Center for State, Tribal, Local, and Territorial Support
Division of Partnership and Program Services
Health Department Program Branch
FINAL

FY 2022 (Year 5) CIO Project Plans
CDC-RFA-OT18-18030501SUPP22:
Tribal Public Health Capacity-Building and Quality Improvement Umbrella

Geographic Category B Eligible:

- Supporting the Use of Data for Policy Decision-Making

Geographic Category C Eligible:

- Evaluation of Colonoscopy Screening Within the Alaska Tribal Health System
- Tribal Maternal Mortality Review: Technical Assistance for Access and Use of Vital Records Data

Geographic Categories A, B, and C Eligible:

- Establishing a Peer Network for National Diabetes Prevention Program (National DPP) Lifestyle Coaches and Coordinators in Tribal Organizations
- Expanding Wastewater Surveillance in Tribal Communities
- Strengthening Vaccine Confidence and Demand Through Communication, Education, and Outreach
- Technical Assistance for Tribal Nations to Build Capacity for Preparedness and Response to Infectious Disease Outbreaks
- Tribal Epidemiology Center Drug and Opioid Overdose Capacity Support
- Tribal Maternal Mortality Review: Planning for Implementation
- Tribal Public Health Data Modernization – Focused Investments

CIO Projects: Geographic Category B Eligible Only

Center for State, Tribal, Local, and Territorial Support
Division of Program and Partnership Services
Health Department Program Branch
Final

FY 2022 Proposal for New Project

CDC-RFA-OT18-1803

Tribal Public Health Capacity-Building and Quality Improvement: Year 5 (Final Year)

Note: This is the final year to fund a project for the 25 OT18-1803 recipients. Only 1-year projects will be accepted. Please complete this for new 1-year projects. New projects can expand on, scale up, or combine existing projects. Please be sure to note this in the additional remarks section at the end of this form. 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.

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GENERAL INFORMATION

Project Title *

Supporting the use of data for policy decision-making

CIO Lookup *

OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY AND STRATEGY

Division Lookup *

Office of the Director

CIO POC Name *

CIO POC Email *

Eileen Chappelle

ebf1@cdc.gov

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

CIO POC Phone *

17704888144

Geographic Category to Receive Capacity-Building and Quality Improvement Assistance

Category B

Category A: HHS Regions 1, 2, 3, and 4

Category B: HHS Regions 5, 6, and 7

Category C: HHS Regions 8, 9, and 10

Description of the Target Population *

We would like to support the capacity of a tribal healthcare system to use their data to determine impact of a pilot program and inform policy decisions.

25 words maximum

PROJECT FUNDING

Budget Period Length: August 31, 2022 – August 30, 2023

Proposed Project Funding Amount (12-month budget period)

$ 100,000.00

Whole numbers only

CSTLTS Completion (Internal Use Only)

- ○ Funded
- ◉ Unfunded

Expected Project Length

- ◉ The CIO will fund the project for one year.

PROJECT DETAILS

Project Description (Narrative) – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. *

Tribal healthcare systems or clinics would benefit from using data to inform decision-making on policies or program implementation for prevention interventions such as the CDC's 6|18. The expected outcome is increased awareness of information to help inform policy or program decisions around 6|18 prevention interventions within a tribal healthcare system.

We would like the recipient to work on the following activities: 1) define a policy or program implementation need that would benefit from assessment of data to inform decision-making; 2) assess available data gaps; 3) gather program evaluation or outcome data to determine the impact and/or sustainability of program or policy implementation; 4) analyze, synthesize, and/or summarize data to make an informed decision on a policy or program implementation. The expected output would be an assessment of data gaps and program/policy need related to the 6|18 policy interventions and a summary report that analyze data to inform policy or program decision-makers.

1,000 words maximum

Approximate Number of Awards *

1

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one)

Required *

- ○ Tribal Public Health Systems Infrastructure
- ○ Tribal Public Health Workforce
- ○ Tribal Data and Information Systems
- ◉ Tribal Public Health Programs and Services
- ○ Tribal Public Health Resources and Communication
- ○ Tribal Public Health Partnerships

Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more)*

Short-Term: Increased implementation of tools and processes that build operational capacity and effectiveness

- ○ Yes
- ◉ No

Short-term: Increased use of core and discipline-specific public health competencies among public health workers

- ○ Yes
- ◉ No

Short-term: Improved collection, maintenance, interpretation, and dissemination of tribal health data

- ◉ Yes
- ○ No

Short-term: Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

- ◉ Yes
- ○ No

Short-term: Development of culturally relevant public health resources and communication tools

- ○ Yes
- ◉ No

Short-term: Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

- ○ Yes
- ◉ No

Intermediate: Increased use of nationally established standards, such as those for public health department accreditation

- ○ Yes
- ◉ No

Intermediate: Increased number of qualified public health workers

- ○ Yes
- ◉ No

Intermediate: Implementation of culturally practice-based evidence programs and services

- ○ Yes
- ◉ No

Intermediate: Increased coordination of multi-sector partnerships to generate collective public health impact

○ Yes ◉ No

Recipient Organizational Capacity

The tribal healthcare system has the ability to use electronic health records and other available data to determine the impact of the pilot implementation of a program or policy intervention.

Include skills, technology, organization reach, and infrastructure. 200 words maximum

Recipient Program Experience

The tribal healthcare system has experience pilot testing program and policy interventions in at least one of the 6|18 conditions.

Include content expertise and target population relationship. 200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

200 words maximum

Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable

200 words maximum

Will the proposed capacity-building and quality improvement go towards tribal public health departments?

(●) Yes ( ) No

Governmental Benefit Description

The improved decision making for implementing prevention practices will help improve clinical practice.

BUDGET INSTRUCTIONS

Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable

100 words maximum

CIO CERTIFICATION

I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.

ADMINISTRATIVE USE ONLY

Admin Update?

( ) Yes (●) No

Recipient Name

Form Type: New CIO Project

Funding Year: FY22 (Year 5)

Submission Date: 3/1/2022 5:00:00 AM

Save form as *

Final

Use this “Submit form as Draft" field until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button when ready to submit as final. You cannot make edits after you submit as “Final.”

CIO Projects: Geographic Category C Eligible Only

Center for State, Tribal, Local, and Territorial Support
Division of Program and Partnership Services
Health Department Program Branch
Final

FY 2022 Proposal for New Project

CDC-RFA-OT18-1803

Tribal Public Health Capacity-Building and Quality Improvement: Year 5 (Final Year)

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GENERAL INFORMATION

Project Title *

Evaluation of colonoscopy screening within the Alaska Tribal Health System

CIO Lookup *

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Division Lookup *

Division of Cancer Prevention and Control

CIO POC Name *

CIO POC Email *

Donald Haverkamp

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

cyq1@cdc.gov

CIO POC Phone *

505-235-1163

Geographic Category to Receive Capacity-Building and Quality Improvement Assistance

Category C

Category A: HHS Regions 1, 2, 3, and 4
Category B: HHS Regions 5, 6, and 7
Category C: HHS Regions 8, 9, and 10

Description of the Target Population *

The Alaska Tribal Health System.

25 words maximum

PROJECT FUNDING

Budget Period Length: August 31, 2022 – August 30, 2023

Proposed Project Funding Amount (12-month budget period)

$ 126,000.00

Whole numbers only

CSTLTS Completion (Internal Use Only)

- ○ Funded
- ◉ Unfunded

Expected Project Length

- ◉ The CIO will fund the project for one year.

PROJECT DETAILS

Project Description (Narrative) – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. *

Purpose: The project will analyze the descriptive epidemiology of CRC screening among American Indian and Alaska Native (AI/AN) people in Alaska to understand who is receiving screening, and what are the outcomes of those screenings. The project will help determine how well physician recommendations for follow-up surveillance colonoscopy align with national guidelines, and how well patients adhere to physician recommendations, within the Alaska Tribal Health System. These analyses will help determine if AI/AN people in Alaska are getting screening or surveillance for colorectal cancer at the right time intervals.

This project will leverage data from colorectal cancer screening programs in Anchorage and surrounding areas and data from the Alaska Native Tumor Registry. These existing resources will be linked to gain a better understanding of ways to improve the colorectal cancer screening and surveillance procedures and policies among American Indian and Alaska Native persons in Alaska.

Activities:

· Conduct a data linkage between the Alaska Native Tumor Registry and Colorectal Cancer Screening Program data from Anchorage and surrounding areas.

· Conduct medical record review and abstraction of screening information for CRC cases in the Alaska Native Tumor Registry that are not in Colorectal Cancer Screening Program databases.

· Conduct analyses of descriptive statistics, and associations with relevant factors, and evaluate multi-level (demographic, clinical, and census-tract level) predictors of guideline discordant care

· Review data analysis and findings with clinical partners to assist in data interpretation

Outputs:

· Create project report and share results with Tribal health leadership in the Alaska Tribal Health System

· Create presentations for Tribal health leadership and clinicians

This quantitative evaluation will help determine the effectiveness of the CRC screening infrastructure within the Alaska Tribal Health System and identify strengths of and gaps to be addressed in further research or public health programming, including identifying targets for future interventions to increase access to screening and follow-up care.

1,000 words maximum

Approximate Number of Awards *

1

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one)

Required *

- ○ Tribal Public Health Systems Infrastructure
- ○ Tribal Public Health Workforce
- ○ Tribal Data and Information Systems
- ◉ Tribal Public Health Programs and Services
- ○ Tribal Public Health Resources and Communication
- ○ Tribal Public Health Partnerships

Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more)*

Short-Term: Increased implementation of tools and processes that build operational capacity and effectiveness

◉ Yes ○ No

Short-term: Increased use of core and discipline-specific public health competencies among public health workers

○ Yes ◉ No

Short-term: Improved collection, maintenance, interpretation, and dissemination of tribal health data

○ Yes ◉ No

Short-term: Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

◉ Yes ○ No

Short-term: Development of culturally relevant public health resources and communication tools

○ Yes ◉ No

Short-term: Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

○ Yes ◉ No

Intermediate: Increased use of nationally established standards, such as those for public health department accreditation

(●) Yes ( ) No

Intermediate: Increased number of qualified public health workers

( ) Yes (●) No

Intermediate: Implementation of culturally practice-based evidence programs and services

(●) Yes ( ) No

Intermediate: Increased coordination of multi-sector partnerships to generate collective public health impact

( ) Yes (●) No

Recipient Organizational Capacity

The recipient organization will need to be able to leverage colorectal cancer case data from the Alaska Native Tumor Registry and retrospective colorectal cancer screening data from various Tribal Health facilities in Anchorage and surrounding areas. The organization will need to demonstrate that they can provide the biostatistical expertise needed to conduct data linkages and epidemiologic analyses with the linked data from these various sources.

