



CDC-RFA-OE20 -2001: Enhancing Public Health Laboratory Capabilities and Increasing Capacity

New Focus Area Project Plan Template

SECTION 1: GENERAL INFORMATION

1.	Name of Applicant: Association of Public Health Laboratories (APHL)	2.	Focus Area: Workforce Development
3.	Funding Amount: <i>(Whole Numbers Only)</i> \$200,000	4.	Funding Source (e.g., BA, COVID, PPHF, OPIOID): Program funding
5.	Name of Project: Development of a framework and curriculum for a CDC-hosted CPEP fellowship program		
6.	Name of Technical Monitor(s): Atis Muehlenbachs	7.	Technical Monitor(s) Email Address: Vkd6@cdc.gov
		8.	Technical Monitor(s) Phone Number: 404-639-4649
9.	Name of Focus Area Coordinator (FAC): Yescenia Wilkins	10.	Email Address of FAC: Exq6@cdc.gov
		11.	Phone Number of FAC: 404-639-8760

SECTION 2: PROJECT SUMMARY

2.1 – Project Description

Project Status: *Select whether your project/activity is an entirely new project or an extension of an existing project:*

- ☒ New CIO Project/Activity
☐ CIO Existing Project/Activity (Expansion/Change of Scope)

Project Description: *Provide a description of the project including a justification for the project's bona fide need in the space below:*

There are critical gaps in clinical laboratory expertise within CDC's infectious disease laboratories, which puts patient safety and the generation of reliable laboratory results at risk. There is a need to re-establish a doctoral-level training program to produce certified clinical microbiologists for CDC in order to ensure a culture of patient safety, maintain national renown and relevancy as a national and global diagnostic reference laboratory, and offer increased career potential to CDC laboratory staff.

Activities: *Describe activities to be carried out in this project as well as their associated deliverables:*

The primary objective is to develop a framework and curriculum for a CDC hosted CPEP microbiology fellowship program that will be integrated with the current LLS program.

A secondary objective is to identify approaches and/or develop curricula to better integrate public health microbiology into existing CPEP Medical and Public Health Microbiology Programs

Background Research and Information Gathering

- Document details associated with existing CPEP fellowship including the current number of placements, locations of placements, specifics of curriculum including PHL rotations (length and location), stipend and benefits.
- Document CDC vision for reimagined CPEP fellowship track with increased public health emphasis. Hold 2-3 calls with identified CDC leads to characterize the vision for a modified CPEP fellowship including workforce gaps it might address.

Stakeholder Engagement Prior to Curriculum Development

- Use a combination of key informant interviews and focus groups to determine perceived challenges, opportunities and barriers to achieving CDC vision as well as gather initial ideas for approach and curriculum from various stakeholders.
 - Stakeholders include but are not limited to CDC staff at various levels, public health laboratorians, clinical laboratorians and ASM staff. Alumni of the CPEP fellowship program and CPEP mentors should be included when possible.
- Findings of stakeholder engagement will be used to develop an approach for curriculum development.

Curriculum Development

- Series of virtual meetings (estimated 6-10) led by a consultant that would include stakeholders from key groups described above
- Group would generate ideas and come to consensus on how a CDC hosted CPEP fellowship program might be achieved
- Group would develop a curriculum for a CDC hosted CPEP fellowship program and/or integration with CDC Laboratory Leadership Services (LLS) Fellowship program.
- Group would consider approaches to integrating public health into existing CPEP medical and public health microbiology programs.

Key Deliverables:

- Curriculum for CPEP fellowship program that includes increased emphasis on PH microbiology and integration with CDC LLS Fellowship program.
- Framework for how CPEP fellowship with a focus on PH microbiology and integration with CDC LLS Fellowship might be executed logistically.

2.2 – Project Strategy and Outcomes

Project Strategies: *Select one or more strategies that the project will contribute towards:*

- ☐ S1. Science, Management and Operations
- ☐ S2. Policy, Partnership and Communication
- ☒ S3. Training and Capacity Building
- ☐ S4. Laboratory Quality, Safety and Informatics for Public Health Testing Services, Surveillance and Response

For this Project: Select the outcomes that the project will contribute towards

Please check and select responses for all applicable boxes below.

