should include a curriculum guide, evaluation tools, and a targeted curriculum dissemination plan.

Expected Outcomes:
Upon funding, the recipient is expected to share developed resources with CDC and have them publically available for other stakeholders. As a result of this project, health care providers will be able to identify hearing loss prevention in the larger context of public health and the relationship between preventing noise-induced hearing loss from both recreational and occupational exposures.

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:* 81/200 words maximum

The successful applicant organization shall be able to reach and involve a broad partnership of healthcare professional associations, educational institutions, and both public and private sector health education organizations. Successful applicants should have access to health care providers, health educators and others with demonstrated experience in curriculum design and communication tool development for the training and education of healthcare professionals. Preference will be given to applicants demonstrating an understanding of the adverse health hazards of noise, including noise-induced hearing loss.

13 Applicant Program Experience:* 60/200 words maximum

The applicant shall have well-established organizational skills and an infrastructure that is capable of effectively conducting and managing the work described under the Project Description. To effectively conduct the work, the applicant should have demonstrated experience in the training and education of health care professionals. Prior experience with educating health care professionals focused on noise and hearing is preferred.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 63/200 words maximum

Applicant organizations are expected to collaborate with various hearing health care stakeholders such as public and private organizations, academic institutions, and national public health agencies (in particular the CDC National Center for Environmental Health and the National Institute for Occupational Safety and Health) to plan and develop the training curriculum. Applicants should prioritize partners whose members include or represent the target population.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 78/200 words maximum

Applicants may wish to subcontract or consult with a national organization that has experience in public health campaigns focused on noise and hearing. National media campaigns have included, for example, "It's a Noisy Planet" by the National Institute on Deafness and Other Communication Disorders (https://www.noisyplanet.nidcd.nih.gov/). For any proposed subcontract, the applicant shall provide the name of proposed subcontractor (if known), method of selection, description and justification of specific services/tasks to be performed, and description of monitoring progress and performance.

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

Briefly describe how. : * 62/200 words maximum

Activities are designed to build and strengthen the target population's capacities and capabilities to ensure a current, competent, and connected public health system. As a result of this project, health care providers will be able to identify hearing loss prevention in the larger context of public health and the relationship between preventing noise-induced hearing loss from both recreational and occupational exposures.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 37/100 words maximum
	Applicants shall provide an itemized budget with appropriate justifications. Applicants shall provide an itemized budget for any contracted services, and also provide appropriate justification for any travel and describe how it relates to specific program objectives.
	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.

Submission Date: 06/18/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Facilitation and Support of the Environmental Health Collaborative

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Hope Roobol

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

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

CIO POC phone number(es):*
770-488-0585

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

6 Description of the Target Population:* 25/25 words maximum
Environmental health and public health professionals in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery and 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)
$100,000 (Whole number 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:
The purpose of this collaborative is to build capacity among non-governmental organizations and associations who support the environmental health and public health system to: 1) increase the knowledge and support needed to provide environmental health services, and 2) raise awareness of decisions, actions and policies that work together to create healthy environments for all US residents.
Objective: Strengthen the relationships among the Environmental Health Collaborative members and create new opportunities to collaborate through coordinating meetings, calls and workgroup participation.
Project Outcome: Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions.
Proposed Activities:
• Convene 2 in-person meetings annually
• Convene 2 teleconferences annually
• Coordinate and support at least two Environmental Health Collaborative subcommittees or initiatives to advance Environmental Health Coalition work and priority areas
• Identify, coordinate, and support at least Partnership Council workgroup projects that promotes evidence-based strategies in concert with the Partnership Council.
• Create a brand identify for the EH Collaborative
• Evaluate activities and overall impact of work at year-end.

Outputs:
• Quarterly convening, 2 in-person, and 2 teleconference – in a space conducive to group interaction and relationship building, as mutually decided between applicant and CDC
• Facilitate at least one participant-driven activity/initiative/sub-group for the Environmental Health Collaborative to undertake throughout the year, resulting in at least two (2) associated documents/tools/deliverables for each of the two participant-driven activities (e.g. toolkit, webinar, etc.).
• Facilitate at least one National Environmental Health Partnership Council-related activity/initiative/sub-group for the Environmental Health Collaborative to undertake throughout the year, resulting in at least two (2) associated documents/tools/deliverables for each of the two participant-driven activities (e.g. toolkit, webinar, etc.).
• Develop 1evaluation report at year end.

Outcomes:
• Increased collaboration among Environmental Health Collaborative members to promote and implement evidence-based programs and policies.
• Strengthened alliances between environmental health, public health and across a range of sectors to achieve results-driven partnerships.
• Increased capacity among Environmental Health Collaborative members to talk effectively about environmental health to public health and non-public health audiences.
• Increased visibility of the environmental health field and create an understanding about EH issues facing the country among the public and other cross sector organizations

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

Applicant must demonstrate:
• ability to successfully execute strategies, meet project outcomes.
• status as leading public health organization with national presence, have a strong environmental health program capacity and agenda.
• ability to disseminate information to large network of public & environmental health practitioners, demonstrated experience in educating decision-makers.
• Ability to provide significant level of staff time and diligence to ensure constant communication with Collaborative members.
• capacity facilitate discussions in collaborative environment to carry-out annual work plan.
• Ability to implement work activities and meet specified objectives with defined deliverables in time-oriented manner as identified in work plan.
• successin building capacity with target audience and include a description of the relationship (including history and length of time).
• experience working with non-health sectors in advancing environmental health issues.
• evidence of past success in organizing, managing, and implementing meetings of environmental health professionals, particularly meetings of similar size and scope.
• proven successful program management track record, meeting program goals, and advancing environmental health.

The applicant must have: 1) internal infrastructure (physical space and equipment); 2) staff with relevant skill sets; 3) appropriate data systems including electronic information and communication systems to fully implement all activities.

13 Applicant Program Experience:* 197/200 words maximum

Experience coordinating/fostering coalition and collaborations.
Show significant experience and knowledge in public and environmental health, be recognized leader in these areas, have long-standing credibility and relationships with intended target audiences and identified collaborators, and have internal core capacity needed for program. Ability to make connections between environmental health, public health and non-environmental health sectors is essential. Applicant must have demonstrated experience organizing and leading coalitions/collaborations focused on environmental health.

Existing portfolio and efforts in effective messaging and communication of environmental health is critical. Applicant must understand cultural and organizational differences with respect to environmental health priorities and decision-making and have experience working with diverse groups such as tribes, conservation groups, and organizations with a specific environmental health agenda (e.g., housing). Experience working across non-health sectors (e.g., active transportation, environmental protection) to achieve and advance environmental health goals is necessary. Experience in program/process evaluation is essential.

The applicant must also provide evidence of: 1) environmental health program management/staffing plans; 2) the ability to develop performance measures and conduct evaluation; 3) maintain financial reporting including management of travel arrangements, and capacity to manage the required procurement efforts, including the ability to write and award subcontracts.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 41/200 words maximum

Collaboration is essential to the success of this initiative. The applicant is expected to collaborate with recognized organizations, leaders and agents in the environmental and public health system (governmental, nongovernmental and tribal), including partners that are issue or program specific.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 36/200 words maximum

Subcontracting may be used. If directed by CDC, the applicant will be expected to work with subcontractors as necessary to achieve the goals/outcomes of the project. Selecting the subcontractors will occur in consultation with CDC.

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

Briefly describe how. : * 21/200 words maximum

Webinars and other tools developed may be adapted and used by state and local EH professionals throughout the country.

BUDGET INSTRUCTIONS

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

To meet deliverables of project, applicant should plan for:
1) Travel costs and per diem for the Collaborative members
2) Costs associated with developing webinars including graphic design services
3) Additional staff support needed to meet project objectives
4) Any other additional costs associated with the project

Proposed funding amount is subject to availability of funds. Proposals should be scalable. If less funds are available, CDC and applicant will work together to revise and prioritize activities in work plan.

Applicants must provide an itemized budget with following headers:
- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Direct costs
- Contractual 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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Increasing Capacity for Blood Lead Testing and Interpretive Guidance for Blood Lead Results

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

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

CIO POC email address(es):*
abe7@cdc.gov

CIO POC phone number(es):*
770-488-7492

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

6 Description of the Target Population:* 10/25 words maximum
Primary health care providers that focus on pediatric populations

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 number 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**. 208/1,000 words maximum

Purpose: The purpose of the project is to increase understanding and implementation of Federal, state, and local blood lead testing and reporting requirements, and to provide interpretative guidance for use of CDC's blood lead reference value.
Proposed Activities: Activities would increase awareness and compliance by pediatric health care providers with Federal, state, and local requirements for blood lead testing and reporting of results to state and local health agencies. In addition, activities would increase understanding about recommendations for retesting and other follow-up activities based on blood lead test results. Finally, activities would aim to improve understanding of clinical laboratory performance among pediatric health care providers including issues of measurement precision, limits of detection, and other aspects that affect interpretation of low blood lead levels.
Expected Outputs: The extent to which the magnitude of the BLL and the laboratory method may impact the confidence of parents, pediatricians, and public health officials that a BLL equals or exceeds the reference value should be discussed.
Expected Outcomes: Improved compliance with blood lead testing and reporting requirements among pediatric health care providers and improved understanding of the caveats and limitations of clinical laboratory measurements among pediatrians, parents, and the general public in interpreting the results of blood lead tests.

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:* 21/200 words maximum

Organization should have national influence through its members and partners to primary health care providers that serve pediatric populations.

13 Applicant Program Experience:* 31/200 words maximum

	It is antipated that the organization should have extensive experience with the health and well-being of pediatric populations and broad reach to influence health care practice and health care providers.
	COLLABORATIVE WORK
14	34/200 words Expectations for Collaboration, as applicable: maximum It is expected that the recipient will collaborate, through its members and partners, with Federal, state, and local health agencies to increase blood lead testing and aid in interpretative guidance of test results.
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. : * 68/200 words maximum Governmental public health agencies are responsible for ensuring that children at high-risk of lead exposure are screened with blood lead tests and, if elevated, that appropriate follow-up care is coordinated. Pediatric health care providers are responsible for ordering the blood lead tests at appropriate ages and for determining appropriate follow-up care. Public health agencies will benefit from improved understanding and implementation of applicable testing guidance and requirements.
	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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
National Environmental Health Partnership Council

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Hope Roobol

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

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

CIO POC phone number(es):*
770.488.0584

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

6 Description of the Target Population:* 12/25 words maximum
Non-governmental public health professionals working in environmental health practice and policy

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 number 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**. 725/1,000 words maximum

Purpose:
As a fundamental component of a comprehensive public health system, environmental health works to advance policies and programs to reduce chemical and other environmental exposures in air, water, soil and food to protect residents and provide communities with healthier environments. Environmental health protects the public by tracking environmental exposures in communities across the United States and potential links with disease outcomes. To achieve a healthy community, homes should be safe, affordable, and healthy places for families to gather. Workplaces, schools, and child care centers should be free of exposures that negatively impact the health of workers or children. Nutritious, affordable foods should be safe for all community members. Access to safe and affordable multimodal transportation options, including biking and public transit, improves the environment and drives down obesity and other chronic illnesses. Outdoor and indoor air quality in all communities should be healthy and safe to breathe for everyone. Children and adults alike should have access to safe and clean public spaces such as parks. When a disaster strikes, a community needs to be prepared and should have the tools and resources to be resilient against physical (infrastructure and human) and emotional damage. All these activities require the participation of federal, state, local, and tribal governments and partners across sectors along with those whose missions are to support environmental public health such as the National Environmental Health Partnership Council.

Proposed Activities:
• Convene 2 in-person meetings annually including one in D.C. and one in Atlanta at the CDC Campus(s) annually
o Conduct D.C. meeting in a space conducive to group interaction and relationship building, as mutually decided between applicant and NCEH/ATSDR
• Convene at least 2 teleconferences annually to continue momentum of NEHPC projects and goals
• Coordinate and support at least two NEHPC subcommittees or initiatives to advance environmental health work and priority areas which result in at least two (2) associated documents/tools/deliverables for each of the two participant-driven activities (e.g. report, infographic, factsheet, webinar, etc.).
o At least one workgroup will be focused annually on an identified NCEH/ATSDR priority
o Support of work groups includes scheduling meetings, developing agendas in coordination with workgroup leads, tracking action items and taking notes during workgroup meetings, and taking on supporting tasks, initial drafts or other tasks related to workgroup projects.
• Create a brand identify for the NEHPC and develop an associated style book and/or templates demonstrating the look and feel for the NEHPC brand identify including materials templates
• Continually reassess NEHPC membership and work to incorporate new and/or non-traditional partners as applicable in consultation with NCEH/ATSDR
• NEHPC member satisfaction evaluation
• Evaluation of NEHPC reach and impact, documenting resources dissemination and concrete actions results from NEHPC meetings, workgroups and other reports/activities.

Outputs:
• 2 l in-person meetings per year, including working with NCEH/ATSDR for agenda setting, creating the participants roster, developing associated materials, preparing and distributing detailed meeting notes including action items for NCEH/ATSDR review followed by distributing to the larger group.
• 2 teleconferences per year, including working with NCEH/ATSDR for agenda setting, creating the participants roster, developing associated materials, preparing and distributing detailed meeting notes including action items for CDC review followed by distributing to the larger group.
• Maintain calendar of established dates for NEHPC meeting with occur at the same time annual
• Four deliverables (e.g. report, infographic, factsheet, webinar, etc.) associated with at least two workgroups
• Style book for NEHPC brand identify including logo, sample letterhead, PowerPoint Template, report template and factsheet template
• NEHPC Infographic(s)
• Independent NEHPC website following develop NEHPC look and feel and populated with NEHPC mission/visions, members, and current resources/tools/reports
• NEHPC member satisfaction evaluation report and identified actions for quality improvement
• NEHPC reach and impact report

Outcomes:
Ultimately we are working to support healthy people by working for healthier environments, by bringing together diverse stakeholders to help expand and sustain awareness, education, policies and practices related to environmental health. Specifically through the following long-term outcomes.
1. A collective voice in support of priority environmental health issues.
2. Coordinated activities to advance environmental health.
3. Better and more effective environmental health programs, practices and policies, through sharing of new information and research.
4. Leverage current and future resources to maximize the impact of environmental health activities.
5. Build greater public awareness of the role that environmental health plays in sustaining and promoting human health.
6. Alliances between environmental health, public health and across a range of sectors to achieve results-driven partnerships.

