

Category A CIO Project Plans

**FY21 CIO Project Plan**

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

9/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

650,000

Funding Appropriation *

75-2021-0958

Funding Statutory Authority *

Consolidated Appropriations Act, 2021

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☐

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to address COVID-19 response gaps, by developing, testing, and disseminating syndromic surveillance definitions to identify people with disabilities in order to build health department capacity to monitor the health and well-being of people with disabilities before, during, and after public health emergencies. This proposal aims to fill a significant gap in the public health response to identify people with disabilities by establishing a disability syndromic surveillance definition that can be utilized in emergency and ongoing surveillance efforts. This project will have a sustainable impact on national, state, and local response capacity to detect, understand, and monitor health events among people with disabilities during COVID-19 and future public health emergencies.

114/150 words maximum

Program Strategy: Data and Information Systems

Activities *

- In collaboration with the Federal Interagency Workgroup on ID/DD Data Projects, establish and facilitate an expert panel, including subject matter experts in emergency preparedness and response, disability, syndromic surveillance, and clinical medicine to develop a syndromic surveillance definition to identify disability status among adults before, during, and after public health emergencies

- Work with the expert panel to determine which disability definition will be used to develop the syndrome definition (e.g., six questions recommended by Health and Human Services or Washington Group Short Set) and identify all relevant ICD/CPT codes and search terms
- Pilot test the disability syndromic surveillance definitions in the National Syndromic Surveillance Program's Electronic Surveillance System for the Early Notification of Community-based Epidemics (NSSP-ESSENCE) and compare to national survey estimates (BRFSS, ACS, NHIS) of disability
- Add syndromic surveillance definition for disability for use in ESSENCE
- Write a definition description and user guide to be included on the NSSP Community of Practice knowledge repository
- Develop a manuscript summarizing methods for creating the syndrome definitions and implications for COVID-19 response and future public health emergencies

Process Measures *

- Number and breadth of considerations developed by the expert panel regarding the development of potential syndromic surveillance definitions
- Initial expected degree of alignment of disability prevalence estimates across data types (i.e., estimates from national surveys compared to estimates in ESSENCE using definition developed by the expert panel)
- Number of iterations needed to determine whether the proposed syndromic surveillance definition appropriately identifies people with disabilities

Outputs *

- Meeting minutes summarizing discussions from the expert panel sessions
- Syndrome definitions available in ESSENCE to identify people with disabilities before, during, and after public health emergencies
- Disability definition description and user guide for the NSSP Community of Practice knowledge repository
- Enhanced state- or local-based ability to conduct syndromic surveillance of health outcomes among people with disabilities
- At least one manuscript summarizing methods for creating the syndrome definitions and implications ready for submission to CDC clearance

Budget Period Outcomes *

Development of a working syndromic surveillance disability definition that is available for adoption by response efforts at the national, state, and local levels to detect, understand, and monitor health events

among people with disabilities during COVID-19 and future public health emergencies

Outcome Measures *

Ability for jurisdictions to quickly and efficiently identify people with disabilities for emergency and ongoing surveillance efforts.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The selected awardee is required to 1) have the ability to convene an expert panel from people across diverse fields such as emergency preparedness and response, disability, syndromic surveillance, and clinical medicine; and 2) have the ability to conduct analyses and contribute to a manuscript within the budget period.

48/200 words maximum

Program Experience

The selected awardee should have experience collaborating with experts from diverse perspectives, and experience operationalizing conceptual frameworks and developing them into concrete data algorithms.

23/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

CDC staff will work collaboratively with awardee. All iterations of surveillance definitions will be developed in consultation with CDC collaborators. The resulting manuscript and any promotional products will include CDC as a collaborator and will require CDC scientific clearance before publication/presentation.

40/200 words maximum

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

Subaward(s) recommended, if necessary to complete expected outputs. Subawardees should be based on their ability and experience to perform the scope of work described in this project plan.

27/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds may be used for:

Salaries and wages

Fringe benefits

Consultant costs

Supplies

Travel

Other categories (meetings)

Contractual costs

Total indirect costs

Total direct costs

15/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded

☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

No

☐

Set to Yes to allow changes to the CIO.