Include skills, technology, organization reach, and infrastructure. 200 words maximum

Recipient Program Experience

The recipient organization needs to demonstrate that they staff with expertise in conducting colorectal cancer prevention research, and managing a colorectal cancer screening program. The recipient must have experience working with a variety of Alaska Tribal Health System organizations.

Include content expertise and target population relationship. 200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

200 words maximum

Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable

200 words maximum

Will the proposed capacity-building and quality improvement go towards tribal public health departments?

- ○ Yes
- ◉ No

BUDGET INSTRUCTIONS

Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable

100 words maximum

CIO CERTIFICATION

I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.

ADMINISTRATIVE USE ONLY

Admin Update?

( ) Yes (•) No

Recipient Name

Form Type: New CIO Project

Funding Year: FY22 (Year 5)

Submission Date: 2/24/2022 5:00:00 AM

Save form as *

Final

Use this “Submit form as Draft" field until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button when ready to submit as final. You cannot make edits after you submit as “Final.”

Center for State, Tribal, Local, and Territorial Support
Division of Program and Partnership Services
Health Department Program Branch
Final

FY 2022 Proposal for New Project

CDC-RFA-OT18-1803

Tribal Public Health Capacity-Building and Quality Improvement: Year 5 (Final Year)

Note: This is the final year to fund a project for the 25 OT18-1803 recipients. Only 1-year projects will be accepted. Please complete this for new 1-year projects. New projects can expand on, scale up, or combine existing projects. Please be sure to note this in the additional remarks section at the end of this form. 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.

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GENERAL INFORMATION

Project Title *

Tribal Maternal Mortality Review Technical Assistance for Access and Use of Vital Records Data

CIO Lookup *

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Division Lookup *

Division of Reproductive Health

CIO POC Name *

Amy St. Pierre; Toby Merkt

CIO POC Email *

yct2@cdc.gov; yzq1@cdc.gov

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

CIO POC Phone *

404-718-6304; 404-498-2829

Geographic Category to Receive Capacity-Building and Quality Improvement Assistance

Category C

Category A: HHS Regions 1, 2, 3, and 4
Category B: HHS Regions 5, 6, and 7
Category C: HHS Regions 8, 9, and 10

Description of the Target Population *

Tribal public health departments and nongovernmental Tribal public health components, including Tribal health boards, consortiums, and councils

25 words maximum

PROJECT FUNDING

Budget Period Length: August 31, 2022 – August 30, 2023

Proposed Project Funding Amount (12-month budget period)

$ 200,000.00

Whole numbers only

CSTLTS Completion (Internal Use Only)

- ○ Funded
- ◉ Unfunded

Expected Project Length

- ◉ The CIO will fund the project for one year.

PROJECT DETAILS

Project Description (Narrative) – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. *

Purpose: Provide technical assistance to recipients of *Tribal Maternal Mortality Review –Planning for Implementation* funding for implementation of Tribally-led identification of pregnancy-associated deaths to the citizens they represent, supporting public health focused maternal mortality review committees; and identify specific field changes to the Maternal Mortality Review Information Application (MMRIA), a CDC developed data system available to maternal mortality review committies.

Activity: The approach for delivering technical assistance and gathering specifications for field changes to MMRIA will be defined by the recipeint, based on their existing expertise and resources (e.g., job aids, guidance documents, model data sharing/use agreements), but where applicable should reference resources from the CDC Maternal Mortality Prevention Team and Review To Action (www.reviewtoaction.org). Coordinate and deliver technical assistance on accessing and using death records, birth records, and fetal death records (vital records) for the identification of pregnancy-associated deaths to up to 9 recipients of *Tribal Maternal Mortality Review –Planning for Implementation* funding. In addition, technical assistance provided by the recipient should include approaches for reducing misclassification of deaths to Tribal citizens, such as through linkages of vital records data with other data sources. Convene and coordinate up to 9 recipients of *Tribal Maternal Mortality Review –Planning for Implementation* funding to document specific changes to MMRIA fields that will ensure information is documented in a way relevant to Tribes and that facilitates Tribal use of data.

Output(s):

· Documented technical assistance and job aids provided to recipients of *Tribal Maternal Mortality Review – Planning for Implementation* funding that address, but are not limited to:

o Data sharing between state vital records offices and Tribal public health organizations, such as Tribal health

boards, consortiums, and councils
o Data sharing between Tribal public health orgnaizations, such as Tribal health boards, consortiums, and councils
o Data linkages by Tribal public health organizations, such as Tribal health boards, consortiums, and councils for the purpose of identifying pregnancy-associated deaths
o Best practices for Tribal public health orgnaizations, such as Tribal health boards, consortiums, and councils to reduce misclassification of Tribal citizens during identifying pregnancy-associated deaths
· A document that synthesises the recommended changes to fields in MMRIA that were identified by recipients of *Tribal Maternal Mortality Review –Planning for Implementation* and *Engaging Urban Indian Organizations in Tribal MMRC* funding, and includes a description of the process for indentifying recommended changes.

Outcomes: Increased partnerships and capacity for accessing and using vital records data to identify implementing a Tribally-led and public health focused maternal mortality review committee for the citizens represented by the awardee.

1,000 words maximum

Approximate Number of Awards *

1

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one)

Required *

- ( ) Tribal Public Health Systems Infrastructure
- ( ) Tribal Public Health Workforce
- ( ) Tribal Data and Information Systems
- (•) Tribal Public Health Programs and Services
- ( ) Tribal Public Health Resources and Communication
- ( ) Tribal Public Health Partnerships

Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more)*

Short-Term: Increased implementation of tools and processes that build operational capacity and effectiveness

(•) Yes ( ) No

Short-term: Increased use of core and discipline-specific public health competencies among public health workers

( ) Yes (•) No

Short-term: Improved collection, maintenance, interpretation, and dissemination of tribal health data

( ) Yes (•) No

Short-term: Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

○ Yes ◉ No

Short-term: Development of culturally relevant public health resources and communication tools

○ Yes ◉ No

Short-term: Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

○ Yes ◉ No

Intermediate: Increased use of nationally established standards, such as those for public health department accreditation

○ Yes ◉ No

Intermediate: Increased number of qualified public health workers

○ Yes ◉ No

Intermediate: Implementation of culturally practice-based evidence programs and services

○ Yes ◉ No

Intermediate: Increased coordination of multi-sector partnerships to generate collective public health impact

◉ Yes ○ No

Recipient Organizational Capacity

The principal output of this project is provision of technical assistance to peers for building Tribal capacity to receive and use data necessary for comprehensively identifying pregnancy-associated deaths and best practices for reducing misclassification of Tribal citizens. In order to be eligible for this project and successfully deliver project outputs, the ideal recipient would possess the following organizational capacities:

- Management of Tribal health and public health information systems;
- Data collection, analysis, and interpretation for use in health surveillance and health promotion;
- Provision of advocacy, training, and technical assistance to Tribes;
- Experience liaising within and between Tribal jurisdictions on public health programming; and
- Experience partnering with Tribal Nations to identify strengths and gaps within their public health systems

Include skills, technology, organization reach, and infrastructure. 200 words maximum

Recipient Program Experience

The populations of focus for this project are Tribal public health departments and non-governmental Tribal public health components, including Tribal health boards, consortiums and councils. The ideal recipient would have experience in the following program areas:

- Partering with Tribal, state, and federal agencies to improve access, quality, and accuracy of data;
- Management and coordination of prevention, education, and training programs;
- Engagement and collaboration with Tribes in population health improvement activities;
- Conduct of record linkages to correct misclassification of Native citizens in state surveillance systems and public health systems;

Provide training, technical assistance, and data to support tribes' efforts for reducing health disparities

Include content expertise and target population relationship. 200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

The recipient will work in close partnership with Tribal, local, state, and federal entities, including public health authorities.

200 words maximum

Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable

As determined appropriate by recipient in carrying out activities, the ability to establish timely subcontracts may be beneficial.

200 words maximum

Will the proposed capacity-building and quality improvement go towards tribal public health departments?

- (●) Yes
- ( ) No

Governmental Benefit Description

Native maternal mortality disparities are documented at the national level, but more detailed information is needed to prevent future deaths. This project will build the capacity of Tribes and Tribal organizations to succeed in the one of the 1st and foundation setps for review of pregnancy-associated deaths of Tribal citizens. Adpatation of MMRIA fields for Tribal use ensures that ensures information is documented in a way relevant to Tribes and that facilitates Tribal use of data.

BUDGET INSTRUCTIONS

Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable

Recipient should budget for travel (up to 4 staff for 3 days) to two national convenings on maternal mortality. One will take place in Atlanta, GA in 2023 and the other convening location is TBD.

100 words maximum

CIO CERTIFICATION

I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.

ADMINISTRATIVE USE ONLY

Admin Update?

( ) Yes (•) No

Recipient Name

Form Type: New CIO Project

Funding Year: FY22 (Year 5)

Submission Date: 2/25/2022 5:00:00 AM

Save form as *

Final

Use this "Submit form as Draft" field until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button when ready to submit as final. You cannot make edits after you submit as "Final."

CIO Projects: Geographic Category A,B, and C Eligible

Center for State, Tribal, Local, and Territorial Support
Division of Program and Partnership Services
Health Department Program Branch
Final

FY 2022 Proposal for New Project

CDC-RFA-OT18-1803

Tribal Public Health Capacity-Building and Quality Improvement: Year 5 (Final Year)

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GENERAL INFORMATION

Project Title *

Establishing a Peer Network for National Diabetes Prevention Program (National DPP) Lifestyle Coaches and Coordinators in Triba

CIO Lookup *

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Division Lookup *

Division of Diabetes Translation

CIO POC Name *

CIO POC Email *

Kavitha Muthuswamy; Dawn Satterfield

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

ihs8@cdc.gov; dxs9@cdc.gov

CIO POC Phone *

770-488-6117; 770-488-5285

Geographic Category to Receive Capacity-Building and Quality Improvement Assistance

All Categories

Category A: HHS Regions 1, 2, 3, and 4

Category B: HHS Regions 5, 6, and 7

Category C: HHS Regions 8, 9, and 10

Description of the Target Population *

Experienced, new, and prospective National DPP Lifestyle Coaches and coordinators serving tribal organizations delivering CDC-recognized lifestyle change organizations or those seeking to apply for CDC-recognition to offer the National DPP lifestyle change program in their settings.