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:* 200/200 words maximum

Applicant must demonstrate:
• Standing as leading environmental health (EH) organization with national presence and strong EH program capacity and agenda.
• Ability to disseminate information to large network of public and EH practitioners, and experience in educating decision-makers.
• Adequate internal infrastructure (physical space and equipment), workforce capacity and competence, relevant skill sets, information and data systems, and electronic information and communication systems to implement project.
• Evidence of EH program management/staffing plans, ability to develop performance measures and conduct evaluation, financial reporting, management of travel arrangements, and full capacity to manage the required procurement efforts, including ability to write and award subcontracts.
• Successful in building capacity with target audience and sustaining collaborative
• Nature of its relationship with target population (e.g. history and length of serving or working with target population)
• Experience working with non-health sectors in advancing EH issues.
• Capacity to effectively and efficiently collaborate with traditional and non-traditional partners across sectors.
• capacity facilitate discussions in a collaborative environment or workgroup
• Evidence of past success in organizing, managing, and implementing meetings of EH professionals, particularly meetings of similar size and scope.

The organization must implement work activities and meet specified objectives with defined deliverables in time-oriented manner as identified in workplan.

13 Applicant Program Experience:* 189/200 words maximum

• The applicant must show significant experience and knowledge in public and environmental health, be a recognized leader in these areas, have long-standing credibility and relationships with the intended target audiences and identified collaborators, and have internal core capacity that is needed for the program.
• The ability to make connections between environmental health, public health and non-environmental health sectors is essential. The applicant must have demonstrated experience organizing and leading coalitions and collaborations focused on environmental health.
• Existing portfolio and efforts in effective messaging and communication of environmental health is critical. And the ability to develop reports, infographics and other related materials on EH topics is essential.
• The applicant must understand cultural and organizational differences with respect to environmental health priorities and decision-making and have experience working with diverse groups such as tribes, conservation groups, and organizations with a specific environmental health agenda (e.g., housing). Experience working across non-health sectors (e.g., active transportation, environmental protection) to achieve and advance environmental health goals is necessary.
• Experience in program and process evaluation is essential.
• A proven track record in successful program management, meeting program goals, and advancing environmental health must be demonstrated.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 41/200 words maximum

Collaboration is essential to the success of this initiative. The applicant is expected to collaborate with recognized organizations, leaders and agents in the environmental and public health system (governmental, nongovernmental and tribal), including partners that are issue or program specific.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 78/200 words maximum

It is expected that subcontracts will be needed to carry out the identified activities and outputs outlined in the project activities and deliverables.

Meeting facilitation should be carried out by a subcontractor that has past experience with the NEHPC and environmental health professionals more generally. Meeting facilitators will be responsible for meeting facilitation, note taking, action items and working to build and maintain momentum for the NEHPC, along with identifying places of opportunity and synergy for the NEHPC

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

Briefly describe how. : * 19/200 words maximum

Reports, tools and resources developed from this project may be useful for other governmental and non-governmental organizations.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 30/100 words maximum

	Provide itemized budget headers: • Salaries/wages • Fringe benefits • Consultant costs • Equipment • Supplies • Travel – number, affiliations of participants applicant organization intends to travel • Other categories • Direct costs • Contractual 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.

Submission Date: 07/16/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Strategies to Address Asthma in Schools

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):*
Pamela Collins

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

CIO POC email address(es):*
ING4@CDC.GOV

CIO POC phone number(es):*
770-488-0792

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

6 Description of the Target Population:* 18/25 words maximum
Coalitions, patient advocacy, organizations, and other community based organizations addressing the prevention and management of lung diseases.

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)
$175,000 (Whole number 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**. 202/1,000 words maximum

It is possible to live well with asthma. With appropriate care, including medical management and strategies to reduce environmental asthma triggers, students with asthma can control their symptoms so that the condition does not interfere with their educational activities. CDC's National Asthma Control Program (NACP) works with state health departments, nonprofits, and many others to ensure that a comprehensive array of asthma services is available, and that people with asthma are able to access the services they need.

Project Overview

The goal of the Strategies to Address Asthma in Schools project is to increase the number of school-based asthma activities by providing comprehensive asthma care utilizing some of the potential activities listed below.

Capacity Building Activities

•Information gathered will strengthen coalitions capacity to promote asthma guidelines-based care in schools.
•Community organizations will facilitate sharing of school-based asthma resources, information, challenges, and policies among asthma stakeholders.
•Promote school-based asthma as one component of comprehensive asthma control services including medicine, devices, self-management education, and asthma education for school personnel.
•Coalitions will partner with schools and the medical community to build capacity of linking students to medical homes to treat their asthma.
• Encouraging policies supporting asthma management in schools

• Updating the National Asthma Policy Agenda (schools, public health infrastructure, 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:* 102/200 words maximum The applicant must be a national non-governmental organization with a strong history in collaborating with school-based and asthma partners to address the needs of children with asthma as well as vast experience working with schools and school districts on adopting asthma-friendly policies and programs (e.g. asthma self-management education, asthma education). Applicant should provide trainings, technical assistance, and support to school personnel on state and local policies regarding asthma management, develop training materials and promotional resources to build capacity of school-based stakeholders to integrate state laws and local policies into their state asthma protocols. Also, applicant should have training materials in Spanish.
13	Applicant Program Experience:* 74/200 words maximum Applicant has extensive involvement and knowledge in health education and policy change. The organization should have a grassroots network to expand its efforts to other lung health issues including air quality, tobacco control, and asthma management. Partner with state/local asthma coalitions/public health state programs and other related organizations with similar interests. The organization should also understand the importance of adherence to best practices, protocols, and guidelines in reducing the burden of childhood asthma.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 12/200 words maximum Collaborating with school systems, state asthma programs, coalitions, and community-based organizations.
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. : * 56/200 words maximum The proposed CBA benefits governmental public health agencies by providing State Public Health Asthma Programs resources to implement comprehensive school-based asthma control activities within its state. Also, CBA could partner with community organizations, health care providers, and health systems to improve the quality of asthma care, increase system-level linkages, and expand insurance coverage for effective services.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 20/100 words maximum All funds must relate to the project and travel should be limited to staff that are working on 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.

Submission Date: 06/17/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
The Value of Building Climate and Health Capacity

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

CIO POC email address(es):*
pschramm@cdc.gov; ing4@cdc.gov

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

CIO POC phone number(es):*
770-488-0666; 770-488-0792

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

6 Description of the Target Population:* 19/25 words maximum
Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery 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)
$75,000 (Whole number 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**. 238/1,000 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 work to demonstrate the value of building climate and health capacity in various sectors, including non-governmental organizations. Demonstrating the impact of this capacity will aid future efforts and allow for more effective adaptation activities.

Potential activities and outputs include
This can be accomplished through a variety of methods, which may include:
• hosting meetings
• developing toolkits or fact sheets
• coordinating efforts across multiple organizations
• hosting webinars
• providing support for various climate and health adaptation activities.

Outcomes/goals
Building and maintaining the capacity to adapt to the health impacts of climate change will serve to aid CDC's climate and health program and its partners. This project will result in a public health workforce that is better prepared to meet the challenge of climate change and creating a healthier 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:* 55/200 words maximum

The applicant must have capacity to work with a broad array of 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 programs through methods that may include site visits or in-person meetings.

13 Applicant Program Experience:* 65/200 words maximum

The applicant must have strong working relationships with professional organizations and individuals working in the field of climate and health. Staff should have experience facilitating communication, organizing national meetings on the human health effects of climate change, and developing "best practices" documents on climate adaptation. Broad experience with environmental health efforts is needed. The applicant should be actively engaged in relevant networks and groups.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 43/200 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, 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. : * 27/200 words maximum

This project will benefit public health agencies at the local level 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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Tribal Environment Health (TEH) – A capacity building initiative

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Office Of Policy, Planning And Evaluation

4 CIO Point of Contact (POC) name(s):*
Donata Green

CIO POC email address(es):*
dqg7@cdc.gov

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

CIO POC phone number(es):*
770.488.7717

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

6 Description of the Target Population:* 27/25 words maximum
Persons in leadership roles of non-profit, voluntary, and private entities supporting public health delivery systems, partnering with American Indian public health professionals, tribal-serving organizations, and urban Indian

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 number 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**. 413/1,000 words maximum

Purpose/Expected Outcomes:
The Tribal Public and Environmental Health Think Tank is composed of tribal health individuals with diverse backgrounds in public health and environmental health. Membership includes a combination of individuals from tribes and national tribal organizations.
Within the Think Tank's goals of (1) Advancing principles of sovereignty through education; (2) Providing outreach and technical support to Tribes (3) Promoting the need for data equity among Native populations and (4) Engaging with partners to broaden its impact; NCEH/ATSDR is interested in further understanding the environment health and associated social determinates of health related to environmental health issues and outcomes that are of most concern to American Indian/Alaska Native (AI/AN) communities in order to tailor our programmatic approached and related tools and resources to the most pressing needs (AI/AN) currently face. As part of this board objective, NCEH/ATSDR is also looking for input in the development of a future Environmental Tribal Health Summit.

Additionally, NCEH/ATSDR is working to increase the capacity of governmental public health practitioners and cross-sector partners to increase their effectiveness in supporting and working with AI/AN committees through continued and expanded participation in the Working Effectively with Tribal Governments course.

Proposed Activities:
1. Develop a customizable training program for public health partners focused on guidance for working effectively with tribal governments and tribal serving organization;
2. Develop and promote an online version of the Working Effectively with Tribal Governments course
3. Assess and document opportunities for action that NCEH/ATSDR can take to better support environmental health and SODH within AN/AI communities based specifically on the following health priorities identified in the recent Environmental and Public Health Priorities Report (1) : Clean water, clean air, emerging environmental threats and health and infrastructure and systems development.
4. Create subgroup to work with NCEH/ATSDR to begin planning an Environmental Health Tribal Summit
5. 1-2 in-person meeting(s) of the Tribal Public and Environmental Health Think Tank members

Expected Outputs:
1. Documents Customizations and related resources and tools for the Working Effectively with Tribal Governments course.
2. At least 2 Working Effectively with Tribal Governments courses presented in Atlanta, GA to CDC staff through CDC University.
3. Online version of the Working Effectively with Tribal Governments course.
4. Quantitative report of the impact of the Working Effectively with Tribal Governments course
5. Report on identified opportunities for action that NCEH/ATSDR can take to better support environmental health and SODH within (AN/AI communities
6. Documentation of 102 in-person meeting(s)

Reference:
(1) Tribal Environmental Health Think Tank. Priorities in Tribal Public Health. Accessible at: https://www.apha.org/-/media/files/pdf/topics/environment/partners/tpeh/priorities_tribal_health_2018.ashx?la=en&hash=C06951A62A5E215BE6C99442A9E1E9DDD060B7C6

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:* 69/200 words maximum

The organizational capacity required will be the ability to coordinate 1-2 meetings/year; work with a diverse pool of tribes, tribal serving organizations; assist with the logistical aspects of travel and agenda development; coordinate monthly calls with the TPEH Think Tank membership; utilize their expertise in collaborating with other national non-tribal partners and stakeholders who can bring visibility to the public health and environmental health issues in Indian country.

13 Applicant Program Experience:* 76/200 words maximum

Must have an established history of working with national non-tribal partners, tribes, and tribal serving organizations on public health and environmental health topics. Must have demonstrated skills in coordinating meetings, trainings, digital stories, webinars, in order to reach a diverse and wide audience to highlight AI/AN PH and EH topics. Familiarity with establishing feedback and evaluation tools for continued improvement of the TPEH Think Tank. Ability to develop an effective and interactive online training course.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 27/200 words maximum

Applicant is expected to work with other leading public health, environmental health and tribal associations (e.g. Native American Water Association), to achieve the outline project activities.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 28/200 words maximum

Subcontracting may be used. Selecting the subcontractors can occur in consultation with CDC.
Subcontracting may be needed to achieve project deliverables related to developing an online training.

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

Briefly describe how. : * 25/200 words maximum

Working effectively with tribes training materials will be available to governmental health agencies along with any other tools or resources developed through the project.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 98/100 words maximum
	$115,000: 2-3 meetings per year; development of educational materials, online course, toolkits, and/or webinars. $10,000: travel for 2-3 guest lecturers for Working Effectively with Tribal Governments courses. Held twice a year yearly through CDC University, Atlanta, GA. Proposed funding amount is subject to the availability of funds. Proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and prioritize work plan activities. Itemized budget headers: • Salaries/wages • Fringe benefits • Consultant costs • Equipment • Supplies • Travel (purpose, number and organizational affiliations of all meeting participants to be traveled) • Other categories • Direct costs • Contractual 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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Improving Outpatient Antibiotic Prescribing for Children

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC I...