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

FY21 CIO Project Plan
CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health**

GENERAL INFORMATION

Project Title *

Building the Capacity of States to Reduce COVID-19 Disparities through Policy & Workforce Development

Do not use all capital letters.

13/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

☐

No

Target Population Description *

State health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,500,000

Funding Appropriation *

75-2024-0943

Funding Statutory Authority *

CARES Act

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes



CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes



Intermediate: Increased capability of public health systems to achieve nationally established standards

No



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

Yes



CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs Yes ☒

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance No ☐

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically Yes ☒

Intermediate: Strengthened capability of public health workforce to deliver essential public health services No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health No ☐

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Establish a Policy Academy for cross-state learning and state-specific technical assistance. The Policy Academy will bring together health officials and directors of state Offices of Minority Health to participate in targeted activities to assess actions needed for organizational change, policy development to advance health and racial equity, and identification of strategic partnerships to improve population health and eliminate structural racism. States will create teams to include representatives of state public health officials, senior deputies, legislative liaisons, and office of minority health/health equity directors and staff who will commit to participate in monthly meetings featuring national experts in the field of organizational change to eliminate structural racism in public health. State teams will produce an Action Plan to address COVID-19 disparities through policy initiatives that support racial equity and diversity and inclusion in the public health workforce.

135/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Recruit a diverse cohort of state leadership teams that include community representatives.

Process Measures *

Recipient provided CBA (#/type) of using the cohort to build the operational capacity, administration and management.

Outputs *

Description of the cohort (#/type) that will be prioritized to improve operational capacity.

Budget Period Outcomes *

(#/%) of states recruited to create the teams through the policy academy.

Outcome Measures *

(#/%) of partners who were engaged in supporting state activities promoted through the recipient's policy statement.

Program Strategy: Leadership and Workforce Development

Activities *

Establish an Advisory Committee to plan a culminating Policy Academy Capstone to showcase outcomes of the Policy Academy. Summarize the Policy Academy State outcomes in a peer reviewed journal.

Process Measures *

(#/type) Identification of members i.e. subject matter experts/ policy decisionmakers who have experience in collaboration with State on health equity initiatives and development of a public health workforce.

Outputs *

Description of the advisory committee for the selected State (#/organization type/priority populations served.

Budget Period Outcomes *

(#/%) of Advisory Committee members to implement and address gaps.

Outcome Measures *

(#/%) of recipients collaboration with the committee to address and sustain the initiatives as a result of the Capstone.

Program Strategy: Communication and Information Technology

Activities *

1. Plan a series of meetings and regional roundtables discussions(in person or virtually) to develop or expand strategic Action Plans for selected jurisdictions.
2. Develop curriculum materials and other briefs, podcasts, and documents to establish sustainability.
3. Develop a shared platform for Peer Group sharing and mentoring.
4. Develop micro-learnings, podcasts and videos that will be housed on the Peer Group site to capture public health agency strategic health equity approaches.

Process Measures *

Recipient provided CBA (#/type) to partners on carrying out the development of the actions plans for the selected partners. Recipient provided CBA (#/type) on the various communication and information sharing that will provide new skills and increased capacity to address health equity.

Outputs *

Description of the organizations/and States that prioritize and utilize various communication and informational strategies and a evaluation of methods used.

Budget Period Outcomes *

(#/%) of partners/States who documented participation in the activities increasing their capacity to develop the Health Equity Action plans.

Outcome Measures *

(#/%) of partners/States who implemented the strategies and activities in the concentrated populations of racial and ethnic minority populations made vulnerable to health disparities by post COVID-19.

Program Strategy: Partnerships

Activities *

Engage national partners and mentoring states that have achieved forward movement in addressing health and racial equity in their practice and throughout the organization.

Process Measures *

(#/type) of partnerships established and sustained and CBA (#/type) provided to partners on identifying, engaging and collaborating with community-based collaborations that support state initiatives to address structural racism, promote health equity and achieve optimal health for all.

Outputs *

Description of partners (i.e.subcontractors) (#/organization type/priority population served)

Budget Period Outcomes *

Partners collaborating with local organizations, leaders serving national organizations featuring national experts in the field of organizational change to eliminate structural racism in public health.

Outcome Measures *

(#/%) of partners in collaboration to address COVID-19 disparities through policy initiatives that support racial equity, diversity and inclusion.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient has an established history of providing responsive capacity building to the various state health officials, directors of state offices of minority that will have an impact on the work in this project.