25 words maximum

PROJECT FUNDING

Budget Period Length: August 31, 2022 – August 30, 2023

Proposed Project Funding Amount (12-month budget period)

$ 200,000.00

Whole numbers only

CSTLTS Completion (Internal Use Only)

- ○ Funded
- ◉ Unfunded

Expected Project Length

- ◉ The CIO will fund the project for one year.

PROJECT DETAILS

Project Description (Narrative) – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. *

Background

The diabetes epidemic emerged in the US after World War II, revealing stark health disparities in Native communities whose rates of diabetes soared above those of non-Hispanic Whites. The landmark Diabetes Prevention Program (DPP) clinical trial, which included 171 American Indian volunteers, revealed that participation in a structured, year-long lifestyle change program can decrease risk for type 2 diabetes in adults with prediabetes by as much as 58%. With their participation and shared stories (e.g., *Message of Hope* video; *Health for Native Life* magazine stories), a powerful message about the hope to prevent or delay type 2 diabetes among indigenous people everywhere was relayed.

The Indian Health Service (IHS) Special Diabetes Program for Indians (SDPI) Diabetes Prevention (DP) Demonstration Project, established by Congress in 2004, replicated the DPP in 'real world' settings, serving more than 6000 American Indians and Alaska Natives in 34 programs in 80 sites from 2004 to 2017. The SDPI DP Demonstration Project's 16-session curriculum, *Native Lifestyle Balance*, was delivered in regular group settings, supported by also by individualized coaching sessions. American Indian and Alaska Native volunteers contributed evidence to these studies, as well, reinforcing the effectiveness of lifestyle intervention. SDPI DP Demonstration Project leaders convened to share strategies reports,, lessons, and stories throughout the 3- and 10-year follow-up articles and in 2016 completed the SDPI Diabetes Prevention Program Toolkit.

In 2010, CDC was charged by Congress to establish the National DPP, a partnership of public and private organizations working to build a nationwide delivery system for a lifestyle change program proven to prevent or delay onset of type 2 diabetes in adults with prediabetes. By 2012, the Diabetes Prevention Recognition Program (DPRP), the quality assurance arm of the National DPP, began recognizing type 2 diabetes prevention programs that meet national quality standards. Currently, 62 programs serving American Indians and Alaska Natives are CDC-recognized.

The CDC Division of Diabetes Translation (DDT) aims to increase access to and enrollment in the National DPP lifestyle change program among American Indian and Alaska Native persons with prediabetes. Connecting tribal-based program coaches and coordinators to exchange experiences, strategies, and lessons learned could strengthen programs and foster support and collaboration for type 2 diabetes prevention efforts.

Purpose/Need

The purpose of the project is to establish a peer network for Lifestyle Coaches and program coordinators of current or prospective tribal organizations offering the National DPP lifestyle change program. This network will support shared learning, offer technical assistance, facilitate partnerships, and address the unique needs of programs serving American Indian and Alaska Native participants. The potential long-term outcome is to support a cadre of skilled and engaged Lifestyle Coaches and coordinators to increase the appeal and the number of quality programs seeking and retaining CDC-recognition across Indian Country.

Skilled and experienced Lifestyle Coaches are a critical component of the National DPP and uniquely engage participants in the context of their lives and community. Lifestyle Coaches in tribal programs face challenges of staff turnover, tailoring their work to meet unique needs of Native participants, and working in health care systems and communities different from neighboring programs.The SDPI DP Demonstration Project, with 80 contributing tribes, as well as CDC *Good Health and Wellness in Indian Country* projects, demonstrated the benefits of regular peer networking, with technical assistance and/or mentoring available, if requested.

A peer network of National DPP Lifestyle Coaches serving tribal programs may offer a trust-built circle that supports, encourages, updates, and shares activities respectful of community values, trauma-informed approaches, community-clinical links, and shared informational resources. The network can support participants in sharing resources and innovative approaches and facilitate mentoring across programs and organizations. The CDC team can be available, as requested by the recipient, to provide

information and guidance. The network may also choose to contribute to the development of a culturally tailored PreventT2 curriculum, work that will be underway later this year. Additionally, it could help group members consider establishing National DPP umbrella organizations to facilitate reimbursement, partner to support training, and most importantly, work with existing SDPI programs.

Activities/Outputs

The recipient will:

1) Develop a work plan for establishing the peer network, including a timeline of activities, with promotion and recruitment, informed by experience and input from current tribally - based CDC-recognized organizations participating in the National DPP (currently 62).

2) Promote and recruit a group of interested National DPP Lifestyle Coaches working in CDC-recognized tribal organizations for discussion, support, linking to resources, and mentoring. Participants should ideally include, but not be limited to, Lifestyle Coaches with experience working with multiple participant cohorts, program coordinators, Master Trainers, and those with experience implementing the SDPI Diabetes Prevention Demonstration Project or Initiative. Recruitment activities should be ongoing throughout the funding period.

3) Work with the group on an ongoing basis to identify:

- · Topics for networking, training, technical assistance (TA), and partnership development unique to tribally - based programs that will increase the number of highly skilled Lifestyle Coaches and coordinators across the country serving American Indian/Alaska Native communities through the National DPP.
- · Strategies for sustained, active engagement of new and experienced Lifestyle Coaches in a peer network, including any specific convening methods, partnerships, or groupings.
- · Resources available, to be updated or created as needed, with support from CDC.
- · Roles of participants to ensure engagement and sustainability of the network.

4) Facilitate virtual meetings, with the option to hold one in-person gathering during the year if conditions accommodate safe travel. The recipient will convene, coordinate, evaluate, and communicate with peer members, providing agendas for meetings, sharing resource material (e.g., CDC fact sheets, flyers, reports, articles) and offering technical assistance for the network or, in some situations, individually. Scholarships for travel could be made available to participants.

5) Provide a mid-year assessment of the peer network's effectiveness and share with the network and CDC. This may provide the opportunity to reframe goals or processes, if needed, as well as provide recommendations to the CDC team to further strengthen CDC-recognized programs serving American Indian and Alaska Natives. This information could be provided in a written report or a scheduled presentation.

6) Provide a report at the conclusion of the year to CDC, including an assessment and the impact of the network in strengthening CDC-recognized organizations offering the National DPP lifestyle change program in American Indian/Alaska Native communities, with recommendations about future, continued support if the network is well received and deemed valuable by participants.

1,000 words maximum

Approximate Number of Awards *

1

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one)

Required *

- ( ) Tribal Public Health Systems Infrastructure
- ( ) Tribal Public Health Workforce
- ( ) Tribal Data and Information Systems
- (•) Tribal Public Health Programs and Services
- ( ) Tribal Public Health Resources and Communication
- ( ) Tribal Public Health Partnerships

Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more)*

Short-Term: Increased implementation of tools and processes that build operational capacity and effectiveness

( ) Yes (•) No

Short-term: Increased use of core and discipline-specific public health competencies among public health workers

( ) Yes (•) No

Short-term: Improved collection, maintenance, interpretation, and dissemination of tribal health data

( ) Yes (•) No

Short-term: Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

(•) Yes ( ) No

Short-term: Development of culturally relevant public health resources and communication tools

(•) Yes ( ) No

Short-term: Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

(●) Yes ( ) No

Intermediate: Increased use of nationally established standards, such as those for public health department accreditation

( ) Yes (●) No

Intermediate: Increased number of qualified public health workers

( ) Yes (●) No

Intermediate: Implementation of culturally practice-based evidence programs and services

(●) Yes ( ) No

Intermediate: Increased coordination of multi-sector partnerships to generate collective public health impact

(●) Yes ( ) No

Recipient Organizational Capacity

Organizational reach and invitations to participate should include all CDC-recognized lifestyle change program Lifestyle Coaches and coordinators (currently 62) and all SDPI-affiliated programs and others serving American Indians and Alaska Natives interested in considering establishing CDC-recognized programs. Skills in facilitating peer-to-peer learning and mentoring. Expertise in verbal/written communications, including logistics for regular meetings, skilled facilitation, and ability to synthesize and present key findings and lessons learned. Access to skills in using virtual meeting software.

Include skills, technology, organization reach, and infrastructure. 200 words maximum

Recipient Program Experience

The recipient should have historical knowledge of the Diabetes Prevention Program clinical trial (1996-2002), the SDPI DP Demonstration Project and Initiative (2004-2017), and the National DPP (2010-ongoing). In addition, experience establishing or supporting at least one tribally - based CDC-recognized lifestyle change program is important. The recipient should have reviewed content on the National DPP Customer Service Center, including guidelines for developing an ‘umbrella hub.’ Development of an umbrella hub may not be an outcome of the program, but it is important for the recipient to be familiar with the guidelines, should this be an expressed need among network members.

Include content expertise and target population relationship. 200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

Inclusion of National DPP Lifestyle Coaches and coordinators of established or prospective CDC-recognized programs, with informational support from CDC as requested, is a key element of collaboration.

200 words maximum

Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable

Contractual work may include meeting planning and facilitation, evaluation, and report writing, including identification of effective peer network processes.

200 words maximum

Will the proposed capacity-building and quality improvement go towards tribal public health departments?

- ○ Yes
- ◉ No

BUDGET INSTRUCTIONS

Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable

Funds should be used to support meeting logistics and communications and sharing of resources, including print or electronic materials to meet needs identified by the peer network members. Meeting notes should include insights offered or recommendations made to CDC. Funding to support a mid-year assessment and a final report, with potential for CDC clearance and submission to a peer-reviewed journal, should be included.

100 words maximum

CIO CERTIFICATION

I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.

ADMINISTRATIVE USE ONLY

Admin Update?

( ) Yes (•) No

Recipient Name

Form Type: New CIO Project

Funding Year: FY22 (Year 5)

Submission Date: 3/1/2022 5:00:00 AM

Save form as *

Final

Use this “Submit form as Draft" field until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button when ready to submit as final. You cannot make edits after you submit as “Final.”

Center for State, Tribal, Local, and Territorial Support
Division of Program and Partnership Services
Health Department Program Branch
Final

FY 2022 Proposal for New Project

CDC-RFA-OT18-1803

Tribal Public Health Capacity-Building and Quality Improvement: Year 5 (Final Year)

Note: This is the final year to fund a project for the 25 OT18-1803 recipients. Only 1-year projects will be accepted. Please complete this for new 1-year projects. New projects can expand on, scale up, or combine existing projects. Please be sure to note this in the additional remarks section at the end of this form. 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.