POs and IOs Proposed for this Project

PO-1. Improved collaboration and communication across public health laboratories and other stakeholders.	☐
PO-2. Improved awareness and understanding of public health laboratory capabilities and needs among public health laboratories and other stakeholders.	☐
PO-4. Improved awareness of new tools and resources for public health laboratories and other stakeholders.	☐
PO-5. Increase in needs met due to improved awareness and understanding of public health laboratory training and professional development needs and opportunities among training and workforce development stakeholders.	☒
PO-6. Improved access to and participation in training and workforce development resources and opportunities among current and potential laboratory professionals.	☒

PO-7. Enhanced knowledge, skills, and abilities among current and potential public health laboratory professionals in diverse settings.	☒
PO-8. Improved awareness of public health laboratory informatics capabilities.	☐
PO-9. Improved implementation of quality and safety systems and model practices in public health laboratories.	☐
PO-10. Improved knowledge of technical assistance needs and priorities in state and local public health laboratories.	☐
PO-11. Improved and ongoing awareness and understanding among stakeholders of emerging methods and processes in public health laboratories.	☐
PO-12. Improved dissemination of evidence-based practices to public health laboratories and other stakeholders.	☐
PO-13. Improved laboratory testing capability and surge capacity for emergency response through equipment procurement, competent staff and partnerships.	☐
NEW S1.PO-14 Implement approaches to ensure efficiency for committee/subcommittee functions	☐
NEW S1.PO-15 Maintain monitoring and evaluation processes across all focus areas	☐
NEW S1.PO-16 Maintain and ensure process and system of effective knowledge management and commitment to rigorous scientific integrity, quality, and professional standards of practice in development of APHL products	☐
NEW S4.PO-1 Better informatics solutions available for public health laboratory system-wide adoption	☐
NEW S4.PO-2 Improved, timely public health laboratory access to and awareness of needed resources	☐
NEW FLS.C.PO-1 Improved dissemination of clear, compelling, targeted, and timely messages using appropriate communication channels for relevant audiences	☐
NEW FLS.C.PO-2 Increased production of communications materials, websites or other digital platforms, or any other resources with APHL-CDC logo use (i.e., co-branding and logo licensing)	☐
NEW FLS.C.PO-3 Improved dissemination of APHL-CDC co-branded materials or resources for public health laboratories and other stakeholders	☐
NEW Ph2.ID.PO-1 Improve testing capability/capacity to conduct and report low-volume or highly-specialized testing efficiently.	☐
NEW Ph2.PHPR.PO-1 Ensure compliance and access to essential, centralized resources for laboratory testing capability and surge capacity for coordinated emergency response.	☐
NEW QSS-S4.2-PO1. Increased public health laboratory and system partner participation/commitment to L-SIP assessment/reassessment process.	☐
NEW QSS-S4.2-PO3. Improved implementation of quality and safety system model practices across participating public health laboratory system (state/local level).	☐
NEW QSS-S4.2-PO2. Increased participating public health laboratory, system partner knowledge of quality needs and model practices.	☐
IO-1. Expanded Communities of Practice and other collaborative relationships among public health laboratories and other stakeholders.	☐
IO-2. Strengthened information sharing across public health laboratory networks and other stakeholders.	☐
IO-3. Improved engagement and participation of current and potential public health laboratory workforce through application of best practices.	☐
IO-4. Enhanced practices, methods, and infrastructure within the public health laboratory system.	☐
IO-5. Improved data exchange and interoperability among public health laboratories and their partners.	☐
IO-6. Improved public health laboratory detection, surveillance, and response.	☐
IO-7. Improved quality and safety in public health laboratories.	☒
NEW S1.IO-8 Ensured effective leadership and management system for committees/subcommittees	☐
NEW S1.IO-9 An effective monitoring and evaluation system across the organization	☐
NEW S2.IO-3 (Old PO-3) Improved support for public health laboratories among policy makers	☐
NEW S3.IO-1 Leadership development participants granted increased leadership roles and/or responsibilities	☐
NEW S4.IO-1 System-wide adoption of informatics and data management solutions among public health laboratories and their partners	☐
NEW S4.IO-2 Increased use of resources/outputs created and shared via technical assistance responses	☐
NEW S4.IO-3 Improved technical capability among recipients as a result of fulfilled requests	☐

NEW FLS.C.IO-1 Improved reach of clear, compelling, targeted, and timely messages among relevant audiences	☐
NEW FLS.C.IO-2 Enhanced adoption or use of APHL-CDC co-branded materials or resources among public health laboratories and other stakeholders	☐

SECTION 3: PROPOSED BUDGET

Instructions for Use of funds: *Provide any restrictions or instructions for applicant use of funds, as applicable:*

SECTION 4: ADDITIONAL CONSIDERATIONS

Reviewers' feedback on additional considerations (if any):

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6/25/2021

X Atis Muehlenbachs

Technical Monitor/Submitter

Signed by: Atis Muehlenbachs -S