32/200 words maximum

Program Experience

The recipient program experience includes their capacity to work with the various sectors with established administrative and programmatic infrastructure with subject matter expertise in advancing health equity, COVID-19 mitigation strategies, social determinants of health, health disparities, ethnic inequities to advance health and racial equity.

43/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient is expected to collaborate with various states, national and local organizations that serve state health officials and directors of state offices of Minority Health. The recipient will convene officials from up to 20 states, trusted partners, local community and subject matter experts.

42/200 words maximum

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

The recipient is expected to subcontract with national and local organizations that serve the various state officials.

16/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Capacity building and TA on overdose prevention and harm reduction

Do not use all capital letters.

9/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions☐

No

Target Population Description *

Local health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

3,000,000

Funding Appropriation *

American Rescue Plan

Funding Statutory Authority *

TBD - waiting on SAMHSAs MOU

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

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

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

COVID-19 has accelerated the drug overdose epidemic and presented unique challenges to public health providing overdose prevention and harm reduction services (e.g. syringe services programs). There is a need to provide capacity building and technical assistance (TA) to local health departments and community organizations to mitigate the rise in overdose deaths and other substance-related harms such as increases in infectious disease transmission (HIV and viral hepatitis) among people who inject drugs. Technical assistance on addressing key risk factors, advancing best practices and innovations, and delivering TA and consultation regarding the use of harm reduction strategies can:

- Reduce overdose deaths, promote linkages into care, and reduce stigma associated with opioid use and addiction to opioids and other drugs
- Lessen harms associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV and viral hepatitis
- Reduce elevated risk of infectious disease transmission among people who use drugs

149/150 words maximum

Program Strategy: Programs and Services

Activities *

CDC will work collaboratively with a partner to provide capacity building and TA support through local health departments on harm reduction services. It will include:

- Technical Assistance and Consultation Services through a network of TA providers and consultants
- Collaborative network on harm reduction entities
- Development of tools and resources to support harm reduction strategies

A harm reduction learning community and a forum or meeting to provide trainings and opportunities.

Process Measures *

- Number of TA requests received
- Number of TA sessions provided
- Utilized partnerships to promote COVID-19 best practices for overdose prevention and harm reduction services
- Number of health departments able to improve capacity to identify, prioritize, and customize relevant programs and services to address public health needs and work with community organizations to support harm reduction services to reduce the impact of COVID-19 on the overdose epidemic.

Outputs *

- Improved technical assistance and capacity within local health departments
- Standardized processes and policies related to the suite of harm reduction services offered by organizations provided TA and capacity building
- Adoption of evidence-based/informed best practice tools and protocols for harm reduction interventions
- Number of organizations adopting naloxone and overdose prevention education services
- Number of organizations adopting the provision of syringe services
- Number of organizations adopting partnerships and/or linking with syringe service programs
- Number of organizations adopting the provision of fentanyl test strips
- Number of organizations adopting screening/testing for infectious diseases such as HIV/viral hepatitis
- Number of organization linking

Budget Period Outcomes *

Local health departments and communities confirm an uptick in harm reduction services and capacity.

Outcome Measures *

- Increased proportion of people with opioid use disorder linked to care for opioid use disorder treatment
- Increased linkage to care
- Reduced ED visits for nonfatal overdose
- Reduced transmission of infectious diseases among (e.g. HIV and viral hepatitis)
- Reduced overdose deaths
- Decreased morbidity and mortality related to injection drug use, including overdose and infectious disease transmission

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Partner must have experience working with local health departments and providing technical assistance to local health departments and community-based organizations that work with health departments.

24/200 words maximum

Program Experience

Partner must have program experience in overdose harm reduction strategies and COVID-19 best practices for overdose prevention and harm reduction services.

20/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Partner must be willing to collaborate with CDC and other agencies, along with community service providers.

15/200 words maximum

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

Subcontractors will likely include NGOs with harm reduction experience and expertise

10/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds will need to cover partners time for coordinating extensive capacity building and TA within communities

15/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

9/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

450,000

Funding Appropriation *

75-21-0120

Funding Statutory Authority *

Public Health Service Act Section 1707 (42 U.S.C.)