Use the "Submit form as Draft" field at the bottom of the form until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button when ready to submit as final. You cannot make edits after you submit as "Final."

GENERAL INFORMATION

Project Title *

Expanding Wastewater Surveillance in Tribal Communities

CIO Lookup *

NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES

Division Lookup *

Division of Foodborne, Waterborne, & Environmental Diseases

CIO POC Name *

CIO POC Email *

Amy Kirby; Rachel West

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

agk1@cdc.gov; pjv9@cdc.gov

CIO POC Phone *

404.718.3161; 404.639.0804

Geographic Category to Receive Capacity-Building and Quality Improvement Assistance

All Categories

Category A: HHS Regions 1, 2, 3, and 4

Category B: HHS Regions 5, 6, and 7

Category C: HHS Regions 8, 9, and 10

Description of the Target Population *

American Indian and Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations, wellness services, environmental health services.

25 words maximum

PROJECT FUNDING

Budget Period Length: August 31, 2022 – August 30, 2023

Proposed Project Funding Amount (12-month budget period)

$ 250,000.00

Whole numbers only

CSTLTS Completion (Internal Use Only)

- ○ Funded
- ◉ Unfunded

Expected Project Length

- ◉ The CIO will fund the project for one year.

PROJECT DETAILS

Project Description (Narrative) – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. *

The Centers for Disease Control and Prevention (CDC) and our federal partners are working with state, tribal, local, and territorial (STLT) governments to rapidly respond to the COVID-19 pandemic and protect the public's health. The National Wastewater Surveillance System (NWSS) was established in September 2020 to provide community-level data on infection trends using an approach that is independent of healthcare access and clinical testing capacity. Wastewater surveillance has proved a valuable public health tool in understanding community transmission of COVID-19. Because 40–80% of infected individuals shed SARS-CoV-2 in their stool, wastewater surveillance can capture asymptomatic and symptomatic infections regardless of clinical test availability and healthcare seeking behavior. Wastewater surveillance can provide timely data even when clinical testing systems are stressed and can provide early indications of COVID-19 transmission increases—sometimes preceding clinical surveillance by 3–7 days. In the future, NWSS is planning to expand surveillance targets beyond COVID-19, including foodborne pathogens and influenza.

Wastewater data has been used to support public health response decision-making, such as resource allocation, siting of mobile testing units, refining health messaging, and near-term forecasting of cases and hospitalizations. NWSS is a CDC-coordinated surveillance system that is implemented through health departments—with the end user of wastewater data being the health department, services, or wellness center of each community. By August 2021, 43 state, local, and territorial public health jurisdictions had received CDC funding to support wastewater surveillance activities. CDC NWSS is working to expand and improve engagement with tribal communities by providing resources to explore opportunities in wastewater surveillance. Numerous tribes have already partnered with private, academic, and public health partners to initiate wastewater surveillance, but there remain many that have not yet initiated wastewater surveillance. CDC NWSS aims to ensure that wastewater surveillance for tribes is valuable and sustainable, shaped by each tribe's unique needs. CDC NWSS also hopes to connect environmental health with public health entities in participating communities, as each has an important role in wastewater surveillance.

In order to ensure that tribes have adequate time and resources to investigate sustainable wastewater surveillance options for their community in future opportunities, CDC NWSS will provide one year of funding for American Indian and Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations to implement educational outreach and engagement with the wastewater surveillance community, including academic, private, and public health partners, and to begin or enhance building their own systems. This project will include CDC technical assistance, including providing resources, support, and guidance to tribal communities who wish to initiate or expand their wastewater surveillance efforts. CDC subject matter experts will support recipients throughout the project. The goal of this project is supporting recipients in their efforts to build tribal public health systems' wastewater surveillance capacity, in preparation for further implementation, in the following areas:

- Improving tribal public health system infrastructure and operational capacity
- Building the competencies of the tribal public health workforce
- Strengthening tribal public health programs and services
- Improving the provision of tribal public health resources and communication
- Developing and maintaining tribal public health partnerships

Proposed activities

CDC NWSS aims to provide resources for diverse activities to support tribal wastewater surveillance. CDC NWSS encourages activities that build capacity and support for wastewater surveillance in communities, in a way that is actively informed by community priorities and public health needs. This project particularly aims to support American Indian and Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations , and communities with the tools and resources to build technical expertise and educational resources. Activities could include using funds to support:

- Conference attendance (or development) related to wastewater surveillance.

- Culturally relevant workforce development, including trainings for GIS, epidemiology software, coding, and web design. These trainings could be recorded (in both English and Native language) for future employees.
- Purchase of licensed software.
- Outreach, through formal meetings or trainings, of public health services to environmental health services (such as utility operators)—to begin connecting utilities and health departments who will work together on wastewater surveillance.
- Public health department support, including funds for development of wastewater data dashboards and websites.
- Culturally relevant public health resources, such as community-informed public health tools like a website, educational discussions, or radio broadcast.
- Intergenerational, community-based public health activities. These may include listening sessions, written and oral resources, support for Native language services, and community feedback on how to build wastewater surveillance.
- Create resources and opportunities to inform and educate health officials and other governing leaders on wastewater surveillance and its role in public health.
- Support for WiFi/broadband services.
- NWSS would also be interested in ethical considerations surrounding wastewater surveillance that may be specific to American Indian and Alaska Native (AI/AN) tribal nations, regional AI/AN tribally designated organizations, or specific tribes.

Expected outputs

CDC NWSS is eager to work with American Indian and Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations to find outputs that suit their needs. An overall goal of this project is to build American Indian and Alaska Native (AI/AN) tribal nations' and regional AI/AN tribally designated organizations' capacity for wastewater surveillance. NWSS will support engagement of tribal nations and tribally designated organizations to engage with the wastewater surveillance community and learn more about how wastewater surveillance can serve their needs. Expected outputs could include, but are not limited to:

- CDC NWSS would expect a year-end summary report of activities performed using funds.
- At least two meetings over the course of the funding cycle would be beneficial to connect with funded communities. These meetings would include, at minimum, a CDC NWSS representative and recipient project leads. Greater than two meetings is encouraged, including informal meetings to discuss guidance and technical assistance.
- Outputs could also include public health resources, records of trainings, conference attendances, and feedback from the community. If the recipient plans to expand wastewater surveillance activities in the long term, this could include a high level draft plan for implementation, expected challenges, and needed resources.

Expected outcomes

The central expected outcome is that a community is able to engage with the wastewater surveillance community to determine how they would like to proceed in implementing wastewater surveillance. For some communities, wastewater surveillance may not be the optimal or most efficient public health tool—but CDC NWSS wants them to have the information they need to make that decision. For others, they may choose to collaborate with a private company/lab, or develop their own independent wastewater surveillance system. We expect that this one-year of funding will provide the resources to explore options for wastewater surveillance to inform future efforts, build their tribal public health infrastructure, and receive feedback from their community on the use of wastewater surveillance.

Awards will range from $10,000-$50,000, depending on the number of awardees.

1,000 words maximum

Approximate Number of Awards *

25

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one)

Required *

- ○ Tribal Public Health Systems Infrastructure
- ○ Tribal Public Health Workforce
- ○ Tribal Data and Information Systems
- ◉ Tribal Public Health Programs and Services
- ○ Tribal Public Health Resources and Communication
- ○ Tribal Public Health Partnerships

Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more)*

Short-Term: Increased implementation of tools and processes that build operational capacity and effectiveness

◉ Yes ○ No

Short-term: Increased use of core and discipline-specific public health competencies among public health workers

◉ Yes ○ No

Short-term: Improved collection, maintenance, interpretation, and dissemination of tribal health data

◉ Yes ○ No

Short-term: Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

◉ Yes ○ No

Short-term: Development of culturally relevant public health resources and communication tools

(●) Yes ( ) No

Short-term: Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

(●) Yes ( ) No

Intermediate: Increased use of nationally established standards, such as those for public health department accreditation

( ) Yes (●) No

Intermediate: Increased number of qualified public health workers

( ) Yes (●) No

Intermediate: Implementation of culturally practice-based evidence programs and services

(●) Yes ( ) No

Intermediate: Increased coordination of multi-sector partnerships to generate collective public health impact

(●) Yes ( ) No

Recipient Organizational Capacity

The recipient is expected to support (or be in the process of developing) a health department/services that serves AI/AN tribal nations or communities. The recipient should also have contacts available in an environmental health services department, in order to coordinate with wastewater systems in their area. This project can support the expansion of skills and technology, including trainings on software that would aid in wastewater surveillance efforts. Therefore, skills and technology requirements are at the basic level. The recipient should have an email and phone number that are regularly accessed, so that CDC NWSS can easily reach them. Organizational reach can vary, depending on the recipient, but should at least reach (or be) one tribal nation. Infrastructure can also vary, but should support dissemination of educational materials to community leaders and members. This could include email, newsletters, or radio stations.

Include skills, technology, organization reach, and infrastructure. 200 words maximum

Recipient Program Experience

The recipient can have a wide range of content expertise. CDC NWSS aims to support any community, whether completely new to wastewater surveillance or seeking to expand their current work. CDC NWSS does expect that a recipient has direct relationship with tribal nations in their region, or is a tribal nation governing body. The project recipient, if not a direct tribal representative, should not use this project or data generated by it for research purposes; this project is to support public health surveillance and workforce development. Therefore, any data or resources generated specific to a tribal community should belong to that community.

Include content expertise and target population relationship. 200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

CDC NWSS aims to collaborate with interested communities as much as the community is able throughout the course of the project. CDC NWSS subject matter experts are available to assist recipients throughout the project. Because CDC NWSS is hoping to improve engagement with tribes, we would seek active feedback throughout the project on priorities and challenges of each community. CDC NWSS does not plan to direct or manage the community's efforts to investigate their options for wastewater surveillance, only to collaborate with the communities to support them and to find educational opportunities that would benefit them. CDC NWSS would also value input from tribes on needed resources, ways to lower barriers of entry to wastewater surveillance, and methods to protect data that are in line with community goals. Successful applicants would be encouraged to build and sustain strategic partnerships and collaborations with organizations that support wastewater surveillance, public health, or environmental health. Applicants are encouraged to submit letters of support to demonstrate collaborations with other organizations.