3 Division, office, or unit:*
Division Of Healthcare Quality Promotion

4 CIO Point of Contact (POC) name(s):*
Katherine E. Fleming-Dutra; Liz Wilkins

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

CIO POC email address(es):*
ftu2@cdc.gov; bvl5@cdc.gov

CIO POC phone number(es):*
404-639-4243; 404-718-4729

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

6 Description of the Target Population:* 7/25 words maximum
Pediatric outpatient primary care providers in state-level networks

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 number 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**. 446/1,000 words maximum

Purpose:
Antibiotic resistance is a major global public health threat, and the primary modifiable driver of antibiotic resistance is antibiotic use. Data from other countries suggest that an estimated 90% of antibiotic use occurs in the outpatient setting, and among all age groups, young children have the highest rate of antibiotic use per capita. Emerging data indicate that antibiotic use in infancy and childhood may increase the risk of autoimmune, allergic and infectious diseases. These increased risks are likely mediated through disruptions in the microbiome from antibiotics. Appropriate antibiotic use in children is critical to limit the development of antibiotic resistance and prevent adverse effects of antibiotics in children. The diagnoses leading to the majority of antibiotic prescriptions in children are acute otitis media, pharyngitis, sinusitis and viral respiratory infections, such as upper respiratory infections, bronchitis, and bronchiolitis, indicating that there are opportunities for improvement in antibiotic prescribing for children. To prevent antibiotic resistance and provide safe healthcare to children, CDC is providing funding to key national partners through a cooperative agreement to implement a quality improvement project to improve antibiotic use for common pediatric illnesses in state or regional-level networks of primary or urgent care practices that serve children and to develop a freely-available change package that will allow other organizations and state- or regional-level networks to implement this quality improvement program without additional CDC funding.
Proposed Activities:
The applicant should develop a proposal to implement an existing or new quality improvement project focused on improving outpatient antibiotic prescribing for children with common pediatric illnesses. The quality improvement project should implement CDC's Core Elements of Outpatient Antibiotic Stewardship. This quality improvement project should engage state or regional-level networks of healthcare practices providing primary or urgent care to children that have not previously engaged in this quality improvement program. The program should engage healthcare providers in planning and implementation phases and should be able to track progress of included practices towards benchmarks demonstrating improved antibiotic prescribing for common pediatric illnesses. The quality improvement project should be designed to track the acceptability and scalability of the project among included providers and practices and to track the sustainability of improvements.
Expected Outputs:
The expected output is a toolkit or change package that will allow other organizations and state- or regional-level networks to implement this same developed quality improvement program without additional CDC funding. This change package should be made freely available at the end of the project in a format that other organizations and state- or regional-level networks can implement the package.
Expected Outcomes:
The expected outcome is implementation of a quality improvement project that demonstrates improvement in quality of healthcare delivered to children through improved antibiotic use for common pediatric illnesses.

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
- [ ] 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:* 88/200 words maximum

The applicant needs to be able to act as a leader and organizer of state- or regional-level networks of outpatient healthcare practices providing primary or urgent care to children. The applicant shall have the capacity to recruit a network of practices in selected states or regions, develop a new or implement an existing quality improvement course, collect and analyze data, develop a final report, and produce a ready-to-use, freely available toolkit/change package to allow other organizations and state- or regional-networks to implement the quality improvement program.

13 Applicant Program Experience:* 50/200 words maximum

The applicant shall have solid experience and expertise in designing and implementing quality improvement projects across state- or regional-level networks of primary or urgent care providers and practices that serve children. The applicant shall have experience supporting providers and practices involved in quality improvement activities and in collecting and analyzing data.

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. : * 88/200 words maximum

This work will increase implementation of CDC's Core Elements of Outpatient Antibiotic Stewardship in order to improve antibiotic use for children in outpatient primary or urgent care settings. Improving antibiotic use through antibiotic stewardship is a key intervention to improve patient safety and combat antibiotic resistance, which is a major national and global public health threat. This toolkit/change package will assist state and local health departments and other regional organizations in implementing the Core Elements of Outpatient Antibiotic Stewardship in outpatient facilities that care for children.

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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Making Dialysis Safer for Patients: Strengthening Infection Prevention in Dialysis Healthcare Settings

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC I...

3 Division, office, or unit:*
Division Of Healthcare Quality Promotion

4 CIO Point of Contact (POC) name(s):*
Priti Patel; Nicole Gualandi; Liz Wilkins

CIO POC email address(es):*
pgp0@cdc.gov; xfb9@cdc.gov; bvl5@cdc.gov

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

CIO POC phone number(es):*
404.639.4273; 404.639.4798; 404.718.4729

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

6 Description of the Target Population:* 7/25 words maximum
Healthcare personnel working in dialysis clinics

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 number 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**. 269/1,000 words maximum

Purpose: The purpose of this capacity building activity is to gather relevant healthcare personnel and healthcare organizations involved in dialysis delivery; patients and patient safety stakeholders; public health professionals; and representatives of other organizations who can impact healthcare infection surveillance and infection prevention with CDC leaders/subject matter experts and a cooperative agreement partner. The activity will improve infection prevention and surveillance practices in dialysis healthcare settings and increase the capability of dialysis centers and public health departments to achieve public health goals for infection prevention by increasing awareness of preventable dialysis healthcare-associated infections and recommended prevention measures, improving communication across care setting, and by improving coordination with public health partners. Attendees will include state/local health department staff, Infection Preventionists, healthcare epidemiologists, Registered Nurses, dialysis technicians, healthcare certification organizations, professional organizations, quality improvement organizations, federal agencies, dialysis patients, health educators, and others from the kidney care community.

Proposed Activities: The cooperative agreement partner would engage with the CDC and dialysis target community to find the most relevant participants for this activity and bring them together (up to 200 participants for 1-2 days are envisioned) to increase awareness and discuss implementation and adoption of dialysis core interventions, best practices, and evidence-based research. Attendance also ensures sharing of infection prevention research, experiences, and findings through networking and collaboration.

Expected Outputs: The dialysis meeting will provide training on improved dialysis interventions, infection prevention best practices, and evidence-based research.

Expected Outcomes: The expected outcomes are improvement in infection prevention practices in dialysis healthcare settings, enhanced communication between dialysis care providers and public health, and improved capacity to address and respond to public health threats.

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 • Experience in organization of similar grouping of experts or relevant parties • Logistical skills and abilities to complete engagement and assembly of strategic participants
13	Applicant Program Experience:* 26/200 words maximum • Knowledge of CDC's infection prevention tools • Knowledge of CDC's Making Dialysis Safer for Patients Coalition • Experience working with healthcare provider organizations, public health, patient safety stakeholders
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 21/200 words maximum Recipient should work with CDC to discuss strategies for assembling the most influential or relevant participants to achieve identified 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. : * 65/200 words maximum The intended outcome for this work is to improve infection prevention and surveillance practices in dialysis healthcare settings and increase the capability of dialysis centers to achieve public health goals for infection prevention by improving routine practices and awareness to prevent infection and respond quickly to infection events. Decrease in infection events and spread of infection is of benefit to governmental public health agencies.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 15/100 words maximum Up to 200 participants for 2 days are envisioned for the dialysis gathering involved.
	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.

Submission Date: 04/02/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Bringing the Evidence to Life: Implementation Tools for evidence-based strategies

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CO...

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Reshma Mahendra; Rita Noonan

CIO POC email address(es):*
zep0@cdc.gov; rgn5@cdc.gov

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

CIO POC phone number(es):*
770-488-1207

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

6 Description of the Target Population:* 8/25 words maximum
Nongovernmental public health entities and community-based 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)
$250,000 (Whole number 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**. 408/1,000 words maximum

Purpose: Drug overdose deaths in the United States increased by 18% per year from 2014 to 2016. Of the over 63,600 drug overdose deaths in 2016, 2 out of 3 involved an opioid. Opioid overdose deaths have increased fivefold from 1999 to 2016. Non-fatal opioid overdoses are on the rise as well. Over the past few years, CDC has rapidly (with partners) developed tools to help states and localities address this public health crisis. Further, CDC funds 43 states and DC through its Prevention for States (PFS) and Data-Driven Prevention Initiative (DDPI) program. The funded state health departments are required to implement and evaluate interventions at the state and local level for preventing opioid overuse, misuse, use disorder, and overdose. Across the country, public health, public safety, and other entities have been encouraged to use evidence-based strategies to reduce opioid overdose deaths, and many natural multi-sectorial experiments are happening around the country. Unfortunately, these "experiments" nor the tools developed by CDC and partners do not contain detailed information about start-up, implementation, or evaluation of evidence-based strategies. This project would build on the insights from CDC Epi-Aids, the growing evidence base, tools such as Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States (the Road Map), funded by CDC and co-developed with the National Governor's Association (NGA), and several pilot projects occurring among PfS/DDPI states, NACCHO pilot sites, DEA 360 cities, and HIDTA pilot sites -- to incorporate real-world implementation guidance, lessons learned, and concrete "how to" steps for implementing partners.

Proposed Activities:

Based on two key sources of evidence-based strategies for state and community-level opioid overdose prevention (The NGA RoadMap and CDC's new Community "menu") – select 2-4 interventions that are ready for further operationalization. Strategies should be selected based on:

- Consultation with CDC experts
- Potential for public health impact
- Desirability by implementing partners
- Feasibility for scale-up

Once the strategies are selected, create usable "how to" instructions to facilitate uptake:

- Develop training materials, how-to steps, case examples, and other resources to facilitate implementation of each of these two strategies.
- Develop evaluation plan and metrics to evaluate the strategies and their implementation.
- Create camera-ready copies of materials that will be reproduced for larger audiences

Expected Outputs: 2-4 identified evidence-based strategies; set of implementation tools for up to 4 evidence-based strategies; evaluation approach for these strategies.

Expected Outcomes: Increase in the implementation of evidence-based strategies in communities. Increase in tools and resources available for communities to implement evidence-based 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:* 31/200 words maximum Must have adequate staffing and organizational capacity to identify evidence-based strategies, work in public health settings, work in communities and with partners, implement trainings and develop tools and resources.
13	Applicant Program Experience:* 40/200 words maximum Applicant should have experience developing and/or implementing evidence-based public health strategies. Experience with prescription drug overdose- or opioid overdose-related programs is a plus. Extensive experience working in public health settings and in communities. Experience implementing training, technical assistance in communities.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 27/200 words maximum Meaningful collaborations with groups most directly involved with informing, implementing or evaluating prescription drug and/or opioid overdose prevention strategies at the state and community levels.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 28/200 words maximum The applicant may subcontract or partner with various state and community organizations and subject matter experts to support the delivery and implementation of evidence-based strategies as appropriate.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 29/200 words maximum This CBA is intended to build the ability of public health agencies to implement evidence-based strategies. This project will provide that guidance and support to implement these strategies.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 9/100 words maximum Budget should include travel and contracting, 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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Campus Sexual Assault Prevention Action Planning and Implementation Activities

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CO...

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Violence Prevention

4 CIO Point of Contact (POC) name(s):*
Justin Horhn, Gayle Payne

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

CIO POC email address(es):*
jgi7@cdc.gov, hfn5@cdc.gov

CIO POC phone number(es):*
770-488-4096, 770-488-8050

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

6 Description of the Target Population:* 19/25 words maximum
Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery 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)
$300,000 (Whole number 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**. 302/1,000 words maximum

Purpose:
Building on the lessons learned from previously held Think Tank, Action Planning and Implementation Evaluation meetings, we will continue our primary prevention efforts by assisting population specific colleges/ universities with implementing strategies that address risk and protective factors associated with sexual violence. Minority serving institutions serve a high concentration of students who have been exposed to risk factors of both sexual violence victimization and perpetration. However, much of the existing literature on sexual violence underrepresents
racial and ethnic minorities. The applicant will work with State RPE programs, State Sexual Violence Coalition Staff, and Prevention Educators/Staff from population specific colleges/universities to enhance public health capacity and effectively address sexual violence prevention on population specific college and university campuses. We will engage minority (HBCUs, Hispanic, Asian-Pacific Islander, American Indian) serving colleges and universities and their respective state health departments and provide support to assist in the implementation of their sexual assault prevention efforts.

Proposed Activities:
- Host/facilitate Action Planning meetings with RPE grantees and their partners (Sexual Assault Coalition, Population Specific Colleges/Universities)
- Communicate with meeting attendees including the development of official correspondence and tracking RSVPs
- Facilitate the logistics of the meetings
- Secure travel arrangements for meeting participants
- Work with CDC to develop meeting agendas, content, and structure
- Work with CDC and technical assistance provider to determine college/university capacity to assess campus sexual violence climate

Expected Outputs:
(1) Successfully conduct Action Planning Meeting(s) (2) create a meeting summary document, and (3) produce state team progress reports, (4) conduct campus climate survey readiness assessment, and (5) develop primary prevention implementation plan
Expected Outcomes:
Expected Outcomes: Determine current sexual violence prevention infrastructure established on campuses as well as the sexual violence prevention activities currently being implemented on campuses. Identify opportunities for improvement of current efforts and potential challenges unique to campus sites. Utilize CDC STOP SV: Technical Package to Prevent Sexual Violence and Sexual Violence on Campus: Strategies for Prevention documnets to guide the implementation of campus 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

- [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
- [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:* 137/200 words maximum

The applicant aims to protect communities from preventable, serious health threats and strives to assure community-based
health promotion and disease prevention activities and preventive health services are universally accessible.
The applicant fosters a community for all persons interested in the various public health challenges. The applicant serves as a conduit for public health professionals to convene, learn, network, and engage with their peers. The applicant shares the latest research and information, promote best practices, and advocate for public health issues and policies grounded in research. Accordingly, planning a convening of prevention staff from various fields to address sexual violence on college campuses should be well within the applicant's purview.
The applicant has a dedicated staff member that not only has a historical perspective for campus sexual assault prevention work, but is also well versed in injury and violence prevention practice efforts and policy approaches.

13 Applicant Program Experience:* 55/200 words maximum

The applicant has demonstrated expertise in partnering with NCIPC, sexual violence experts, campus prevention educators, and other federal agencies as it relates to campus sexual violence prevention. The applicant has experience hosting brainstorming and action planning meetings. The applicant has provided support and technical assistance to teams/organizations that have implemented evidence-based/informed sexual violence prevention strategies on college/university campuses.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 25/200 words maximum

The applicant will partner with the Division of Violence Prevention, state RPE Programs, and state sexual violence coalitions, while also collaborating with population specific colleges/universities.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 5/200 words maximum

N/A at this time

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

Briefly describe how. : * 85/200 words maximum

As Campus Sexual Assault Prevention work continues state health departments and their partners will have the opportunity to learn from population specific colleges/universities that are selected. Many RPE recipients have stated that campus sexual violence prevention programs are not culturally specific and therefore are not effective on more diverse campuses. Through our partnership, state health departments will get the opportunity to partner with representatives at minority serving colleges/universities to determine ideas and strategies that may be more effective at addressing campus sexual violence in a variety of campus settings.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 38/100 words maximum
	The applicant should use funds to help facilitate (travel, meeting space, supplies) action planning meetings and also to provide technical assistance with implementation of sexual violence prevention strategies and surveillance of the sexual violence climate on campuses
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Engaging state leadership and entities to address unintentional injury topics

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CO...