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes

☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes

☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

No

☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No

☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No

☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to develop materials and strengthen capacity for health departments serving American Indian/Alaska Native (AI/AN) populations to raise awareness of urgent maternal warning signs amongst AI/AN women and communities.

34/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

A National Organization that serves the needs of health departments serving AI/AN populations will

develop and coordinate the following activities in collaboration with CDC Technical Monitors to build the capacity of these organizations to raise awareness of the urgent maternal warning signs:

- Collaborate and coordinate with key partners on the approach to engage the AI/AN community to ensure the content developed and implementation strategies, which will be summarized in a creative brief, are respectful of and responsive to the health beliefs, practices and needs of AI/AN women.
- Build capacity to utilize and assist with the dissemination of Hear Her campaign materials to health departments serving AI/AN women, their support networks, and healthcare providers through national, regional and tribal communications channels
 - Share strategies for health departments and other partners to implement the campaign and use the resources developed.
- Provide training and resources to support implementation and distribution of Hear Her campaign materials through channels that reach AI/AN women and their support networks such as social media, tribal newsletters, earned media, and local media.

Process Measures *

- Input from the AI/AN community on the creative brief for the AI/AN segment of the Hear Her campaign
- Distribution of Hear Her campaign materials through channels that reach health departments, AI/AN women and their support networks in both tribal lands and non tribal areas across the nation.

Outputs *

- Report with summary of feedback to creative brief
- Event promoting release of the new campaign materials and strategies that health departments serving AI/AN populations can use to implement Hear Her
- Resources to assist health departments and other organizations serving AI/AN populations with implementation of the Hear Her campaign.

Budget Period Outcomes *

- Engage health departments serving AI/AN populations and distribution of culturally appropriate campaign materials for AI/AN pregnant and post-partum women, their support networks, and health care providers.
- Increased capacity for health departments serving AI/AN populations to raise awareness of urgent maternal warning signs amongst AI/AN women and communities.

Outcome Measures *

- Health departments reporting increased capacity to raise awareness of urgent maternal warning signs amongst AI/AN women and communities

Program Strategy: Partnerships**Activities ***

A National Organization that serves the needs of health departments serving AI/AN populations will develop and coordinate the following activities in collaboration with CDC Technical Monitors to build the capacity of these organizations to raise awareness of the urgent maternal warning signs:

- Develop and implement a strategy to build capacity of health departments serving AI/AN populations to partner with other service organizations, such as WIC, that serve AI/AN pregnant and postpartum women and their support networks to utilize Hear Her campaign materials
- Promote the campaign at relevant conferences and meetings where public health departments and other organizations serving AI/AN women can learn about the campaign and strategies to raise awareness of urgent maternal warning signs

Process Measures *

Distribution of Hear Her campaign materials through health departments serving AI/AN populations and connections to other partners that serve AI/AN women and communities

Outputs *

- A plan for health departments and other organizations serving AI/AN women to partners and utilize Hear Her campaign materials to raise awareness of urgent maternal warning signs amongst AI/AN women, their support networks, and healthcare providers
- Documented promotion and/or distribution of Hear Her materials through partner emails, meetings, toolkits, etc.
- Training or other events for health departments and other organizations on strategies for local implementation to build capacity and strengthen partnerships.

Budget Period Outcomes *

- A network of key leaders and organizations that serve the AI/AN community that utilize the Hear Her campaign to raise awareness of urgent maternal warning signs and improve related communication amongst AI/AN women and communities
- Increase capacity of health departments serving AI/AN populations to partner with other organizations that serve AI/AN pregnant and postpartum women to raise awareness of the urgent maternal warning signs.

Outcome Measures *

- Health departments reporting/demonstrating increased partnerships to raise awareness of the urgent maternal warning signs

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have significant experience building capacity within health departments serving AI/AN populations and working with AI/AN women and communities. It is important that the applicant have capacity to organize virtual meetings, conduct outreach to partners, facilitate strategic partnerships and feedback, consolidate feedback in a report, and distribute communications materials through national, regional and tribal channels.