200 words maximum

Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable

For this opportunity, it is not required that work would be subcontracted. Subawards may be applicable for certain tribally designated organizations, if they choose to provide specific funding to unique tribal nations. To identify subawardees, perhaps in the case of regional AI/AN tribally designated organizations, the following criteria would be applicable:

- The community has a functioning, centralized wastewater treatment system. This may be a sewage lagoon, lift stations, or centralized wastewater treatment plant.
- The community has (or is creating) a health services department and environmental services department.
- The community may or may not currently participate in wastewater surveillance, whether privately, publicly, or with an academic partner.

200 words maximum

Will the proposed capacity-building and quality improvement go towards tribal public health departments?

(•) Yes ( ) No

Governmental Benefit Description

This project would provide financial, logistical, and scientific support to AI/AN tribal nations and regional AI/AN tribally designated organizations to expand their public health department capacity to include wastewater surveillance. CDC NWSS would seek to provide as much (or as little) guidance as the community would need, with the goal of expanding public health capacity for wastewater surveillance for COVID-19. NWSS recognizes that some tribes may already work on wastewater surveillance with an academic partner; the goal is for the community to have support to choose if they would like to engage a partner or run a wastewater surveillance system for themselves. The ultimate goal of NWSS is to support the creation of sustainable, long-term wastewater surveillance for infectious diseases, even beyond COVID-19.

BUDGET INSTRUCTIONS

Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable

CDC NWSS aims for funds to be flexible, so that each community or organization can support engagement with wastewater surveillance to suit their needs. As such, all cost categories (personnel, technology, equipment, subcontracts, travel, etc.) would be acceptable. These funds should be used with the knowledge that this is only one year of funding.

100 words maximum

CIO CERTIFICATION

I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.

ADMINISTRATIVE USE ONLY

Admin Update?

- ( ) Yes
- (•) No

Recipient Name

Form Type: New CIO Project

Funding Year: FY22 (Year 5)

Submission Date: 3/2/2022 5:00:00 AM

Save form as *

Final

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Center for State, Tribal, Local, and Territorial Support
Division of Program and Partnership Services
Health Department Program Branch
Final

FY 2022 Proposal for New Project

CDC-RFA-OT18-1803

Tribal Public Health Capacity-Building and Quality Improvement: Year 5 (Final Year)

Note: This is the final year to fund a project for the 25 OT18-1803 recipients. Only 1-year projects will be accepted. Please complete this for new 1-year projects. New projects can expand on, scale up, or combine existing projects. Please be sure to note this in the additional remarks section at the end of this form. 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.

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GENERAL INFORMATION

Project Title *

Strengthening Vaccine Confidence and Demand through Communication, Education, and Outreach

CIO Lookup *

NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

Division Lookup *

Immunization Services Division

CIO POC Name *

CIO POC Email *

Krista Mitchell; Vivian Porter

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

yom0@cdc.gov; vin0@cdc.gov

CIO POC Phone *

4046394172; 5053588410

Geographic Category to Receive Capacity-Building and Quality Improvement Assistance

All Categories

Category A: HHS Regions 1, 2, 3, and 4

Category B: HHS Regions 5, 6, and 7

Category C: HHS Regions 8, 9, and 10

Description of the Target Population *

Tribal governments, tribal health departments, and organizations working with medical providers who serve AI/AN communities and tribes.

25 words maximum

PROJECT FUNDING

Budget Period Length: August 31, 2022 – August 30, 2023

Proposed Project Funding Amount (12-month budget period)

$ 200,000.00

Whole numbers only

CSTLTS Completion (Internal Use Only)

- ○ Funded
- ◉ Unfunded

Expected Project Length

- ◉ The CIO will fund the project for one year.

PROJECT DETAILS

Project Description (Narrative) – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. *

The purpose of this project is to identify and develop strategies, educational materials, and communication messages that can be used to engage medical providers (physicians, nurses, medical assistants, and pharmacists) and tribal community members (parents, grandparents, elders, etc.) in conversations to promote vaccine confidence and demand for vaccination across the lifespan. Recipient should address vaccine hesitancy, including vaccine safety concerns within American Indian and Alaska Native (AI/AN) communities. This project will help healthcare providers be more informed and confident addressing vaccine hesitancy by improving the delivery of effective education regarding the importance and safety of vaccines, through the use of culturally appropriate and sensitive messages and materials. Community members will feel more informed and will identify an increased level of trust and confidence regarding administration of vaccines and the immunization services offered in clinics.

Specific Aims:

1. Conduct at least 2-3 focus groups with healthcare providers to identify educational materials and communication messages that would strengthen patient-provider conversations to promote vaccine confidence and uptake.
2. Conduct at least 2-3 focus groups with tribal community members to identify concerns and myths around vaccine hesitancy.
3. Utilize findings from the focus groups to develop educational materials, a toolkit, and/or a multimedia campaign for providers and community members. These materials will be written in a culturally and socially acceptable format.
4. Recruit at least 4-6 pilot sites to participate in testing developed materials.
5. Develop training workshops for clinical staff, using a peer-to-peer model to teach them how to use the education materials and to strengthen their knowledge and communication skills related to delivering education for all-age appropriate immunizations in a clinic, community, or informal social setting.
6. Evaluate the acceptance of the developed education messages among community members and the utilization of the developed materials and techniques among clinical staff at pilot sites.
7. Disseminate findings from this project to strengthen vaccine confidence among providers and community members.

1,000 words maximum

Approximate Number of Awards *

3

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one)

Required *

- ( ) Tribal Public Health Systems Infrastructure
- ( ) Tribal Public Health Workforce

- ( ) Tribal Data and Information Systems
- ( ) Tribal Public Health Programs and Services
- (•) Tribal Public Health Resources and Communication
- ( ) Tribal Public Health Partnerships

Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more)*

Short-Term: Increased implementation of tools and processes that build operational capacity and effectiveness

( ) Yes (•) No

Short-term: Increased use of core and discipline-specific public health competencies among public health workers

( ) Yes (•) No

Short-term: Improved collection, maintenance, interpretation, and dissemination of tribal health data

( ) Yes (•) No

Short-term: Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

(•) Yes ( ) No

Short-term: Development of culturally relevant public health resources and communication tools

(•) Yes ( ) No

Short-term: Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

(•) Yes ( ) No

Intermediate: Increased use of nationally established standards, such as those for public health department accreditation

( ) Yes (•) No

Intermediate: Increased number of qualified public health workers

○ Yes ◉ No

Intermediate: Implementation of culturally practice-based evidence programs and services

◉ Yes ○ No

Intermediate: Increased coordination of multi-sector partnerships to generate collective public health impact

◉ Yes ○ No

Recipient Organizational Capacity

The recipient should be a regional tribally designated organization located in Category A, B, or, C. The recipient should provide evidence of sufficient organizational capacity to manage and implement objectives. If additional staff or partners are needed to achieve the objectives, provide a statement to explain how and when essential staff will be hired and partners included. The recipient must be able to demonstrate expertise in immunizations/vaccine-preventable diseases and prior experience identifying and addressing barriers to vaccine uptake among AI/AN communities and promoting vaccine confidence in AI/AN communities. Recipient should provide evidence of strong partnerships with IHS/Tribal/Urban health facilities and medical providers who serve AI/AN communities, Indian Health Service area office, Tribal Epidemiology Centers (if applicable), and other tribes and tribal organizations in their HHS region, as well as collaboration with state and local departments of health. These collaborations will be critical to achieving program objectives including recruitment of pilot sites, education, training, and development of culturally-appropriate educational materials. Recipient should have capability to assess acceptability of culturally appropriate education materials and improvements in vaccination coverage among AI/AN communities.

Include skills, technology, organization reach, and infrastructure. 200 words maximum

Recipient Program Experience

The recipient program should show strong partnerships with IHS/Tribal/Urban healthcare facilities and medical providers that serve AI/AN communities. They should have existing collaborations with the Indian Health Service Area Office and Tribal Epidemiology Center (if applicable) and have knowledge of the immunization vaccination rates and vaccine refusals through the medical record system and data collection systems in their respective area. They should also have experience with clinical knowledge of vaccines and the ACIP/CDC recommended vaccine schedule, program evaluation, biostatistics/data analysis, physician education and training, community engagement, communication, and development of educational materials. In addition, recipient should have previous experience identifying barriers or challenges to immunizations among AI/AN communities to determine the culturally appropriate education and training needs and materials to be developed.

Include content expertise and target population relationship. 200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

The recipient will be expected to collaborate with IHS/Tribal/Urban facilities and medical providers that serve AI/AN communities in

their region, the IHS area office, Tribal Epi Center (if applicable), tribes, and tribal organizations, as well as collaboration with state and local departments of health to identify and develop culturally appropriate and sensitive communication messages to promote vaccine confidence and strengthen uptake of immunizations. They will collaborate to develop culturally and socially acceptable messages to be included in educational materials that can be utilized by community members and other health care organizations serving tribes and develop relevant education and training for clinical providers addressing immunizations and communication.

200 words maximum

Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable

Sub-awards or subcontracts are permissible as long as the objective is within the scope of the activities supported in the workplan.

200 words maximum

Will the proposed capacity-building and quality improvement go towards tribal public health departments?

- (●) Yes
- ( ) No

Governmental Benefit Description

This project will increase vaccine confidence and demand among AI/AN communities. Training and educational materials developed will strengthen provider and public/patient vaccine confidence. It will increase the ability to meet public health needs in a comprehensive manner and protect AI/AN communities from vaccine-preventable diseases.

BUDGET INSTRUCTIONS

Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable

Funds can be utilized for the hiring of necessary personal, the creation and dissemination of educational materials, travel, meeting supplies, printing, recruitment of pilot sites, and convening of meetings related to the development of the educational materials and provider training. Additional personnel may be required, and funds can be used to hire personnel with expertise in developing cultural educational materials and messaging, developing communication training skills for providers and evaluation of the project.

100 words maximum

CIO CERTIFICATION

I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.

ADMINISTRATIVE USE ONLY

Admin Update?

- ( ) Yes
- (•) No

Recipient Name

Form Type: New CIO Project

Funding Year: FY22 (Year 5)

Submission Date: 2/25/2022 5:00:00 AM

Save form as *: Final

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Center for State, Tribal, Local, and Territorial Support
Division of Program and Partnership Services
Health Department Program Branch
Final

FY 2022 Proposal for New Project

CDC-RFA-OT18-1803

Tribal Public Health Capacity-Building and Quality Improvement: Year 5 (Final Year)

Note: This is the final year to fund a project for the 25 OT18-1803 recipients. Only 1-year projects will be accepted. Please complete this for new 1-year projects. New projects can expand on, scale up, or combine existing projects. Please be sure to note this in the additional remarks section at the end of this form. 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.