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Joann Kang; Leanna Thompson

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

CIO POC email address(es):*
vrz7@cdc.gov; lmf8@cdc.gov

CIO POC phone number(es):*
770-488-3839; 770-488-3915

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

6 Description of the Target Population:* 5/25 words maximum
Governors 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)
$750,000 (Whole number 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**. 373/1,000 words maximum

Purpose: The purpose of this Project is to identify and maximize the use of levers at the state level to address and reduce unintentional injuries and deaths from a public health perspective. The means for doing so is to cultivate champions at the highest level of state government who can encourage greater collaboration across state entities for a multi-prong approach to address unintentional injuries and deaths. Topics of particular relevance and interest include those related to transportation safety and opioid overdose.

Proposed Activities: Proposed activities would include identifying public health strategies that could reverse harms related to motor vehicle and opioid overdose deaths and injuries. More specifically, activities would include conducting environmental scans of best and/or promising practices of state-based interventions currently in place, identifying other potential practices that likely hold efficacy, and using a variety of means to increase learning and encourage uptake of state-based strategies by targeting educational efforts at the highest levels of state government.

Expected Outputs: Expected outputs include convenings with active engagement among the highest levels of leadership within states and from representatives from cross-cutting agencies. Recipient organization, with input from CDC, would be responsible for planning and executing convenings with representation from a number of states to facilitate in-person learning opportunities to hear from national experts, as well as to enhance peer-to-peer learning across states. In addition, recipient organization would be responsible for identifying other means, including the use of webinars and other electronic platforms, to encourage information sharing with and across states. As a result of such convenings, recipient organization would be expected to identify and articulate findings in resultant educational materials (i.e. white papers, factsheets, etc.) to the benefit of states. In addition, recipient organization would be expected to share state-based successes that CDC can use to highlight promising strategies that may be applicable within the context of CDC-funded state programs.

Expected Outcomes: Expected outcomes include increased awareness and reception among state leadership about the importance of and need to address unintentional injuries and deaths within their state, increased education among state leadership through the development and strategic dissemination of tools/resources, and increased collaboration between CDC and state leadership, as well as across the states as a peer 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:* 112/200 words maximum

To achieve success, it is essential that the recipient organization have a favorable reputation among state leadership, including Governor's offices, and within the broader public health field. In particular, it would be of benefit if the recipient possessed existing relationships with state leadership across each state's organizational structure. Other capacity needs include knowledge of public health topics, especially transportation safety and opioid overdose prevention, and expertise in translating how public health strategies within these two arenas can result in favorable health outcomes for state constituents. Recipient organization should have in-house public health professionals, as well as communications professionals and individuals who can assist with planning and executing meetings among state participants.

13 Applicant Program Experience:* 82/200 words maximum

Recipient organization should also have experience in organizing and conducting strategic planning for convenings to enhance learning from leaders across different states. Recipient organization should also be expert in translating complex information into understandable recommendations, through creation and dissemination of products including but not limited to White Papers, informational briefs, etc. Recipient organization should be well-versed in programmatic components regarding public health strategies applied at the state level to reverse health harms, particularly those related to opioid overdose and transportation safety.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 75/200 words maximum

Given that the underlying premise of this work is to engage leadership within and across state governmental entities, the collaboration envisioned would be in connecting with these individuals. Other expected collaborations would include with individuals or organizations with expertise in implementing public health strategies to address key topic areas. Such individuals/organizations may include, academicians, scientists, and either state-based or nationally-based non-profit organization who work in key areas on issues related to unintentional injury prevention.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 94/200 words maximum

To the extent that expertise is needed to help with prospective scope of work, it is expected that the Recipient Organization carefully consider where gaps lie and the individuals/organizations best suited to address those gaps. In terms of recommended criteria for selecting subcontractors, factors to consider would include the standing and reputation of the individual/organization within the public health field, the extent to which the individual/organization possesses knowledge and expertise that fills the identified gap, and perhaps prior experience working with the individual/organization that gives indication of utility in considering another collaborative arrangement.

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

Briefly describe how. : * 0/200 words maximum

BUDGET INSTRUCTIONS

17

	General Instructions for Use of Funds, as applicable: 96/100 words maximum
	Funds should be used to support recipient organization's staff and programmatic activity as outlined above. Overarching aims for this work include outreaching to and strengthening collaboration with and across states—including the highest levels of leadership within a state and those who are representing key agencies/entities within the state to address public health issues. Funds should be used to support the planning and facilitation of meetings, subawarding as needed to individuals/organizations to help fill gaps in expertise, and the development of educational materials to increase learning and uptake of promising public health strategies by state leadership.
	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.

Submission Date: 06/26/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Improving return-to-school and return-to-play processes for students with TBI through use of a telehealth program

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CO...

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Jill Daugherty; Leanna Thompson

CIO POC email address(es):*
xdu1@cdc.gov; lmf8@cdc.gov

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

CIO POC phone number(es):*
404-498-1830; 770-488-3915

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

6 Description of the Target Population:* 6/25 words maximum
Community-based organizations; pediatric healthcare clinicians

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 number 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**. 1007/1,000 words maximum

Background
Children with all levels of TBI severity experience cognitive and behavioral problems that can adversely affect school performance. Children with a TBI have more daily performance variability, difficulty learning new information (despite maintaining pre-injury skills), and knowledge gaps, as well as cognitive deficits, including attention, concentration, and processing speed difficulties. These difficulties can make academic work more challenging following a TBI. Furthermore, behavioral problems, such as poor conduct, and problems with empathy and peer relationships can negatively affect the school experience.
A range of supports and services are available for children, including early intervention services, special education under the Individuals with Disabilities Education Act, supports and accommodations through a Section 504 plan, and informal supports provided by a classroom teacher. The vast majority of brain injuries in children are mild TBIs (mTBIs), with symptoms typically lasting 1-6 weeks. When students who experience mTBI return to school, most will respond positively to a well-orchestrated, short-term plan of physical rest, simple classroom adjustments (e.g., extra time on tests, reduced homework load), and slight environmental changes (e.g., fatigue breaks).
However, there is often a lack of communication between healthcare and educational systems. Many students return to school following an injury without any communication between the medical and educational systems. In a study examining the return to school experiences of children who had been hospitalized overnight for a TBI, there was no communication between the hospital and school for approximately half of the children. The disconnect between healthcare and educational systems can influence whether children receive any behavioral, academic, or cognitive services in school. Although parents can assist with the transition from hospital to school, they might not fully understand the academic and behavioral challenges their child experiences at school, and they often have an overly

		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 desired recipient organization must have existing relationships with school systems. They will have experience with and know how to use continuing education programs, which will be an incentive for school personnel to participate in the program. The organization must be able to identify someone who can lead the telehealth program, in particular someone with expertise in pediatric traumatic brain injury (TBI) and the management of TBI in schools.

13 Applicant Program Experience:* 18/200 words maximum

The organization will have previously networked with school personnel and engaged their participation in health initiatives.

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 80/200 words maximum The desired organization must include or have access to pediatric traumatic brain injury (TBI) and concussion safety subject matter experts and must have expertise in creating and managing a telehealth program. It would be particularly helpful is the organization had experience working under the TeleECHO system. Organization is expected to work with outside experts to identify appropriate TBI curriculum topics and objectives as well as potential participants for the telehealth program, and conduct a rigorous evaluation of program effectiveness.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 83/200 words maximum If needed, the funded organization can sub-contract with a group that can serve as the telehealth "hub." This is typically an organization that staffs workers from different sectors (e.g. healthcare, education, etc.). This collaborating group could identify someone who can lead the telehealth program, in particular someone with expertise in pediatric traumatic brain injury (TBI) and the management of TBI in schools. If applicable, the sub-contracted organization may serve as experts in both TBI and the TeleECHO model of telehealth programs.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 51/200 words maximum Demonstrating the feasibility of this pilot program this would be useful to state, tribal, local, and territorial entities as it would identify a new process to improve the educational and health outcomes of children who experience TBI, while also building the ongoing capacity of educators to address this issue.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 70/100 words maximum Funds will be used plan and implement a TBI telehealth program for schools: develop the curriculum (brief didactic sessions to be conveyed at the beginning of each telehealth session) for educators within schools, identify and recruit participants, obtain appropriate technology, potential costs related to setting up the continuing education credit, implemention of the telehealth program, and conduct of a process evaluation of the program upon completion of the 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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Improving traumatic brain injury clinical care through the use of a telehealth program

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CO...

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Jill Daugherty; Leanna Thompson

CIO POC email address(es):*
xdu1@cdc.gov; lmf8@cdc.gov

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

CIO POC phone number(es):*
404-498-1830; 770-488-3915

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

6 Description of the Target Population:* 7/25 words maximum
Community-based organizations; pediatric healthcare clinicians

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 number 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**. 1000/1,000 words maximum

Research has demonstrated that residents of rural areas have both a higher incidence and mortality rate from traumatic brain injury (TBI) than residents of urban areas. Additionally, rural residents have less access to brain injury rehabilitation specialists, more unmet medical needs, and often have to travel farther for initial and follow-up care, which may detrimentally affect their physical and psychological outcomes. Additionally, individuals may decide not to seek help if the hospital or clinician is too far away.
Healthcare providers in rural areas have developed innovative ways to address gaps in service and improve outcomes, including through employing telehealth. As defined by the Health Resources and Service Administration (HRSA), telehealth is "The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration." Many telehealth programs have demonstrated success. For example, Project ECHO, which uses video-conferencing technology to train primary care providers (PCPs) to treat complex diseases that would often need to be referred out to a specialist, demonstrated that hepatitis C patients treated by ECHO-trained PCPs had similar outcomes compared to patients treated at an academic medical center by a hepatitis specialist. Another study that divided PCPs at the same practice into an intervention (pain-related ECHO) and control group (usual care) found that the practitioners in the intervention reported an increase in pain-related knowledge and self-efficacy and were more likely to refer patients to behavioral health and physical therapy compared to those in the control groups.

Using telehealth in the field of TBI care is an underused practice. Many of the existing programs are military-based, as TBIs are now recognized to be one of the signature injuries of the most recent military conflicts. While trials of military TBI telehealth programs have shown positive results (e.g. preventing medical evacuations, decreasing response times

	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:* 50/200 words maximum

The recipient organization must have existing relationships with healthcare systems, practices, or individual providers in rural areas. They will have experience with and know how to use the continuing education programs (including CMEs), which will be an incentive for rural primary care providers to participate in the program.

13 Applicant Program Experience:* 57/200 words maximum

The organization will have previously networked with healthcare providers in rural and underserved areas and engaged their participation in health initiatives. The organization is expected to work with outside experts to identify appropriate TBI curriculum topics and objectives, to identify and recruit participants for the telehealth programs, and conduct rigorous evaluations of effectiveness of the program.

	COLLABORATIVE WORK
14	94/200 words Expectations for Collaboration, as applicable: maximum If the organization does not have the requisite experience they must develop a collaboration to access traumatic brain injury (TBI) subject matter experts, and to create and manage a telehealth program, particularly one that utilizes the TeleECHO system. The organization will have previously networked with healthcare providers in rural and underserved areas and engaged their participation in health initiatives. The organization is expected to work with outside experts to identify appropriate TBI curriculum topics and objectives, to identify potential participants for the telehealth programs, and conduct rigorous evaluations of effectiveness of the program.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as 74/200 words applicable: maximum The selected organization may serve as experts in both TBI and the TeleECHO model of telehealth programs. Alternatively, the organization can sub-contract with another group that can serve as the telehealth "hub." This is typically an organization that staffs healthcare workers from different disciplines (e.g. physicians, neuroscientists, psychologists, nurses, sports medicine specialists, etc.) and is often an academic medical center. This collaborating group could also serve as the TBI subject matter experts.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 50/200 words maximum Demonstrating the feasibility of this pilot program this would be useful to state, tribal, local, and territorial entities as it would identify a new process to improve the outcomes of rural residents who experience TBI, while also building the ongoing capacity of rural clinicians to address this issue.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 55/100 words maximum Funds will be used plan and implement a TBI telehealth program: develop the curriculum; identify and recruit experts and participants (including the development of recruitment/dissemination materials); obtain appropriate technology; costs related to setting up the continuing education systems; implement the program; and conduct an evaluation of the program upon completion of the 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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/15 words maximum
Injury and Violence Prevention Fellows

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CO...

3 Division, office, or unit:*
Office Of Policy, Planning And Evaluation

4 CIO Point of Contact (POC) name(s):*
Elizabeth Zurick

CIO POC email address(es):*
egf3@cdc.gov

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

CIO POC phone number(es):*
404.384.8579

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

6 Description of the Target Population:* 6/25 words maximum
State legislators and legislative 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 number 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**. 240/1,000 words maximum

The grantees will support a Fellows program for 15-20 key legislators and legislative staff to focus on an unintentional injury and violence prevention topic. Through educational and networking opportunities, Fellows will gain in-depth knowledge about the issue, including the evidence base behind different state strategies; share information and ideas across states; and develop individual action plans for use in their own states. The Fellows program will be a year-long commitment with two in-person meetings, two webinar events, and technical assistance in support of Fellows' action plans. The program will emphasize the role of individual legislators in leading legislative efforts and/or championing issues in their states.
The Fellows will focus on a specific topic related to this project, such as opioid overdose or child abuse and neglect and adverse childhood experiences. The topical focus will be determined in collaboration with CDC project officers. The awardee will work with CDC, and other research and policy experts as appropriate, to communicate the science and the associated policy options and evidence-based programs. The awardee will also work with the other key public health partners to engage state health leadership and facilitate collaboration between legislators and health officials. In consultation with CDC, the awardee may focus on specific states, based on geographic or political diversity. The program is based on NCSL's Early Learning Fellows model, which has successfully graduated five classes of legislators and legislative staff with expanded knowledge and motivation around early childhood.

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:* 63/200 words maximum

The awardee must demonstrate strength, expertise, and experience in identifying and analyzing policies; informing lawmakers; promoting policy innovation and communication across states; and providing technical assistance to states-- while aligned with NCIPC's objectives.

The awardee must have access to and work with all 50 states, commonwealths, and the territories and provide timely, unbiased, and evidence-based information on injury and violence programs and policies.