56/200 words maximum

Program Experience

1. Experience working with American Indian/Alaska Native women and communities
2. Experiencing working with and building the capacity of Tribal leadership and health systems
3. Experience disseminating health education materials through strategic partnerships, particularly to reach American Indians and Alaska Natives on tribal lands and non tribal areas

42/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The awardee will be expected to engage with CDC's technical monitor and the Hear Her campaign team throughout the project lifecycle, including regular meetings and email communication to collaborate on development of campaign materials and strategies for distribution.

37/200 words maximum

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

The awardee will be expected to engage with sub-contractors as needed to execute events or other activities.

16/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Use of funds may include, but is not limited to, costs related to personnel time, hosting events, and travel for campaign related meetings or events.

24/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded

☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

No

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Improving Electronic Data Access For Reportable Conditions For Tribal Governments

Do not use all capital letters.

9/10 words maximum

CIO Lookup

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions☐

No

Target Population Description *

Tribal health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 2,000,000

Funding Appropriation *

NA

Funding Statutory Authority *

NA

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☐

Intermediate: Increased capability of public health systems to achieve nationally established standards

Yes ☐

No ☐

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

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Yes ☒

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

To partner with at least one tribal government, Tribal Epidemiology Center (TEC), or other tribal body with public health authority to implement electronic case reporting, with the intent of increasing tribal access to electronic health data for reportable conditions. Awardee will work with one or more tribes to connect their public health authority to the APHL Informatics Messaging Service (AIMS) to receive electronic case reports, and to enter tribal specific rules into the Reportable Disease Knowledge Management System (RCKMS) for COVID-19 and other reportable conditions. The awardee will develop and implement a strategy in partnership with one or more tribes to recruit healthcare partners on Tribal lands or providing care to tribal members. Awardee will support at least one tribe in improving

informatics capacity to utilize electronic case report data and improve data systems to integrate electronic data.

138/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Support the tribal health authority in receiving health data from healthcare providers that provide care to tribal members in an electronic initial case report format by sharing information about electronic Case Reporting (eCR) with these providers and connecting them to eCR onboarding resources.

Process Measures *

- **# of materials developed about electronic Case Reporting (eCR)**
- **# of materials distributed to health care providers that provide care to tribal members and tribal health authorities**
- **# of tribal health authorities touched in outreach**

Outputs *

- **eCR resources**
- **Partnerships between tribal health authorities and tribal healthcare organizations to send data through eCR.**

Budget Period Outcomes *

- **Increased number of tribal health authorities receiving electronic initial case reports from healthcare organizations providing care to tribal members to support tribal public health.**
- **Increased awareness of eCR and working towards eCR implementation among tribal public health components, including healthcare organizations that serve tribal members.**

Outcome Measures *

- **Number of healthcare organizations providing care to tribal members able to send electronic initial case reports to support tribal public health.**
- **Percentage of providers and tribal health department staff reporting an increased awareness of eCR and how to work towards eCR implementation.**

Program Strategy: Data and Information Systems

Activities *

Support one or more tribal public health authorities to implement electronic case reporting, increasing their access to electronic data for public health decision making.

Process Measures *

Number of tribal public health authorities connecting to AIMS platform and entering rules for reportability within RCKMS.

Outputs *

One or more tribal health authorities is able to receive electronic initial case reports from AIMS for COVID-19 and other conditions and has rules entered into RCKMS.

Budget Period Outcomes *

Each of the sub-recipients or tribes is receiving data to improve public health decision making. Increased number of tribal health authorities receiving data and processing data into surveillance systems.

Outcome Measures *

Number of the sub-recipients or tribes receiving data to improve public health decision making.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient has strong knowledge of and relationships with tribal governments, tribal epidemiology centers, and healthcare organizations that provide healthcare to tribal members. Recipient has existing knowledge of tribal public health infrastructure and should include details in their application about partners' interest in receiving data, and partners' data system planning. Recipient can partner with various tribes with public health authority to receive electronic case reports.

63/200 words maximum

Program Experience

The recipient's program experience includes ability and past experience with one or more tribes to support capacity building in tribal health departments or other tribal public health authorities.

27/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Grantee will collaborate with electronic case reporting (eCR) team at CDC and other national partner organizations. CDC will facilitate relationships with other partners if necessary after award.

25/200 words maximum

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

Recommend subcontracting with organizations with tribal health authority as needed. The number of subcontracted organizations should be reflected in the workplan and accomplishments anticipated.