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GENERAL INFORMATION

Project Title *

Technical Assistance for Tribal Nations to Build Capacity for Preparedness and Response to Infectious Disease Outbreaks

CIO Lookup *

NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES

Division Lookup *

Division of Preparedness and Emerging Infections

CIO POC Name *

CIO POC Email *

Brittany Sunshine; Barbara Cooper; LT Amy Pullman

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

ymz6@cdc.gov, bic1@cdc.gov; nkm8@cdc.gov

CIO POC Phone *

678-429-6028; 678-662-6407; 404-901-3115

Geographic Category to Receive Capacity-Building and Quality Improvement Assistance

All Categories

Category A: HHS Regions 1, 2, 3, and 4

Category B: HHS Regions 5, 6, and 7

Category C: HHS Regions 8, 9, and 10

Description of the Target Population *

Tribal public health departments

25 words maximum

PROJECT FUNDING

Budget Period Length: August 31, 2022 – August 30, 2023

Proposed Project Funding Amount (12-month budget period)

$ 50,000.00

Whole numbers only

CSTLTS Completion (Internal Use Only)

- ○ Funded
- ◉ Unfunded

Expected Project Length

- ◉ The CIO will fund the project for one year.

PROJECT DETAILS

Project Description (Narrative) – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. *

The COVID-19 pandemic has highlighted the need for every jurisdiction to be ready and prepared to respond to a new or existing infectious disease. Now is the opportunity to build robust plans and think through lessons learned during the pandemic.

Purpose: This pilot proposal seeks to strengthen the government-to-government relationship with tribal nations and build response capacity to infectious diseases through the provision of technical assistance. This pilot project seeks to work directly with 1-2 tribal health departments and assist them to begin, strengthen, or move forward projects around preparedness and response to infectious disease threats. This is a pilot project that could result in additional funding or projects by EPRB, based on interest.

The Operations Team within DPEI's Emergency Preparedness and Response Branch (EPRB) will provide technical assistance to 1-2 tribal health departments on activities such as:

- Preparedness planning for pandemics or infectious diseases of concern
- Development of local exercises to test infectious disease preparedness/response plans
- Review and technical assistance on existing infectious disease preparedness plans
- Review of tribal response structure and resource use/allocation
- Review and planning for specific gaps identified through the COVID-19 pandemic

- Data collection and sharing
- Data analysis
- Resource allocation when resources are limited

- Medical countermeasure allocation and distribution
- Planning in response to an intentional biological event, ensuring appropriate collaboration between public health and law enforcement
- Requests for modeling and impact evaluation of public health interventions

The Operations Team would work directly with tribal public health departments as they lead their mutually agreed upon projects to completion within the 11 month project period. The Operations Team will also coordinate with other EPRB teams and across CDC Centers and HHS if there is technical assistance requested that is outside of the list provided above.

Expected Activities

- Monthly check in with between pilot sites and CDC
- Mid-term and final reporting of project updates and spending
- Completion of agreed upon deliverables withing the 11 month project period

Expected Outputs

The expected outputs for this project would be the completion of at least 1 preparedness and/or response project to be defined by the tribal public health program in 1-2 tribal nations. This can include, but is not limited to: a completed infectious disease preparedness plan with disease specific annexs, development and implementation of a local exercise to test infectious disease preparedness or response plans, development of medical countermeasure distribution plans, protocol for information sharing between public health and partners (e.g., law enforcement, emergency medical services) in the event of an intentional biological event or non-intentional event, etc.

Expected Outcomes

The expected outcome would be for 1-2 tribal health departments to build their capacity to respond to infectious disease threats.

Additionally, the work completed with the EPRB Operations Team will help build a government-to-government relationship and increase awareness of infectious disease preparedness and responde planning resources, tools, and promising practices utilized by tribal nations . Multi-sector partnerships will also be strengthened especially with CDC to continue to provide technical assistance to tribal public health department when they have questions, concerns, or when actively responding to infectious disease threats.

1,000 words maximum

Approximate Number of Awards *

2

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one)

Required *

- (●) Tribal Public Health Systems Infrastructure
- ( ) Tribal Public Health Workforce
- ( ) Tribal Data and Information Systems
- ( ) Tribal Public Health Programs and Services
- ( ) Tribal Public Health Resources and Communication
- ( ) Tribal Public Health Partnerships

Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more)*

Short-Term: Increased implementation of tools and processes that build operational capacity and effectiveness

(●) Yes ( ) No

Short-term: Increased use of core and discipline-specific public health competencies among public health workers

( ) Yes (●) No

Short-term: Improved collection, maintenance, interpretation, and dissemination of tribal health data

○ Yes ◉ No

Short-term: Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

○ Yes ◉ No

Short-term: Development of culturally relevant public health resources and communication tools

◉ Yes ○ No

Short-term: Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

○ Yes ◉ No

Intermediate: Increased use of nationally established standards, such as those for public health department accreditation

○ Yes ◉ No

Intermediate: Increased number of qualified public health workers

○ Yes ◉ No

Intermediate: Implementation of culturally practice-based evidence programs and services

○ Yes ◉ No

Intermediate: Increased coordination of multi-sector partnerships to generate collective public health impact

◉ Yes ○ No

Recipient Organizational Capacity

The recipient organization capacity would require knowledge of the tribal public health department and existing collabaortions with federal, national, tribal, and local response partners, and tribal nations. Additionally, at a minimum, the recipient organization should have internet and email access and working knowledge of Microsoft Office or similar software platforms.

Include skills, technology, organization reach, and infrastructure. 200 words maximum

Recipient Program Experience

The recipient organization capacity would require experience working on public health preparedness and response (including responding to the COVID-19 pandemic), as well as a knowledge of the current public health preparedness projects within tribal public health department. Additionally, the recipient should have knowledge of critical response partners outside of the tribal public health department.

Include content expertise and target population relationship. 200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

The tribal public health department will be leading the project with collaboration with the EPRB Operations Team, and other relevant partners to ensure successful completion of the project.

200 words maximum

Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable

Subcontractors are allowable if needed to help complete the project.

200 words maximum

Will the proposed capacity-building and quality improvement go towards tribal public health departments?

- (●) Yes
- ( ) No

Governmental Benefit Description

By improving their capacity to prepare for and respond to infectious disease threats, tribal public health departments will be able to identify, confirm, and quickly respond to infectious disease threats, while knowing where to go for additional resources and tools as

needed. Additionally, building the capacity to respond to infectious disease threats can improve their responses to other public health concerns.

BUDGET INSTRUCTIONS

Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable

None

100 words maximum

CIO CERTIFICATION

I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.

ADMINISTRATIVE USE ONLY

Admin Update?

- ○ Yes
- ◉ No

Recipient Name

Form Type: New CIO Project

Funding Year: FY22 (Year 5)

Submission Date: 3/4/2022 5:00:00 AM

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FY 2022 Proposal for New Project

CDC-RFA-OT18-1803

Tribal Public Health Capacity-Building and Quality Improvement: Year 5 (Final Year)

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GENERAL INFORMATION

Project Title *

Tribal Epidemiology Center Drug and Opioid Overdose Capacity Support

CIO Lookup *

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Division Lookup *

Division of Unintentional Injury Prevention

CIO POC Name *

CIO POC Email *

David Sullivan; Jason Hymer; Danielle Arellano

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

dbs1@cdc.gov; ojg3@cdc.gov; hiz6@cdc.gov

CIO POC Phone *

770-488-0698; 404-498-5682; 770-488-8059

Geographic Category to Receive Capacity-Building and Quality Improvement Assistance

All Categories

Category A: HHS Regions 1, 2, 3, and 4
Category B: HHS Regions 5, 6, and 7
Category C: HHS Regions 8, 9, and 10

Description of the Target Population *

Regional tribally designated organizations with experience in opioid and drug overdose data collection, analysis, etc.

25 words maximum

PROJECT FUNDING

Budget Period Length: August 31, 2022 – August 30, 2023

Proposed Project Funding Amount (12-month budget period)

$ 1,600,000.00

Whole numbers only

CSTLTS Completion (Internal Use Only)

- ○ Funded
- ◉ Unfunded

Expected Project Length

- ◉ The CIO will fund the project for one year.

PROJECT DETAILS

Project Description (Narrative) – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. *

Project Description:

Advance tribal health information, surveillance and epidemiological efforts to address the worsening and expanding drug overdose epidemic, to include opioid use disorder (OUD) and stimulant use disorder (StUD).

Purpose:

Support capacity building in Tribal Epidemiological Centers (TECs) to provide actionable OUD, StUD, and polysubstance use data, including but not limited to screening, diagnosis, and linkage to care, that will ultimately contribute to public health actions to reduce the drug overdose epidemic.

Recipients Activities:

Recipients may focus on 2 or more activities listed below:

- Conducting an environmental scan of prescription drug monitoring program (PDMP) implementation and evaluation activities in Tribal and Urban healthcare centers, to potentially include, but not limited to, access of the PDMP within the clinical workflow. Parameters of the environmental scan may include: Type of EHR in place; PDMP access and use; data collection from the PDMP on prescribing practices; technological challenges (e.g., lack of health IT integration, internet speed, etc.) when accessing the PDMP; PDMP clinical operation or workflow.
- Assisting area tribes, through activities like trainings and developing resource materials, in accessing drug overdose and opioid use disorder (OUD) and stimulant use disorder (StUD) data via national platforms such as the National Survey on Drug Use and Health (NSDUH), The National EMS Information System (NEMSIS), The Treatment Episode Data Set (TEDS), and CDC WONDER. Access to drug overdose and opioid use disorder (OUD) and stimulant use disorder (StUD) data is also encouraged through local platforms and systems such as Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), ODMAP, EMS administrator data, hospital discharge data, and other local data sources within states, counties, and cities.
- Producing reports and graphics detailing the scope of the drug overdose epidemic in their respective area, which may include products like community health profiles for all tribes in the region.
- Identifying and highlighting successful community-based drug overdose surveillance and prevention programs and activities in the respective IHS area and summarizing successes from prior work your organization has achieved around drug overdose surveillance and prevention, and improving linkages to evidence-based substance use disorder (SUD) treatment, particularly opioid and stimulant use disorders.