13

	Applicant Program Experience:* 42/200 words maximum
	The awardee must demonstrate past experience providing technical assistance, training, and education to policymakers. Evidence of previously reaching audiences to train them on evidence-based program and policy options and the ability to strategically convene and collaborate with policymakers will be required.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 80/200 words maximum
	The awardee will be required to strengthen and expand partnerships with CDC, CDC-funded organizations and other partners to leverage investments and resources from other organizations and increase the project's impact and reach of educational efforts to a wide audience. The awardee will collaborate with key partners in several aspects of the project work, including: technical assistance delivery, development and dissemination of public health prevention and control information and resources, and planning and delivery of educational workshops and meetings.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 8/200 words maximum
	No subcontracting is required for this project.
16	Will the proposed CBA benefit governmental public health agencies?* ○ Yes ◉ No
	Briefly describe how. : * 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 28/100 words maximum
	Funds will be used to support the Fellows program: A year-long commitment with two in-person meetings, two webinar events, and technical assistance in support of Fellows' action plans.
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Injury Control Research Center Cross-CenterThematic Network

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CO...

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division Of Analysis, Research, and Practice Integration

4 CIO Point of Contact (POC) name(s):*
L. Shakiyla Smith

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

CIO POC email address(es):*
dcz0@cdc.gov

CIO POC phone number(es):*
770-488-3687

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

6 Description of the Target Population:* 25/25 words maximum
Leaders within non-profit academic institutions or medical centers. Institutions that support and provide training for public health organizations, public health/healthcare delivery systems, and 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)
$400,000 (Whole number 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**. 431/1,000 words maximum

Purpose: Comprised of some of the leading experts and scientists in the field of injury and violence prevention, Injury Control Research Centers (ICRCs) serve as extensions of the National Center for Injury Prevention and Control (NCIPC) with great potential to collectively further the nation's understanding of injury and violence prevention. This project seeks to leverage this potential by forming a thematic network comprised of a sub-set of ICRCs. The thematic network will not only utilize the ICRCs' collective strengths and expertise towards furthering the field's thinking and strategy around an important challenge and topic area, but will also serve as a pilot and model for future collaborative efforts among the ICRCs.

Proposed Activities: The awardee will assist CDC with the development, implementation, and monitoring of the thematic network, which will be structured as follows and engage in the following activities:
• Development of a request for applications (RFA) and competitive application solicitiation and review process for an ICRC thematic network
• ICRCs will form a cross-center thematic network to enhance collaboration and coordination among the ICRCs and CDC around the intersection across two or more cross-cutting injury-related topic areas, such as:
o Opioid Overdose
o Suicide
o Adverse Childhood Experiences
• The thematic networks will focus on developing an actionable concensus guide, environmental scan, research to practice to research road map, or relevant product for the network and that is relevant to the topic area chosen
• Up to four collaborating centers (including one coordinating center) will be funded and participate in the thematic network, with the support of an outside organization/consultant around the organizing structure and activities for the network.

Expected Outputs: The specific deliverables/outputs for the network will be developed once it is formed and in collaboration with CDC; however, they should not only be relevant for the network, but specific to ICRCs and their potential contribution. Specific outputs may include:
o Creation and development of a robust and effective thematic network and collaborative structure that can be replicated across ICRCs
o Documentation and description of methodology, processes, and lessons learned/outcomes
o Development of an an actionable concensus guide, environmental scan, research to practice to research road map, or relevant product for the network and that is relevant to the topic area chosen
o Knowledge transfer through creation of relevant tools and/or peer-reviewed and non-peer-reviewed publications
• The applicant may assist with the management of the application and selection process, in collaboration with CDC, for collaborating ICRCs, as well as assist collaborating ICRCs with the establishment of the network

Expected Outcomes: The expected outcomes of the thematic network include:
• Improved and results-driven collaboration and coordination among ICRCs
• Evidence-informed and practice-relevant activities and products that contribute to improved injury and violence prevention and population-level 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:* 58/200 words maximum

The applicant should be experienced around developing and facilitating multi-disciplinary and multi-institutional collaborations and collaborative relationships. The applicant should also have experience working with and collaborating with research partners and/or academic institutions. Related to this, the applicant should have the capacity and expertise to support and manage an application and selection process for collaborating center applicants.

13 Applicant Program Experience:* 91/200 words maximum

The applicant should be experienced around developing and facilitating multi-disciplinary and multi-institutional collaborations and collaborative relationships. The applicant should also have experience working with and collaborating with research partners and/or academic institutions. Related to this, the applicant should have the capacity and expertise to support and manage an application and selection process for collaborating center applicants. The applicant should also have experience developing and managing subcontracts with external organizations and consultants, including those based in academic institutions. Finally, organizations with expertise in working on injury related projects are particularly desirable.

COLLABORATIVE WORK

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

As mentioned above, the applicant should be willing and able to, and experienced around collaborating with academic institutions. The applicant is also expected to work with CDC-based Program staff around the development of the request for application, and selection and funding of collaborating centers for the thematic networks.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 37/200 words maximum

The applicant may sub-contract work related to the development of any related products. Sub-contractors should have demonstrated expertise and experience in the relevant area. Specifically, collaborating centers should be currently CDC-funded Injury Control Research Centers (ICRCs).

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

	Briefly describe how. : * 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 34/100 words maximum
	Funds can be used for salary support; development of related project materials and products, including information gathering, synthesis, and actual product development; and meeting support not provided through the organization's usual infrastructure.
	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.

Submission Date: 04/13/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Lowering opioid overdose risk for justice-involved populations: building state and institutional capacity

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CO...

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Rita Noonan; Reshma Mahendra

CIO POC email address(es):*
RNoonan@cdc.gov; zep0@cdc.gov

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

CIO POC phone number(es):*
770-488-1532; 770-488-1207

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

6 Description of the Target Population:* 5/25 words maximum
Governors 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 number 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

As the epidemic of opioid use in the United States continues to shift from prescription opioids to illicit drugs, more people living with opioid use disorder are encountering the criminal justice system. Most US correctional facilities do not continue or initiate medications for addiction treatment (MAT). Moreover, few communities are equipped to provide support services that encourage recovery after release. This is especially unfortunate given the higher rates of opioid overdose immediately after release from incarceration. In some states, over 50% of those who have died from an opioid overdose have been incarcerated, the greatest percentage dying within 30 days of release. To effectively address rapidly escalating death rates across the US, states need to identify and implement interventions for opioid overdose among justice-involved populations.
Purpose: To build capacity within states to address overdose risk among justice-involved populations.
Proposed Activities:
IDENTIFY A NATIONAL PARTNER TO PROVIDE KEY RECOMMENDATIONS AND TRAINING PROTOCOL FOR STATES
• Work with an appropriate partner with demonstrated national reach, expertise, and credibility in corrections
• With this partner, identify or develop key recommendations for states to implement that will most quickly drive down opioid-related death rates among justice-involved populations
• Use this set of recommendations to create a training protocol for multi-sectorial state teams
• Training materials should stress the use of interventions that have the greatest likelihood for public health impact
CONVENE MULTI-SECTORIAL STATE TEAMS
• In consultation with CDC, develop criteria for state team selection
• Teams will include Governor's Offices, public health, substance abuse treatment services, state Medicaid programs, and most importantly Department of Corrections
PROVIDE REGIONAL TRAININGS
• Convene teams, likely as part of a "regional training" to stimulate adjacent states' sharing with each other
• Take care of all the logistics of these trainings – to include invitations, lodging, training materials, and miscellaneous
PROVIDE COACHING AND FOLLOW-UP
• Tailor follow-up plans for each state or region that will help ensure the use of the recommendations after the training session ends
• Provide an internal of external "coach" who will be assigned the task of implementation after training

Expected Outputs:
Improved understanding of what can save lives among justice-involved populations with Opioid Use Disorder (OUD)
A set of recommendations for states to reduce opioid overdose deaths among those in their criminal justice system
Training materials for states
Expected Outcomes:
Reduced death rate among justice-involved populations in states that implement recommendations
Enhanced collaboration across adjacent states to reduce death among those with OUD in their jails and prison systems

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:* 64/200 words maximum

The recipient organization must have the staffing and expertise to quickly engage a national partner in corrections, conduct outreach with partners about potential states to train, develop training materials, hire appropriate trainers if not on staff, provide the location, and offer follow-up coaching to stimulate implementation after training. We envision at least 2 trainings in the first year, preferably 3 or 4.

13 Applicant Program Experience:* 79/200 words maximum

The recipient organization should have demonstrated track record in 3 areas: (1) ability to convene high-level decisionmakers within states and regions, such as personnel from the Governor's Offices, State Health Officials, and State Departments of Corrections; (2) securing expertise from a national entity charged with providing oversight, accreditation, and/or training to state Departments of Corrections; (3) providing effective training to multi-sectorial state teams in order to effect state-wide improvments in public health, public safety, substance use, and/or corrections.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 38/200 words maximum

Must collaborate with national-level organizations that focus on areas such as corrections, public health, and substance use providers. These entities can provide guidance, insight, and recommendations for state Departments of Corrections, public health, and substance use treatment providers.

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

A likely sub-contract would be awarded to a national entity with the scope of practice and expertise to have meaningful reach across the entire nation – that is, across all state Departments of Corrections. This likely sub-contractor will be an accrediting body for Corrections, will have opioid overdose expertise, insight into key recommendations or interventions for state-level improvements, and current capacity to help the recipient organization start working very quickly.

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

Briefly describe how. : * 35/200 words maximum

Opioid-related death rates are disproportionately high among people who have been involved with the criminal justice system. Systematically addressing gaps in program delivery and the lack of coordination across systems promises to save lives.

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable:	102/100 words maximum
	Unallowable Costs: • Research • Purchase of naloxone • Purchase of syringes • Drug disposal programs (drop-boxes, bags or other devices, and/or take-back events) are not permissible under this funding opportunity • Clinical care (except as allowed by law) • Publicity and propaganda (lobbying) o Funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships.	
	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.	

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Partnering to enhance/expand availability and utilization of National Violent Death Reporting System (NVDRS) data.

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CO...

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Violence Prevention

4 CIO Point of Contact (POC) name(s):*
Leroy Frazier, Jr.

CIO POC email address(es):*
Lfrazier1@cdc.gov

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

CIO POC phone number(s):*
770-488-1507

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

6 Description of the Target Population:* 36/25 words maximum
Professionals in formal leadership roles of nonprofit, voluntary and private entities that support public health ; partnership s with law enforcement that collect and provide data that are essential to informing 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)
$650,000 (Whole number 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**. 554/1,000 words maximum

In 2002, CDC received funding from Congress to establish the National Violent Death Reporting System (NVDRS). This provided an opportunity to link detailed information – from death certificates (DC), law enforcement reports (LE), medical examiner and coroner reports (C/ME) into a useable, anonymous database. Frontline investigators, including homicide detectives, coroners, crime lab investigators and medical examiners, collect valuable information about violent deaths. These data, however, are person-based (i.e., provide information about the victim) and are often not combined to provide a complete picture. Death certificates are also person-based and provide limited information about violent deaths (e.g., manner, cause, and demographic information). Linking information from all of these sources offers a more comprehensive picture of the circumstances surrounding violent deaths. NVDRS is an incident-based system. It identifies violent deaths occurring in the same incident to help describe the circumstances of multiple victim homicides (e.g., mass shootings) or homicides followed by the suicide of the suspect. As a result, NVDRS provides unique insight into potential risk factors for both single and multiple victim events and information to assist in the development and evaluation of programs and policies designed to prevent deaths from violence at the local, state, and national levels (NCIPC, 2008).

Purpose:
This project will support partnership development for the enhancement and timely access to vital records, medical examiner/coroner and law enforcement data and the successful utilization of violent deaths data for prevention.

Proposed Activities:
Convene a meeting with partners to develop strategies that will help with expansion of NVDRS nationwide, improve data collection regarding certain topics, and improve data availability in a timely and efficient manner. The meeting would include up to 12 partners identified by the applicant and CDC that can help with strategy development.

Support one "Surveillance Academy" event that provides at least 10 scholarships for participants to learn about the NVDRS Restricted Access Database (RAD) and how to analyze these data.

Organize and support annual meeting(s) of NVDRS funded recipients and national partners.

Support 15 new researcher awards that will enhance utilization of NVDRS RAD data for analysis.

Establish partnerships with:
National Association of Medical Examiners (NAME) to provide a forum for medical examiners to be educated regarding the value of NVDRS and how to improve state access to ME data more timely;

National Association of Public Health Statistics and information Systems (NAPHSIS) to provide an opportunity to continue educating NAPHSIS member regarding the value of timely vital records data to NVDRS and facilitate access of electronic death records to state VDRS programs to increase timeliness of case initiation;

International Association of Chiefs of Police (IACP) to investigate strategies/activities to help states access and receive data more timely would be of great value to the NVDRS program for increasing the completeness of information in NVDRS from law enforcement records;

National Sheriffs Association to help investigate strategies/activities to help states access and receive data more timely would be of great value to the NVDRS program for increasing the completeness of information in NVDRS from law enforcement records.

Expected Outputs:
A surveillance system that collects high quality and comprehensive violent death information in a timely manner.
Conducting of national partner meetings.
Transfer of knowledge and opportunities for information exchange regarding best practices for data access and dissemination.

Expected Outcomes:
Increased utilization of NVDRS data
Increased national partner awareness of NVDRS, particularly law enforcement agencies.
NVDRS funded recipients gain access to knowledge that enhance their ability to provide comprehensive and timely information regarding violent deaths.

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

Applicant must be a vital partner for addressing many public health issues and have partnered with governmental and nongovernmental agencies. The applicant must have leverage and a high standing in the health field to increase the buy in and commitment of required partners in this effort. The applicant must have the capacity to lead, coordinate and organize forums to address many public health issues in the past. Finally, must have the capacity to develop timely and relevant resources related to targeted public health initiatives.

13 Applicant Program Experience:* 31/200 words maximum

The applicant must have ample experience in developing and implementing a variety public programs and must be a a leader for public health programs and viewed as an excellent collaborator.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 24/200 words maximum

Establish collaboration with primarily national organizations that represent vital records, medical examiners/coroners and law enforcement agencies and other organizations for support of NVDRS.