Outcomes/Deliverables:

Anticipated outcomes and deliverables depend on proposed activities, but may include:

· Environmental Scan of PDMP in corresponding Area
· Surveillance/Epi Reports on drug overdose
· Identification of community-based drug overdose surveillance and prevention programs and activities in the respective IHS area
· Capacity resources to enable access to drug overdose data via national and local data platforms

1,000 words maximum

Approximate Number of Awards *

8

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one)

Required *

- ○ Tribal Public Health Systems Infrastructure
- ○ Tribal Public Health Workforce
- ◉ Tribal Data and Information Systems
- ○ Tribal Public Health Programs and Services
- ○ Tribal Public Health Resources and Communication
- ○ Tribal Public Health Partnerships

Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more)*

Short-Term: Increased implementation of tools and processes that build operational capacity and effectiveness

○ Yes ◉ No

Short-term: Increased use of core and discipline-specific public health competencies among public health workers

○ Yes ◉ No

Short-term: Improved collection, maintenance, interpretation, and dissemination of tribal health data

◉ Yes ○ No

Short-term: Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

○ Yes ◉ No

Short-term: Development of culturally relevant public health resources and communication tools

(●) Yes ( ) No

Short-term: Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

( ) Yes (●) No

Intermediate: Increased use of nationally established standards, such as those for public health department accreditation

( ) Yes (●) No

Intermediate: Increased number of qualified public health workers

( ) Yes (●) No

Intermediate: Implementation of culturally practice-based evidence programs and services

( ) Yes (●) No

Intermediate: Increased coordination of multi-sector partnerships to generate collective public health impact

(●) Yes ( ) No

Recipient Organizational Capacity

Organizations should have strong epidemiological capacity to collect, analyze and report drug overdose data.

Include skills, technology, organization reach, and infrastructure. 200 words maximum

Recipient Program Experience

Organizations should have experience in building partnerships with local, state and national organizations, providing technical assistance to tribes in their area, collecting fatal and nonfatal opioid overdose data, analyzing drug overdose data, developing opioid overdose surveillance systems, and translating data into usable communication products.

Include content expertise and target population relationship. 200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

Recipients are expected to collaborate with their IHS area TECs, local tribal-serving organizations, healthcare centers, tribal cultural organizations, healthcare organizations, service providers, non-profit partners and other critical partners as applicable.

200 words maximum

Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable

200 words maximum

Will the proposed capacity-building and quality improvement go towards tribal public health departments?

- ○ Yes
- ◉ No

BUDGET INSTRUCTIONS

Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable

Funds may not be used for research or direct clinical service provision. Reimbursement of pre-award costs is not allowed. Funds may be used for reasonable program purposes, such as personnel, travel, supplies and services. Budgets should align with other funding sources, though recipients need to be mindful of avoiding programmatic, budgetary or commitment overlap with other funding sources.

Please follow CDC guidance in preparing the budget request, found here: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf

100 words maximum

CIO CERTIFICATION

I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.

ADMINISTRATIVE USE ONLY

Admin Update?

- ( ) Yes
- (•) No

Recipient Name

Form Type: New CIO Project

Funding Year: FY22 (Year 5)

Submission Date: 3/8/2022 5:00:00 AM

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Final

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Division of Program and Partnership Services
Health Department Program Branch
Final

FY 2022 Proposal for New Project

CDC-RFA-OT18-1803

Tribal Public Health Capacity-Building and Quality Improvement: Year 5 (Final Year)

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GENERAL INFORMATION

Project Title *

Tribal Maternal Mortality Review – Planning for Implementation

CIO Lookup *

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Division Lookup *

Division of Reproductive Health

CIO POC Name *

Amy St. Pierre; Toby Merkt

CIO POC Email *

yct2@cdc.gov; yzq1@cdc.gov

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

CIO POC Phone *

404-718-6304; 404-498-2829

Geographic Category to Receive Capacity-Building and Quality Improvement Assistance

All Categories

Category A: HHS Regions 1, 2, 3, and 4
Category B: HHS Regions 5, 6, and 7
Category C: HHS Regions 8, 9, and 10

Description of the Target Population *

Tribal public health departments and nongovernmental Tribal public health components, including Tribal health boards, consortiums, and councils

25 words maximum

PROJECT FUNDING

Budget Period Length: August 31, 2022 – August 30, 2023

Proposed Project Funding Amount (12-month budget period)

$ 225,000.00

Whole numbers only

CSTLTS Completion (Internal Use Only)

- ○ Funded
- ◉ Unfunded

Expected Project Length

- ◉ The CIO will fund the project for one year.

PROJECT DETAILS

Project Description (Narrative) – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. *

Purpose: Plan for implementation of Tribally-led and public health focused maternal mortality review committees.

Activity: identify gaps to address and assets to enhance, develop, and strengthen partnerships, and build organizational capacities for leading a Tribally-led and public health focused maternal mortality review committee for the citizens represented by the awardee. The approach will be defined by the awardee but should reference resources from the National Indian Health Board (https://www.nihb.org/public_health/maternal_mortality.php), CDC Maternal Mortality Prevention Team, and Review To Action (www.reviewtoaction.org). Participate in a process for documenting specific changes to fields in the Maternal Mortality Review Information Application, a data system available to maternal mortality review committees, that ensures information is documented in a way relevant to Tribes and that facilitates Tribal use of data.

Output(s):

- A written plan for building awardee-identified capacity needs and implementing a Tribally-led and public health focused maternal mortality review committee for the citizens represented by the awardee. This should include but is not limited to the following core capacity needs, which will be discussed in further detail via consultation with CDC's Maternal Mortality Prevention Team:
- Case identification: At a minimum, comprehensive case identification requires access to death, birth and fetal death certificates that include identifiers (for example, names, locations, and dates). Capacity includes access to these records as well as technical expertise to link records to determine which deaths occurred during or within a year of pregnancy.

- Abstraction: Abstraction is a task of many skills and requires access to records and information that include critical information about events leading up to and including the death of a person during or within one year of pregnancy. The goal of an abstractor's work is finding and piecing together information to gain a better understanding of circumstances surrounding a person's life and death.
- Review discussion: After information about a death is abstracted and de-identified, a group of persons representing a variety of backgrounds and expertise review the available information and recommend actions to take to prevent similar deaths in the future.
- Data analysis and dissemination: The review of deaths will have generated important information that can be analyzed and shared with partners to act on for improving maternal health.

Outcome: Increased partnerships and capacity for implementing a Tribally-led and public health focused maternal mortality review committee for the citizens represented by the awardee.

1,000 words maximum

Approximate Number of Awards *

9

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one)

Required *

- ○ Tribal Public Health Systems Infrastructure
- ○ Tribal Public Health Workforce
- ○ Tribal Data and Information Systems
- ◉ Tribal Public Health Programs and Services
- ○ Tribal Public Health Resources and Communication
- ○ Tribal Public Health Partnerships

Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more)*

Short-Term: Increased implementation of tools and processes that build operational capacity and effectiveness

○ Yes ◉ No

Short-term: Increased use of core and discipline-specific public health competencies among public health workers

○ Yes ◉ No

Short-term: Improved collection, maintenance, interpretation, and dissemination of tribal health data

○ Yes ◉ No

Short-term: Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

◉ Yes ○ No

Short-term: Development of culturally relevant public health resources and communication tools

○ Yes ◉ No

Short-term: Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

○ Yes ◉ No

Intermediate: Increased use of nationally established standards, such as those for public health department accreditation

○ Yes ◉ No

Intermediate: Increased number of qualified public health workers

○ Yes ◉ No

Intermediate: Implementation of culturally practice-based evidence programs and services

○ Yes ◉ No

Intermediate: Increased coordination of multi-sector partnerships to generate collective public health impact

◉ Yes ○ No

Recipient Organizational Capacity

The principal output of this project is a plan for building awardee-identified capacity needs and implementing a Tribally-led and public health focused maternal mortality review committee for the citizens represented by the awardee. In order to be eligible for this project and successfully deliver project output, the ideal recipient would possess the following organizational capacities:

- Management of Tribal health and public health information systems;
- Data collection, analysis, and interpretation for use in health surveillance and health promotion;
- Provision of advocacy, training, and technical assistance to Tribes;
- Experience liaising within and between Tribal jurisdictions on public health programming; and
- Experience partnering with Tribal Nations to identify strengths and gaps within their public health systems

Include skills, technology, organization reach, and infrastructure. 200 words maximum

Recipient Program Experience

The populations of focus for this project are Tribal public health departments and non-governmental Tribal public health components, including Tribal health boards, consortiums and councils. The ideal recipient would have experience in the following program areas:

- Outreach to the target populations for this project;
- Management and coordination of prevention, education, and training programs;
- Identification of health status priorities;
- Engagement and collaboration with Tribes in population health improvement activities;
- Provision of forums for consultations between Tribes;
- Provision of culturally-competent approaches that work toward eliminating health disparities; and
- Policy analysis and coalition building

Include content expertise and target population relationship. 200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

The recipient will be expected to bring together partners from multiple sectors, including clinical care, social services, and public health; public, private, and community organizations. The recipient will work in close partnership with Tribal, local, state, and federal entities, including public health and clinical care authorities.

200 words maximum

Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable

As determined appropriate by recipient in carrying out activities, the ability to establish timely subcontracts may be beneficial.

200 words maximum

Will the proposed capacity-building and quality improvement go towards tribal public health departments?

- (●) Yes
- ( ) No

Governmental Benefit Description

Native maternal mortality disparities are documented at the national level, but more detailed information is needed to prevent future deaths. This project will build the capacity of Tribes and Tribal organizations to review pregnancy-associated deaths of Tribal citizens and craft evidence-based, culturally appropriate recommendations to prevent future deaths and improve maternal health outcomes.

By the end of the project, the recipient should have a clear plan outlining necessary steps to establish a Tribally-led and public health focused maternal mortality review committee and will have participated in a process for documenting specific changes to fields in the Maternal Mortality Review Information Application that ensures information is documented in a way relevant to Tribes and that facilitates Tribal use of data.

BUDGET INSTRUCTIONS

Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable

Recipient should budget for travel (up to 4 staff for 3 days) to two national convenings on maternal mortality. One will take place in Atlanta, GA in 2023 and the other convening location is TBD.

100 words maximum

CIO CERTIFICATION

I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.

ADMINISTRATIVE USE ONLY

Admin Update?

( ) Yes (•) No

Recipient Name

Form Type: New CIO Project

Funding Year: FY22 (Year 5)

Submission Date: 2/25/2022 5:00:00 AM

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Final

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Health Department Program Branch
Final

FY 2022 Proposal for New Project

CDC-RFA-OT18-1803

Tribal Public Health Capacity-Building and Quality Improvement: Year 5 (Final Year)

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GENERAL INFORMATION

Project Title *

Tribal Public Health Data Modernization – Focused Investments

CIO Lookup *

CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES

Division Lookup *

Office of the Director

CIO POC Name *

Jim Kucik; Rachel Kossover-Smith

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

CIO POC Email *

ezk9@cdc.gov; gvb7@cdc.gov

CIO POC Phone *

404-639-7827; 404-639-4352

Geographic Category to Receive Capacity-Building and Quality Improvement Assistance

All Categories

Category A: HHS Regions 1, 2, 3, and 4
Category B: HHS Regions 5, 6, and 7
Category C: HHS Regions 8, 9, and 10

Description of the Target Population *

Tribal nations and organizations working to maintain, improve and modernize their data infrastructure to acquire, manage, share and use data for public health action.

25 words maximum

PROJECT FUNDING

Budget Period Length: August 31, 2022 – August 30, 2023

Proposed Project Funding Amount (12-month budget period)

$ 250,000.00

Whole numbers only

CSTLTS Completion (Internal Use Only)

- ○ Funded
- ◉ Unfunded

Expected Project Length

- ◉ The CIO will fund the project for one year.

PROJECT DETAILS

Project Description (Narrative) – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. *

Public health relies on timely, accurate information to make prompt and insight-driven decisions to inform programs, policies and investments. These decisions require robust data and health information systems and Information Technology (IT) infrastructure. To advance public health and enable timely and accurate exchange of data for all diseases and conditions, the public health community must modernize its data ecosystem.

Below is a menu of Approaches that tribal partners may elect to focus on. Each individual Approach has a funding ceiling of $250,000 for a 12-month period of performance. **Applicants may only select one Approach.**

Approach A. Enhance internal capacity to collect and use public health data through conducting a capacity assessment

Assessing the tribal internal capacity current state is critical to identifying and planning for subsequent data modernization investments. This Approach provides support for documenting and understanding the recipients' current state of data and health information systems and services, current data assets and data access processes, as well as workforce capacity (e.g., training) gaps. This information can then be used to develop a workplan for implementing solutions to address gaps identified within the assessment process.

Activities:

1. Assemble internal and external partners to guide and oversee the assessment process.
2. Assess data/survey assets and needs for building capacity in areas of public health surveillance and public health program planning.

3. Identify opportunities for intra-tribal collaboration for data processing, analysis and surveillance.
4. Develop a plan to implement identified opportunities.

Expected outputs:

1. Completion of organizational assessment/data assets inventory
2. Completion of an implementation plan

Expected outcomes:

1. Tribal partner has improved capacity to plan for future data modernization investments.

Approach B. Data Modernization IT and Workforce Infrastructure investment

For tribal partners who have already conducted an internal capacity assessment, funds may be used to address needed investments in both IT and workforce infrastructure. Regarding IT infrastructure, planned investments must relate to the establishment and maintenance of a modernized IT infrastructure that supports a tribe's public health data capabilities. Example investments include, but are not limited to, increasing internet bandwidth, broadband network enhancements, integration of shared services, hardware or software. Regarding workforce infrastructure, investments may include increasing access to training (e.g., Data Camp, Coursera, etc.) or other activities that increase a tribe's capacity to automate the collection, analysis, and communication of public health data.

If applicants elect to apply for this Approach, they must supply the following:

1. Evidence of an assessment conducted within the last 18 months that outlines the infrastructure gaps that the proposed infrastructure investment will fill.
2. Acquisition plan for procuring the identified infrastructure needs that demonstrates synergy with current or planned activities.

Expected outputs:

1. Completed IT infrastructure upgrades
2. Completed workforce trainings

Expected outcomes:

1. Tribal partner has increased infrastructure capacity for implementing data modernization efforts that demonstrably improves the efficiency of data collection, analysis, and reporting within and across their jurisdiction.

Approach C. Building Capacity for electronic Case Reporting (eCR) in a Tribal public health agency and/or Tribal Epidemiology Center

eCR is the automated, real-time exchange of case report information between electronic health records and public health agencies. eCR moves data quickly and securely from electronic health records in healthcare facilities to public health agencies, allowing a rapid response to public health threats. eCR also communicates important information from public health agencies to healthcare providers through a reportability response. This Approach will enable tribal public health departments or Tribal Epidemiology Centers to create a plan for eCR and to create an initial connection to AIMS, allowing for the receipt of case reports for reportable conditions through eCR.

Activities:

1. Delineate the awardee's specific authority to receive case reports, including any limitations or stipulations. This may include reports from Indian Health Service unites, tribally run facilities, and Urban Indian Health facilities, as well as data for tribal members who receive care elsewhere. Determine criteria for identifying case reports that should be sent to the awardee by the AIMS platform.
2. Work with eCR team, including CDC, CSTE, APHL, to create a plan for connection to the AIMS platform and entering criteria for at least one reportable condition.
3. Work with the eCR team to build technical capacity to effectively use electronic Initial Case Reports (eICRS), including processing them into awardee's electronic surveillance systems or database.
4. Identify at least one priority healthcare organization in awardee's jurisdiction (Tribal or Urban Indian Health) for eCR implementation. Work with priority organization to determine readiness and plan for implementation.

Expected outputs:

1. Criteria for determining which case reports should be sent to awardee
2. Plan for connecting to AIMS and for utilizing data received through eCR

3. Implementation plan for a priority healthcare organization

Expected outcomes:
1. Tribal public health department has improved capacity to use interoperable technology to receive initial case reports and to receive timely data for reportable and notifiable conditions.

Approach D. Identifying and Integrating High Value Data Sources into Current Data Processes
Identifying, accessing, and integrating high value data sources into current data analysis and visualization processes can greatly enhance overall use and utility of available data sets. Enhancing current processes for transforming raw data into analysis-ready data sets and providing training and data analysis tools to end users is critical to ensure that data are being harnessed and used to drive public health decision-making.

Activities:
1. Identify high value existing data sources not yet integrated with established enterprise data processes and prioritize 1 data source for integration. Establish any necessary agreements.
2. Establish repeatable, automated processes for preparing raw data for analysis and develop infrastructure that supports data processing functions. Identify all steps to prep raw data to become “analysis-ready”.
3. Pilot new processes and infrastructure.
4. Engage public health partners in identifying and refining data set access points and permissions and available analysis tools.
5. Develop new analysis tools and products and support implementation, training and use of developed tools and products among target user groups.

Expected outputs:
1. identification of high value data sources
2. Process maps for integrating high value data sources into automated data processes
3. Suite of tools for data end users

Expected outcomes:
1. Tribal public partner has increased capacity to use data in real-time to drive public health decision-making.

1,000 words maximum

Approximate Number of Awards *

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TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one)

Required *

- ○ Tribal Public Health Systems Infrastructure
- ○ Tribal Public Health Workforce
- ◉ Tribal Data and Information Systems
- ○ Tribal Public Health Programs and Services
- ○ Tribal Public Health Resources and Communication
- ○ Tribal Public Health Partnerships

Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more)*

Short-Term: Increased implementation of tools and processes that build operational capacity and effectiveness

(●) Yes ( ) No

Short-term: Increased use of core and discipline-specific public health competencies among public health workers

(●) Yes ( ) No

Short-term: Improved collection, maintenance, interpretation, and dissemination of tribal health data

(●) Yes ( ) No

Short-term: Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

( ) Yes (●) No

Short-term: Development of culturally relevant public health resources and communication tools

( ) Yes (●) No

Short-term: Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

( ) Yes (●) No

Intermediate: Increased use of nationally established standards, such as those for public health department accreditation

(●) Yes ( ) No

Intermediate: Increased number of qualified public health workers

(●) Yes ( ) No

Intermediate: Implementation of culturally practice-based evidence programs and services

( ) Yes (●) No

Intermediate: Increased coordination of multi-sector partnerships to generate collective public health impact

( ) Yes (●) No

Recipient Organizational Capacity

CDC recognizes that tribal partners have varying levels of internal capacity to address data modernization. Applicants should select the strategy that best meets their needs from the below options and apply only for that selected strategy. Applicants electing to apply for Approaches B, C and D should submit documentation of a completed internal data capacity assessment, as described in Approach A, to support their proposed activities.

Include skills, technology, organization reach, and infrastructure. 200 words maximum

Recipient Program Experience

Applicants who received funding for “Accelerating Tribal Public Health Data Modernization” in Years 3 and 4 should not apply for Approaches that are similar to the activities that they have already received funding for under “Accelerating Tribal Public Health Data Modernization”.

Include content expertise and target population relationship. 200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

Collaboration with CDC and other partners engaged in data modernization work is strongly encouraged. Technical assistance will be available from CDC/CSELS to assist recipients in moving forward with activities once awards are made.

200 words maximum

Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable

If recipients are anticipating accomplishing any aspect of their proposed workplan through a subcontract, the subcontract should be a pre-existing mechanism or one that can be quickly put in place, due to the 12-month time frame of this project.

200 words maximum

Will the proposed capacity-building and quality improvement go towards tribal public health departments?

- (●) Yes
- ( ) No

Governmental Benefit Description

Public health relies on timely, accurate information to make prompt and insight-driven decisions to inform programs, policies and investments. These decisions require robust data and health information systems and IT infrastructure. Successful completion of any of the individual Approaches outlined above will assist recipients in building overall data and health information systems capacity.

BUDGET INSTRUCTIONS

Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable

For all Approaches:

It is expected that funds will be used to support labor, contract, supplies and other costs associated with executing their workplan within the 12-month project period. Funds cannot be used to support construction or other physical infrastructure needs.

For Approach B:

Applicants must provide documentation of the following:

1. Evidence of an assessment conducted within the last 18 months that outlines the IT and Workforce infrastructure gaps that the proposed infrastructure investment will fill.
2. Acquisition plan for procuring the identified infrastructure needs that demonstrates synergy with current or planned activities.

100 words maximum

CIO CERTIFICATION

I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.

ADMINISTRATIVE USE ONLY

Admin Update?

(•) Yes ( ) No

Recipient Name

Form Type: New CIO Project

Funding Year: FY22 (Year 5)

Submission Date: 2022-04-18T04:00:00Z

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Final

Use this “Submit form as Draft" field until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button when ready to submit as final. You cannot make edits after you submit as “Final.”