15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 11/200 words maximum Subcontracts may be required to carry out the proposed work.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 41/200 words maximum The lead agencies implementing NVDRS are primarily state public health departments. The successful completion of the tasks outlined will provide a great benefit to those agencies regarding partnership building to access data that is vital to the success of NVDRS.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 17/100 words maximum Funds may need to be budgeted for subcontract activities as well planning for certain instructional 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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Suicide and Opioid Misuse Prevention State Policy Leadership Convening

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CO...

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Vioelence Prevention

4 CIO Point of Contact (POC) name(s):*
Erin Black

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

CIO POC email address(es):*
epm7@cdc.gov

CIO POC phone number(es):*
770-488-0972

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

6 Description of the Target Population:* 6/25 words maximum
Governors, legislators, 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)
$250,000 (Whole number 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**. 367/1,000 words maximum

Purpose: Convene state senior leaders based on burden and capacity to identify best practice policy and programmatic solutions to leverage resources (staff and funding) to reduce both suicide and opioids misuse by focusing on shared risk and protective factors. This project proposes that DVP, DUIP and DARPI will work closely together to expand upon a recent March 2018 convening of state around suicide prevention. This convening will provide an opportunity for states to build partnerships and infrastructures to leverage resources to simultaneously reduce suicide and opioid misuse.

Proposed Activities: Prior to the meeting, the facilitators will conduct research with state leaders, CDC and others to shape the agenda, identify national, state and local experts to attend and coordinate logistics for the convening. Develop the agenda and presentations informed by the DVP violence prevention technical packages and the CDC Guide for Prescribing Opioids for Chronic Pain. Following the meeting, the facilitators will follow-up with state teams to assist them in identifying and executing specific action steps to drive change in their respective states. A significant portion of the budget will go to cover 1) travel expenses for the 2-day convening to include airfare and lodging for ~50 participants, speakers and subject matter experts and 2) meeting expenses to include food, beverages, and meeting space.

Expected Outputs: Measure increases within and across state infrastructure, partnerships, coordination, and capacity to implement evidence-based policies and programs that simultaneously reduce suicide and opioid misuse. Establish a team of state leaders within each state to work on efforts to simultaneously reduce suicide and opioid misuse. Establish 5 new partnerships within each state and/or with counterparts across state lines to leverage opportunities to align efforts to simultaneously reduce suicide and opioid misuse. Identify at least 3 action steps within each state to improve efforts to simultaneously reduce sucidie and opioid misuse.

Expected Outcomes: Improve state capacity to simultaneously reduce suicide and opioid misuse. Share the lessons learned from the convening broadly with all states, tribes, and territories to further increase collaboration and expansion of the coordinated approach to leveraging linkages in the prevention of both violence and opioid misuse. Encourage states to sustain progress through their own state convenings. Develop implementation guidance based on the current best practices, gaps, and challenges identified at the convening.

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:* 140/200 words maximum

Recipient must be a respected public policy organization that directly interacts with and has built and maintained relationships with state policy makers across the U.S. The organization must understand policy research and development and have experience developing innovative solutions to today's most pressing public health policy challenges. The recipient must have experience providing tailored technical assistance to address challenges facing states, identify and sharing best practices from across the country, and serving as an information resource to inform state policy initiatives through research reports, policy analyses, cross-state learning labs, state grants and unique services. The organization must be staffed by experienced policy, research, and communication professionals who provide states cutting-edge analysis, creative solutions, and practical policy recommendations. The organization must be a key partner with states in building capacity for and implementing public health and behavioral health interventions.

13 Applicant Program Experience:* 138/200 words maximum

The recipient must have experience conducting policy research to directly support state policy makers to address the pressing public health policy challenges. The recipient must have experience providing technical assistance and sharing information and materials to inform policy makers to make the best public health policy decisions. The recipient must have delivering in depth technical assistance to states. The recipient must have an established interactive process to help states develop strategic action plans for addressing policy challenges that build on the latest research and best practices. The recipient must have experience working with state officials, the governors' policy advisors, cabinet officials from a variety of state agencies, and other key stakeholders from around the state. The recipient must have experience conducting state convenings to bring state leadership together to strategize on addressing significant public policy issues.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 25/200 words maximum

The recipient will be expected to collaborate, as necessary, to accomplish the project outcomes. The recipient is expected to discuss collaborations with CDC staff.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 5/200 words maximum

None. Not applicable.

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

Briefly describe how. : * 68/200 words maximum

The project will serve to improve state government to simultaneously reduce violence and opioid misuse. It will further increase collaboration and expansion of the coordinated approach to leveraging linkages in the prevention of both violence and opioid misuse. CDC partners with multiple federal agencies for the convening, including SAMHSA and VA, to ensure that states are hearing one consistent message from across federal agencies on suicide/opioid misuse prevention.

BUDGET INSTRUCTIONS

17

	General Instructions for Use of Funds, as applicable:	102/100 words maximum
	Unallowable Costs: • Research • Purchase of naloxone • Purchase of syringes • Drug disposal programs (drop-boxes, bags or other devices, and/or take-back events) are not permissible under this funding opportunity • Clinical care (except as allowed by law) • Publicity and propaganda (lobbying) o Funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships.	
	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.	

Submission Date: 06/27/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
The Power of Community: Educating Social Media Influencers to Advance Injury & Violence Prevention

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CO...

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Office of Policy and Partnerships

4 CIO Point of Contact (POC) name(s):*
Kinzie Lee; Leah Chan

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

CIO POC email address(es):*
hli6@cdc.gov; inu4@cdc.gov

CIO POC phone number(es):*
404-498-3935; 404-498-2322

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

6 Description of the Target Population:* 14/25 words maximum
Community-based organizations, pediatric health care clinicians, maternal and child health professionals, preventive medicine physicians

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 number 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**. 290/1,000 words maximum

Purpose: Build the capacity of community-based organizations, pediatric health care clinicians, maternal and child health professionals and/or other health care providers to educate and activate parent social media influencers around Adverse Childhood Experiences (ACEs) and related outcomes (e.g. opioid overdose, suicide). Public health professionals will empower parents to take on an active role in creating the context for healthy children and families through norms change and programs.

Strategy: This will be accomplished by convening and educating parent social media influencers on ACEs and the role they might play in creating context for healthy children and families through norms change; developing a shared vision and action plan for how community-based organizations, pediatric health care clinicians, maternal and child health professionals, and/or preventive medicine physicians can collaborate with parent social media influencers to advance ACEs messaging and norms change; implementing and evaluating a mini social media activation around ACEs that includes opportunities for the parent social media influencers to share their experiences related to safe, stable, nurturing relationships and environments and to promote expertise and resources from CDC and from community-based organizations, pediatric health care clinicians, maternal and child health professionals, and/or preventive medicine physicians; drafting a case study on the power of collaboration with parent social media influencers to advance prevention of ACEs and related outcomes (e.g. opioid overdose, suicide).

Proposed Activities/Expected Outputs:

- Strategic meeting/convening,
- draft of a shared vision and action plan,
- mini social media activation,
- evaluation of the mini social media activation, and
- a case study

Expected Outcomes:

- Improved capacity to establish and maintain partnerships within the social media sector to create a shared vision of health, particularly as it relates to adverse childhood experiences, and
- strengthened capability to respond to public health priorities, like ACEs, collaboratively and strategically with non-traditional but influential sectors like social media

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:* 55/200 words maximum • Capacity to reach out to membership and leaders in the field of injury and violence prevention, to include adverse childhood experiences • Capacity and competency to promote and support social media efforts aimed at parent social media influencers • Preference will be given to applicants demonstrating an understanding of injury and violence prevention, to include adverse childhood experiences
13	Applicant Program Experience:* 63/200 words maximum • The applicant shall have well-established organizational skills and an infrastructure that is capable of effectively conducting and managing the work described under the Project Description. • Experience in developing support tools or other innovative means of reaching communities and families through social media. • Experience collaborating with organizations in support of parent education not limited to but including injury and violence prevention and adverse childhood experiences.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 40/200 words maximum • Applicant organizations are may be expected to collaborate with various stakeholders including public and private organizations, national public health agencies, parent social media influencers, media, and key opinion leaders • Applicants should expect to collaborate with CDC's National Center for Injury Prevention and Control
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 77/200 words maximum • Applicants may wish to subcontract or consult with a nationally known organization to identify the specific influencer landscape relevant to adverse childhood experiences, including media, bloggers and key opinion leaders. • Applicants may wish to subcontract or consult organizations with established influencer relationships, and experience in planning and executing compelling influencer activations (i.e., blog and social media tours; content and video creation; high volume activations on social platforms like Instagram, Twitter and Facebook; content boosting; on-site event attendance and virtual briefings)
16	Will the proposed CBA benefit governmental public health agencies?* ○ Yes ◉ No Briefly describe how. : * 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 81/100 words maximum

	The awardee may use funds for subject matter technical assistance. Funds may be used to collaborate with and obtain technical assistance from parent social media influencers, 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 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.

Submission Date: 07/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Healthcare System Impact: increasing understanding of the impact of an influenza pandemic on healthcare systems

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIR...

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 C

6 Description of the Target Population:* 3/25 words maximum
Healthcare 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)
$400,000 (Whole number 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**. 59/1,000 words maximum

This project will explore ways to better understand the impact of an influenza pandemic on the US healthcare system and develop 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:* 13/200 words maximum

Entity should be able to connect into 1 or more healthcare systems

13 Applicant Program Experience:* 37/200 words maximum

Entity should be able to connect into healthcare systems, understand how system works during surge and what key information helps with healthcare system surge capabilities systems and have skills to help integrate healthcare system operational information

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 22/200 words maximum

Some collaboration with health officials, or their representatives, 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: 20/200 words maximum While no subcontractual 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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Immunization Support Program for Primary Healthcare Providers that Vaccinate

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIR...

3 Division, office, or unit:*
Immunization Services Division

4 CIO Point of Contact (POC) name(s):*
Achal Bhatt

CIO POC email address(es):*
zgv8@cdc.gov

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

CIO POC phone number(es):*
4046398588

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

6 Description of the Target Population:* 16/25 words maximum
Primary healthcare physicians (e.g., pediatricians, family physicians, internists, etc.) that vaccinate children, adolescents and/or adults

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 number 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**. 280/1,000 words maximum

Project Description – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit):*

Purpose: Vaccines protect the health and well-being of children from birth to adulthood and primary health care providers are influential advocates of immunizations. Applicant will work with primary health care providers to improve provider knowledge of recommendations, evidence-based strategies and office based practices that improve immunization rates for children, adolescents and adults and avoid missed opportunities.

Proposed Activities:

• Coordinate, conduct, assess and evaluate national and regional activities and interventions to support the adoption of the immunization recommendations and practices of primary healthcare provider offices.

• Deliver immunization related educational information to primary healthcare providers that vaccinate. Methods of delivery can include new media and technology as appropriate. (Activities can include distributing materials through the web and social media.)

• Promote quality improvement projects aimed at helping primary care healthcare providers decrease missed opportunities in the practice setting. (Activities can include quality improvement topics such as ordering and supply; vaccine storage and handling; communicating with parents; vaccine administration; use of technology in the office; reminder recall; VAERS; and VIS.)

• Promote strategies to increase provider confidence in communicating with parents about all ACIP recommended vaccines.

• Evaluate program activities to monitor progress toward stated goals and adjust project to address need.

Expected Outputs for primary healthcare providers:

• Improved immunization program policies and programs within offices

• Increased access to immunization related educational information

• Improved access to quality improvement projects

• Increased provider confidence when making vaccine recommendations

• Identified needs of the primary healthcare providers related to vaccine delivery

Expected Long Outcomes:

• Ensure that children, adolescents and adults receive recommended vaccinations on time

• Reduce barriers to receiving immunization

• Reduce morbidity and mortality form vaccine preventable 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:* 79/200 words maximum

Applicant must represent primary care healthcare providers and whose membership vaccinate children, adolescents and/or adults.
• Have a strong membership throughout the country with local chapters or affiliates.
• Document a reliance of members on the organization for technical information and assistance on immunization-related issues.
• Document qualified and experienced personnel with well-defined roles and responsibilities that will be working on the project
• Document that organization has at least a 3 year history of active membership of primary healthcare providers

13 Applicant Program Experience:* 34/200 words maximum

Applicant must demonstrate success working with primary healthcare providers that vaccinate and the ability to reaching their membership with appropriate educational and training materials to increase immunization rates (recommendations, quality improvement tools, etc.).

COLLABORATIVE WORK

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

The applicant will work collaboratively with primary healthcare providers that vaccinate and other immunization stakeholders (chapter organization, states and local immunization programs, provider organization and other appropriate agencies) as necessary.

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. : * 0/200 words maximum

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.

Submission Date: 04/11/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Improving adult influenza vaccination and routine vaccination services for adults in Community Health Centers

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIR...

3 Division, office, or unit:*
Immunization Services Division

4 CIO Point of Contact (POC) name(s):*
Amy Parker Fiebelkorn

CIO POC email address(es):*
dez8@cdc.gov

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

CIO POC phone number(es):*
404-639-8593

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

6 Description of the Target Population:* 18/25 words maximum
Healthcare providers at Community Health Centers who predominantly care for underserved adults, including racial and ethnic minorities.

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)
$650,000 (Whole number 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**. 581/1,000 words maximum

Purpose:
To improve delivery of adult influenza and routine vaccination services and reduce vaccination services disparities among underserved adult populations by increasing implementation of the Standards for Adult Immunization Practice at Community Health Centers (CHCs) that serve traditionally underserved populations and currently offer adult vaccination services. This will be achieved through:
1) Evaluating number/proportion of CHCs in each of the selected jurisdictions that offer adult vaccinations.
2) For CHCs that offer adult vaccination services, deploy standardized adult immunization quality improvement protocols, such as the use of Adult AFIX (Assessment Feedback Incentives eXchange). Pre- and post-intervention assessment should include an evaluation of vaccination rates in these CHCs for all ACIP recommended adult immunizations among racial, ethnic, and other underserved patient population groups.

Proposed Activities:
Awardee will work with multiple different Community Health Centers in different jurisdictions (covering a wide geographic range) serving racial and ethnic minority adults and other underserved populations, including economically disadvantaged groups.

1) Awardee will work with CDC to obtain approval of the selected jurisdictions. After selecting jurisdictions, the awardee will evaluate the number and proportion of CHCs in the selected jurisdictions that offer adult vaccinations.

2) Among CHCs that offer adult vaccinations, select a subset of CHCs (or select all, if appropriate) to implement the Standards for Adult Immunization Practice through 3 adult immunization quality improvement visits at each selected site (e.g., baseline, 6 month, and 12 month visits), specifically by:
• Assessment which involves generating data reports on the vaccination rates of selected underserved populations, as above, and examining the effectiveness of providers' immunization delivery practices.
• Feedback which involves providing an opportunity to share with each provider their Assessment results, discuss barriers to vaccination and practice procedures (including implementation of the Standards for Adult Immunization Practice), and collaborate to develop 2-3 customized evidence-based quality improvement strategies, including (but not limited to): implementing patient reminder and recall systems, utilizing provider reminders/prompts in EHRs, implementing standing orders, and improving accuracy of information reported to the immunization information system.
• Incentives which involves recognizing provider accomplishments and motivating providers to improve vaccination coverage rates. (Of note: Small amounts of funding can go toward incentives, such as Pink Books for participating providers, but large amounts should not go toward 'incentives' or monetary gifts, given that is not a sustainable approach.)
• eXchange which is the regular follow-up with providers to monitor their quality improvement progress and offer support through guidance and Incentives.
Awardee will work regularly with CDC and have monthly calls to establish intervention approach and to update on progress.
Recipients will be provided the opportunity to expand the rollout of existing adult AFIX-type strategies or implement new ones.

Expected Outputs:
Provide information to evaluate both the process and outcome of selected AFIX visits or similar activities via progress reports, online data, check-in calls, etc. in an effort to improve the overall adult immunization service delivery at selected CHCs.

Expected Outcomes:
Awardees will be required to:
1) Document the number of CHCs that have had formal vaccination assessment conducted.
2) Conduct site visits focused on assessment, evaluation, and providing feedback on adult immunization services delivery at selected CHCs that offer adult vaccinations-- AFIX model is desired, as specified in the AFIX Policies and Procedures Guide https://www.cdc.gov/vaccines/programs/afix/downloads/standards-guide.pdf.
3) Increase the number of adult AFIX-like visits implemented and completed (if the CHC already conducts adult AFIX visits).
4) Prioritize CHC providers with the greatest potential of positively impacting adult vaccination coverage (e.g., providers in large CHCs where adult vaccination coverage among underserved groups, as above, is known to be low).

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:* 32/200 words maximum

Recipient must have experience providing guidance and organizing Community Health Centers serving underserved populations in the US, including capacity to work on adult immunization issues and interacting with underserved communities.

13 Applicant Program Experience:* 16/200 words maximum

Recipient must have experience providing guidance and organizing CHCs and partners among U.S. underserved communities.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 24/200 words maximum

Recipient is expected to work collaboratively with public health partners, including electronic health record (EHR) and immunization information system (IIS) groups and/or vendors.

15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 18/200 words maximum Recipient may subcontract/ subaward to regional or other CHC groups and EHR or IIS partners and vendors.
16	Will the proposed CBA benefit governmental public health agencies?* ○ Yes ◉ No Briefly describe how. : * 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 27/100 words maximum It is expected that funds will be used for CHCs in different jurisdictions, and also to provide techincal assistance and evaluation of project implementation and impact.
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Improving the Pediatric Community's Readiness and Response to Seasonal and Pandemic Influenza

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIR...

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Caitlin Shockey

CIO POC email address(es):*
gqw6@cdc.gov

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

CIO POC phone number(es):*
404-831-0025

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

6 Description of the Target Population:* 2/25 words maximum
Pediatricians

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 number 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**. 302/1,000 words maximum

Purpose:
The project will include a focus on pediatricians to encourage annual flu vaccination to patients, as well as preparedness efforts around pandemic influenza.The goals of the project include implementing quality improvement projects aimed at helping pediatricians decrease missed flu vaccination opportunities in the practice setting; assessing the capacity, knowledge, and attitudes of pediatricians regarding the immunization schedule and best practices; implementing regional and local chapter programs between pediatricians and stakeholders to identify an action plan to improve immunization levels; coordinating, convening, and initiating immunization programs and policies leading to the implementation of best practices in pediatric offices and disseminating findings.

Proposed Activities: (1) leveraging existing partnerships with health care provider organizations to improve flu vaccination uptake and work with pediatric providers such as pediatricians, family practitioners, and nurses to improve flu vaccination recommendation (2) understanding the barriers, knowledge, and attitudes that certain patient and provider populations have regarding vaccination, and (3), conducting research and developing tools to improve pandemic flu preparedness among those who provide care to children.

Expected Outputs: The goals will be accomplished over the 5-year project period through multiple methods, which include maintaining a key contact network; identifying and disseminating best practices; initiating a Periodic Survey and conducting needs assessments; supporting state chapters to host Immunization Congresses; maintaining and expanding current Immunization web sites; assisting in efforts to coordinate activities; developing resources on vaccine safety and risk communication; promoting technical assistance availability; working on pandemic preparedness for child care facilities; and developing an training guide for pediatric office staff on the basics of immunization.

Expected Outcomes: Increase pediatrician awareness of influenza prevention and treatment strategies. Compile and share priority strategies for ensuring that children at highest risk of developing influenza complications receive influenza immunization and early treatment. Improve planning within child care programs for seasonal influenza outbreaks and pandemic influenza.

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:* 141/200 words maximum

The organization should have past experience working with and leveraging pediatric professionals to address flu vaccination with young children.

The organization should have a way to reach the majority of pediatricians in the United States and be a reputable, trusted source of information for them.

The organization should have strategies in place to address barriers and facilitate opportunities to reach certain populations such as pediatric professionals, their young patients, and parents. Through these strategies it is expected that health care professionals serving children would be well-informed and have appropriate resources available to make a strong flu vaccination recommendation. Experience with innovative and useful resource development will help facilitate conversations between patients and providers and can be tailored for specific audiences.

The organization should also have the capacity to evaluate provider practice website inventory, metrics of use, and implement web improvement strategies

13 Applicant Program Experience:* 149/200 words maximum

The recipient program should have the ability to partner with and leverage NCIRD and other public health and medical organizations to collaborate with health communication professionals on effective communication strategies regarding flu vaccination and flu prevention, the importance of flu vaccines for children, the importance of communicating flu vaccine safety, and the ability to reach pediatricians and pediatric health care professionals with recommendations and health information.

The organization should also have experience with innovative and useful resource development, and these resources should help facilitate conversations between patients and providers and be tailored for specific audiences.

The organization should have experience working in practice with health care systems across the United States and understand the role systems have in providing and delivering healthcare services for target populations. By understanding these services and their delivery, vaccination recommendation, referral, and uptake can be examined further or improved within the systems.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 45/200 words maximum

It is expected that the organization will have the ability to partner with other CDC-funded organizations to maintain an electronic mailing list established in 2014. The organization must also have the ability to connect with other federal agencies on pandemic flu preparedness activities.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 29/200 words maximum

It is expected that the selected program will have the ability to subcontract with medical organizations serving pediatric health care professionals and those that care for children.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 61/200 words maximum Local, state and federal public health agencies will benefit from the information this project will gather to learn more about communicating with pediatric health care professionals, best practices for sharing content, materials that are needed to increase flu vaccine recommendations, and continuous work to improve pandemic flu preparedness with professionals who care for children (particularly in a child care setting).
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 25/100 words maximum
	The general instructions are to fund those partners that reach pediatricians and have expertise working to improve and increase pandemic flu preparedness capacity.
	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.

Submission Date:

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

GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 13/15 words maximum Leveraging clinics and alternative care sites to improve pandemic influenza planning and response activities	
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIR...	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 C
6	Description of the Target Population:* 25/25 words maximum Public health institutes and the populations they serve specifically retail based and nurse managed clinics will benefit from coordinated planning during a future pandemic.	

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 number 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**. 136/1,000 words maximum

The goal of this project is to engage key partners that have ongoing outreach to clinics and alternative care sites to improve pandemic influenza planning and response activities. This effort supports CDC Public Health Preparedness Capabilities (CAPABILITY 10: Medical Surge). Expected outputs may include:
- Improve understanding of available nurse managed and community clinics
- Improve access to additional surge options and resources (nurses)
- Ensure clinics are able to use/distribute / dispense/ administer MCM
- Identification of opportunities for clinic use of vaccine registries and development of tools or materials to address needs
- Improve access to care for under insured and un insured populations
- Biweekly meetings or teleconferences between CDC and the awardee to exchange information and ideas on the project and its progress.
- Development of tools and materials that support the above topic areas

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 organization must have the ability to effectively convene and communicate with nursing and clinic based organizations and state and local health departments on a wide range of issues related to pandemic influenza preparedness. Applicant must have key partner relationships already established with nurse medical clinics and retails clinics and ongoing partnerships with state and local health departments. The organization must be able to develop templates, and model programs related to providing care for the uninsured and underinsured in partnership with relevant healthcare organizations.

13 Applicant Program Experience:* 56/200 words maximum

	The organization should have at least seven years of experience working on issues related to public health and be very familiar with the unique issues related to nursing practice and policies, and convenient care clinics. The organization should also have experience in working with nursing organizations, pharmacy based clinics, state health officials, local public health.
	COLLABORATIVE WORK
14	49/200 words Expectations for Collaboration, as applicable: maximum Collaboration with state health officials, public health institutes, nursing experts, retail based and nurse managed clinics, will be required to comprehensively address the issues associated with this project's goals. The organization should have partnerships in place to collaborate with Convenient Care Associations and the National Nursing Centers Consortium.
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. : * 8/200 words maximum This project will improve healthcare system integration
	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/15 words maximum
Maternal Vulnerable Population Partnership

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIR...

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Leslie Rodriguez; Ashley Brooks

CIO POC email address(es):*
iwn3@cdc.gov; ylo5@cdc.gov

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

CIO POC phone number(es):*
404 639 8421; 404 639 8871

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

6 Description of the Target Population:* 8/25 words maximum
Prenatal care providers who see pregnant women.

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 number 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

The goal of the project is to connect with health care professionals providing care to pregnant women to increase maternal immunization rates of influenza and Tdap and also to strengthen and support the provider/patient communication and uptake around vaccination.

Objectives of this project include: (1) leveraging existing partnerships with health care provider organizations to improve vaccination uptake and recommendation and work with other provider types such as nurse-midwives or family practitioners, (2) understanding the barriers, knowledge, and attitudes that certain patient and provider populations have regarding vaccination, (3) understanding health system roles for vaccination recommendation, referral, and uptake, and (4) utilization of health care provider champion networks to address patient concerns, disseminate information including on practice websites, and share best practices with peers.

To accomplish these objectives, the organization should intend to strategically partner with medical associations that serve pregnant women who are hard-to-reach. In a survey of obstetrics patients, providers serve as the number one source for vaccination information and communication.

Examples of proposed activities to meet the goal and objectives of this project include a needs assessment with patients in various demographic settings to better understand barriers, knowledge, and attitudes around vaccination. The long term impact of this needs assessment will build an understanding of various demographic views around vaccination and the need to further understand the implications of tailored content. Recent and past research indicates that the there is a need for immunization champions within certain practices. There is also a need to address vaccine safety, especially in the case of women who are pregnant. With these two needs, assessment of providers', specifically those part of an immunization champion network, recommendations addressing patient vaccine safety concerns will continue to build on previous lessons learned about these conversations but also provide implications to improve these conversations.

A needs assessment on how certain providers such as nurse-midwives and family practitioners view their role in vaccination of their pregnant patients may identify gaps information sharing that need to be addressed and can improve overall vaccination coverage rates.

Capacity-building activities should:
• Support and increase prenatal care providers ability to provide evidence-based recommendations to pregnant patients
• Increase vaccine coverage rates
• Include prenatal care providers, even those that work in health systems

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:* 122/200 words maximum

The organization should have past experience working with and leveraging national medical associations to address health issues within the hard to reach pregnant women population.

The organization should have strategies in place to address barriers and facilitate opportunities to reach success specifically regarding certain populations such as pregnant women and prenatal care providers. Through these strategies it is expected that pregnant women and those health care professionals serving them would be well-informed and have appropriate resources available. Experience with innovative and useful resource development will help facilitate conversations between patients and providers and can be tailored for specific audiences.

The organization should also have the capacity to evaluate provider practice website inventory, metrics of use, and implement web improvement strategies.

13 Applicant Program Experience:* 146/200 words maximum

The recipient program should have the ability to partner with and leverage NCIRD and other public health and medical organizations to collaborate with health communication professionals on effective communication strategies regarding vaccine-preventable disease prevention, the importance of vaccines for pregnant women, the importance of communicating vaccine safety, and utilization of peer-to-peer and immunization champion networks to reach providers who see pregnant women.

The program should also have experience with innovative and useful resource development, and these resources should help facilitate conversations between patients and providers and be tailored for specific audiences.

The organization should have experience working in practice with health care systems across the United States and understand the role systems have in providing and delivering healthcare services for target populations. By understanding these services and their delivery, vaccination recommendation, referral, and uptake can be examined further or improved within the systems.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 58/200 words maximum

It is expected that the organization will have the ability to partner with medical professional organizations, specifically those that serve pregnant women, such as ob-gyns, certified nurse-midwives, and family practitioners. The organization is also expected to have the ability to work with or partner with a health care system that includes care and service to pregnant women.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 117/200 words maximum

	The selected program will have the ability to subcontract with medical organizations of prenatal care providers. Examples of potential subcontractors: -An organization of diverse membership representing nurse midwives and certified nurse-midwives in the United States. A proposed organization supports midwives and advance midwifery practices with expertise in well women and gynecologic care, promotional of optimal pregnancy, physiologic birth, postpartum care, and care of a newborn. -An organization comprised of ob-gyns who have a goal to continuously improve health care for women through both practice and research, and leads advocacy for women's health care issues. -An organization representing physicians who practice primary care, especially in the case for rural and underserved populations, who lack access to primary care.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 42/200 words maximum Local, state and federal public health agencies will benefit from the information this project will gather to learn more about communicating with certain populations about vaccination, best practices for sharing content, and what materials are important for increasing vaccination rates.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 27/100 words maximum
	The general instructions are to use funding to address the objectives of the project. Additionally, sustainability and leveraging of provider champion networks must be implemented.
	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.

Submission Date: 04/10/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Public Health Policy Horizon Scanning

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY

3 Division, office, or unit:*
Policy Research, Analysis, And Development Office

4 CIO Point of Contact (POC) name(s):*
Jim Kucik

CIO POC email address(es):*
ezk9@cdc.gov

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

CIO POC phone number(es):*
404.639.7827

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

6 Description of the Target Population:* 13/25 words maximum
State executive and legislative branches; health department staff at all levels (secondary)

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 number 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**. 982/1,000 words maximum

PUBLIC HEALTH POLICY HORIZON SCANNING
Purpose:
The purpose of this activity is to conduct public health policy "horizon scanning" on emerging issues occurring at the state and local level in order to identify policy options. This work will focus on CDC public health priorities as defined by CDC Data Driven Regular Reviews and Winnable Battles, as well as other priorities emerging. CDC is interested in the need to research and monitor for early warnings and search out and address blind spots and gaps in scientific knowledge, especially in relation to public health policy options.

Proposed Activities:
Develop and implement a customized approach to public health policy "horizon scanning" - the systematic examination of potential (future) problems, threats, opportunities, and likely future developments, including those at the margins of current thinking and planning. Horizon scanning may explore novel and unexpected issues, as well as persistent problems, trends, and weak signals.
Horizon scanning has been described a knowledge radar, scanning for subtle clues and suggestions outside what is known as fact. It gives advance warning of threats and opportunities that lie just out of sight. Horizon scanning is a strategy tool which provides decision-makers with a picture of what could happen in the future in order to support public health policy development. It sifts through and combines faint signals that may mark the start of something important that requires early public health policy action.
Horizon scanning needs to be anchored in a strategic requirement to look around and ahead in order to inform policy solutions. Horizon scanning is generally seen as an instrument with two main functions: the alerting function and the

	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:* 114/200 words maximum

The ideal organization should have strong relationships with health policy experts in the state executive and legislative branches, health department staff at all levels, and community policy experts and should be able to help these stakeholders develop and implement programs and policies in public health priority areas related to policy interventions. The organization should be able to facilitate collection of relevant information and sharing of ideas and experiences, create dialogue with outside organizations, and identify best practices in public health. The organization should have the ability to engage and convene a cross-sector group in order to learn about the diverse needs of those who inform policy or interact directly with policy decision-makers.

13 Applicant Program Experience:* 74/200 words maximum

The ideal organization should have demonstrated experience collaborating with both legislative and executive branches and health department staff at all levels and be familiar with workforce capacity building and conducting needs assessments. An ideal organization should also have an understanding of the policy development process and economic principles that inform policy decisions. Additional experience in training and technical assistance in the areas of policy and economic analysis development and implementation is desired.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 23/200 words maximum

	CDC has a clear vision for this project and seeks an organization to work collaboratively with them to fulfill that vision.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 31/200 words maximum It is CDC's expectation that applicants will have the reach, relationships, capacities, and competencies listed above. If the applicant does not have these, CDC expects the applicant to subcontract appropriately.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 23/200 words maximum Assessments of STLTS needs to support policy and economic capacity will allow public health agencies to better inform resource and activity decisions.
	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.

Submission Date: 06/19/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Building capacity of Governors to enhance public health and homeland security systems

2 CIO:*
OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESP...

3 Division, office, or unit:*
Division Of State And Local Readiness

4 CIO Point of Contact (POC) name(s):*
Todd Talbert; Andrea Harris

CIO POC email address(es):*
eup2@cdc.gov;fdn7@cdc.gov

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

CIO POC phone number(es):*
404-639-7876; 404-639-8411

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

6 Description of the Target Population:* 20/25 words maximum
Governors and their designated state homeland security advisors with primary responsibilities related to 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)
$50,000 (Whole number 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**. 422/1,000 words maximum

1) Public Health Systems Infrastructure- Activities to improve public health emergency management systems and programs

• Identify opportunities for preparedness planning collaboration between public health and governor's homeland security advisors and communicate recommendations within white papers, reports and presentations.
- Expected Output(s): Tools and resources.

• Develop strategies to increase understanding of public health preparedness to governor's homeland security advisors through Technical Assistance and Information Sharing with constituents.
- Expected Output(s): Summary report of technical assistance provided.
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) Partnership- Activities to improve the establishment and maintenances of results-driven partnerships. • Collaborate with DSLR partnership team to develop a strategy to include mortality reporting and medicolegal (Medical Examiner/Coroner/Vital Statistics) sector into future Public Health Workshops or policy workshops.
- Expected Output(s): Report summarizing inputs and/or recommendations provided.

• Collaboratively work with national NGOs focused in public health to promote and strengthen public health and homeland security preparedness collaborations through joint initiatives and activities.
- Expected Output(s): 1) Tools and resources and 2) Report summarizing inputs and/or recommendations provided.

• Identify opportunities for policy collaboration between public health and homeland security (e.g., National Health Security Preparedness Index, Threat and Hazard Identification and Risk Assessment, medical countermeasure planning, fusion centers, coordination of public health capabilities with core capabilities, whole community engagement).
- Expected Output(s): 1) Tools and resources and 2) Report summarizing inputs and/or recommendations provided.

• Promote the public health collaboration and awareness with state emergency management and governor's homeland security advisors by advocating CDC/Public Health awareness and presence on future Governors Homeland Security Advisors Council meetings.
- Expected Output(s): Tools and resources.

CBA short-term expected outcome: Improved capacity to establish and maintain partnerships within and across sectors to create shared vison of health.

CBA long-term expected outcome: Strengthened capability to response to public health priorities collaboratively and strategically.

3) Program and Services- Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services.

• Maintain presence on coordinated meetings with key preparedness partners as necessary.
- Expected Output(s): 1) Meeting Calendar, 2) Meeting agendas and minutes (as applicable), and 3) Post-meeting summary of impacts and recommendation that inform program and public health preparedness and response.

CBA short-term expected outcome: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs.

CBA long-term expected outcome: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs.

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:* 99/200 words maximum

The overarching goals specific to this project reflect a need for a more prepared homeland security 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 homeland security officials and federal policy makers to make informed policy and operational decisions; to develop greater efficiency and effectiveness in state emergency management, public health and healthcare preparedness programs ; to promote collaboration between homeland security, public health and other emergency management stakeholders; and to further develop the discipline of community resilience.

13 Applicant Program Experience:* 88/200 words maximum

The applicant organization must possess solid experience and expertise in building the programmatic capacity of its members, the governors of the 50 states, three territories and two commonwealths. The organization should support state efforts that protect the health of all people and engages in a wide range of educational, technical assistance, training and policy activities on behalf of advancing emergency preparedness and response capacity. The organization should also identify and share best practices from across the country and serve as an information clearinghouse for their members.

	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.

Submission Date: 04/12/2018

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Public Health Emergency Preparedness and Response Workshop for State and Territorial Gubernatorial and Legislativ...

2 CIO:*
OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESP...

3 Division, office, or unit:*
Office Of Policy, Planning And Evaluation

4 CIO Point of Contact (POC) name(s):*
Stacey Hoffman

CIO POC email address(es):*
hhs9@cdc.gov

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

CIO POC phone number(es):*
404.639.8799

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

6 Description of the Target Population:* 22/25 words maximum
State and territorial gubernatorial and legislative staff that engage in state, local, territorial, and tribal public health preparedness and response 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)
$200,000 (Whole number 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**. 174/1,000 words maximum

Purpose: Governors and state legislators are responsible for state law-making and setting state policies across all public sectors. While many enter public office with knowledge and experience in emergency management and response, few have a foundation specifically in public health preparedness and response. Multiple factors (environmental, emerging infectious disease, terrorism, etc.) have led to an increase across all states in activating their state emergency operations centers to address minor incidents as well as complex emergency crises.

Proposed Activities: To better support gubernatorial and state legislative staff in times of public health emergencies, CDC will support the development and implementation of a workshop addressing best practices, policies and procedures for preparing for and responding to a public health emergency event.

Expected Outputs: It is expected that workshop participant will work on real-time example at the workshop and leave with a strategy, project plan, or other document to be informed by assessing participants needs.

Expected Outcomes: Increased capacity or policy changes made to address a specific public health emergency issue as identified through consultation with target population.

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:* 102/200 words maximum

Organizational capacity ensures applicants demonstrate the ability to execute project strategies and meet project period outcomes. Applicants should have adequate infrastructure (physical space and equipment), workforce capacity, competence, relevant skills, and the electronic information and communication systems required to implement the strategies and outcomes of the FOA. Applicants will be expected to provide evidence of adequate skills in formative research; curriculum development, delivery, and evaluation; workshop implementation; financial reporting; and full capability to manage, facilitate, and maintain governance groups throughout the entire product life cycle framework. Applicants will also be expected to describe the nature of their relationships with applicable project stakeholders.

13	Applicant Program Experience:* 81/200 words maximum The proposed partner would be one that understands public health and emergency management, but also has experience in working with and training state political and legislative leadership and staff. The ideal awardee would be one that also appreciates the roles of and differences between federal agencies and state executive and legislative branches. Further the applicant must demonstrate experience in assessing the needs of the target audiences and developing training, model legislation or policy, or other communication materials for target audiences.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 66/200 words maximum Applicants are encouraged to build and/or leverage strategic partnerships and collaborations with organizations that play a potential role in achieving the proposed activities and project management plan outcomes, including but not limited to: nonprofit agencies; other federal, state, or local government agencies; the public health community; systems integrator corporations; cloud-based software companies; the business community; the information technology community; academia; hospitals; and emergency management organizations.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 99/200 words maximum This project could include subcontractual work to another partner to ensure reach into the project's target audiences. The subcontractor should have experience in assessing the needs of the target audiences and developing training, model legislation or policy, or other communication materials for target audiences. Additionally, the proposed partner would be one that understands public health and emergency management, but also has experience in working with and training state political and legislative leadership and staff. The ideal awardee would be one that also appreciates the roles of and differences between federal agencies and state executive and legislative branches.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 42/200 words maximum The proposed CBA will allow for cross-collaboration between states increasing much needed Public Health Preparedness and Response capabilities in the following areas: Community Preparedness; Community Recovery; Emergency Operations Coordination; Emergency Public Information and Warning; Information Sharing; Non-Pharmaceutical Interventions; and Volunteer Management.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 16/100 words maximum Applicants should detail costs for formative research; curriculum development, delivery and evaluation; and workshop logistics.
	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.

Submission Date:

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Promoting Evidence Based Strategies to Address State Public Health Priorities

2 CIO:*
PROGRAM PERFORMANCE AND EVALUATION OFFICE

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Elizabeth Hoo; Locola Hayes

CIO POC email address(es):*
irp5@cdc.gov; eun1@cdc.gov

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

CIO POC phone number(es):*
404-639-5994; 404-498-0443

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

6 Description of the Target Population:* 10/25 words maximum
State Legislators, Governors and their key staff, Medicaid 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)
$250,000 (Whole number 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**. 773/1,000 words maximum

Purpose:
State Legislators and Governors are responsible for lawmaking and setting state policies, while State Health Officials are essential to defining state health priorities and strategies. Building capacity through relationships between State Public Health Officials and State Legislators connects state policymakers to the state public health professionals tasked with implementing policies and promoting health within their states. This project aims to provide state teams including health officers, legislators and governors with tools for collaboration as well the capacity and resources to identify effective, evidence-based solutions to address priority public health challenges.
The purpose of this project is to reduce the burden of preventable death and disability by providing capacity building assistance to state policymakers and health officers to address priority public health issues through evidence-based effective interventions. The project is intended to help increase the uptake of interventions known to successfully address high burden health issues by supporting state health teams to address priority issues and, strategies, and provide educational tools and resources on the interventions and policies with the best evidence to support them. The activities to be implemented through this project will contribute to the reduction of health, financial and social costs of these health challenges across the nation.

Proposed Activities in collaboration with CDC:

1. Preparation and planning

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:* 143/200 words maximum

	Applicant should have an organizational connection to and strong working relationships with state decision makers and policy makers across the United States. Applicant must show evidence of such connection and working relationships among legislators, governors and health officers. Its constituency should include members from within state legislative or executive branches. If applicant is an organization whose constituency is within one branch, applicant must describe how it will partner with organizations with constituencies in the relevant other branch, since a key aspect of this project is bringing together teams of state policy makers from each of those two branches of government. Applicant must provide evidence of such partnerships and that they will be available for this project. Applicant should have experience convening state teams, supporting on health policy and innovation, and providing tools and resources for enhancing collaboration on public health issues.
13	46/200 words Applicant Program Experience:* maximum Applicant should have previous experience implementing projects that have similar activities to those proposed in this project and with teams configured similarly to those described above. Applicant should describe their current or past work on such projects including the impacts and outcomes of such projects.
	COLLABORATIVE WORK
14	77/200 words Expectations for Collaboration, as applicable: maximum Applicant should leverage work being done by other CDC-funded programs for this project. Applicant is required to collaborate with other organizations that work with state policy makers across the United States, to educate them on priority public health issues and evidence-based approaches to addressing them, and to encourage participation by their members in joining state teams. Applicant is required to collaborate with organizations and individuals who have subject matter expertise in Priority Public Health Issues.
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. : * 92/200 words maximum State Legislators and Governors are responsible for lawmaking and setting state policies, while State Health Officials are essential to defining state health priorities and strategies. Building capacity through relationships between State Public Health Officials and State Legislators connects state policymakers to the state public health professionals tasked with implementing policies and promoting health within their states. This project aims to provide state teams including health officers, legislators and governors with tools for collaboration as well the capacity and resources to identify effective, evidence-based solutions to address priority public health challenges.
	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.

Submission Date: 04/12/2018

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

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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.

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.

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.