24/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds should be used to support tribal governments, but can be transmitted through tribal epidemiology centers (TECs) or other entities that have delegated public health authority. The recipient can sub-contract to more than one organization to support a broader range of tribes

41/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

No



Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

9/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

6,000,000

Funding Appropriation *

75-X-0140

Funding Statutory Authority *

OT21-2103's purpose: This \$2.25 billion grant is fur

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☐

Intermediate: Increased capability of public health systems to achieve nationally established standards

Yes ☐

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

No ☐

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to provide technical assistance and support to local public health departments receiving funding through OT21-2103, *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*. The recipient of this funding will support OT21-2103 grant recipients in improving public health systems infrastructure and establishing and maintaining results-driven partnerships that address COVID-19 related disparities associated with at-risk and underserved populations, including racial/ethnic minorities and rural communities.

81/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Infrastructure activities to be completed as part of this project may include:

- Delivery of technical assistance to support OT21-2103 grant recipients in building, leveraging, and expanding organization infrastructure support for the four overarching OT21-2103 grant strategies, as well as additional strategies prioritized by the grant recipient. Priority activities for each strategy center on improved infrastructure to support testing, contact tracing, and vaccination. The four grant strategies are:
 1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
 2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic
 3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
 4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved
- Work with grant recipients to strengthen and improve organizational capacity to address and reach populations at increased risk for COVID-19
- Assist grant recipients in the development of performance measurement and management systems to track progress and improve performance related to COVID-19
- Work with grant recipients to establish, implement, or enhance leadership-level health equity offices, workgroups, task forces, or positions to guide addressing COVID-19 among communities at higher risk and that are underserved
- Assist grant recipients with developing culturally and linguistically tailored COVID-19 responder trainings and resources
- Work with grant recipients to help foster an inclusive workplace and collaborative environment and to recruit and/or hire a workforce that reflects the communities being served
- Provide grant recipients jurisdiction-specific infrastructure-related technical assistance as requested

Process Measures *

- Number of TA requests made by OT21-2103 grant recipients for support in updating jurisdictional COVID-19 plans and health equity plans to support communities

most at risk for COVID-19 with the intention of setting up systems that put in place infrastructures and plans that can also support future emergency responses

- Number of OT21-2103 grant recipients receiving TA to update jurisdictional COVID-19 plans and health equity plans
- Number of tools, briefs, and protocols developed
- Number of public health responders completed trainings

Outputs *

- Development of trainings, tools, briefs, and protocols

Budget Period Outcomes *

Improved operational capacity by OT21-2103 grant recipients to evaluate, manage, and improve public health systems to address COVID-19 health disparities

Outcome Measures *

Proportion of jurisdictional COVID-19 plans and health equity plans that were updated by OT21-2103 grant recipients

Program Strategy: Partnerships

Activities *

Partnership activities to be completed as part of this project include:

- Delivery of technical assistance to support OT21-2103 grant recipients in identifying and establishing multi-sector collaborations with critical partners to reach disproportionately impacted populations. OT21-2103 grant recipients may request technical assistance in identifying and establishing partnerships/collaborations for the four overarching OT21-2103 grant strategies, as well as additional strategies prioritized by the grant recipient. Priority activities for each strategy center on improved testing, contact tracing, and vaccination. The four grant strategies are:

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
 2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic
 3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
 4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved
- Coordinate and collaborate with other organizations funded to provide technical assistance to OT21-2103 grant recipients to minimize duplication and ensure efficient and effective TA.

Process Measures *

- Number of TA requests made by OT21-2103 grant recipients for support in identifying or establishing multi-sector partnerships, by grant recipient, grant recipient type (i.e., local health department), and population of interest
- Number of OT21-2103 grant recipients receiving TA to identify or establish multi-sector partnerships, by grant recipient, grant recipient type (i.e., local health department), and population of interest

Outputs *

- List of facilitated partnerships, by requesting OT21-2103 recipient, recipient type (i.e., local health department), and population of interest

Budget Period Outcomes *

- Improved capacity by OT21-2103 grant recipients to establish and maintain partnerships within and across sectors to address COVID-19 health disparities

- Strengthened capability by OT21-2103 grant recipients to address COVID-19 health disparities collaboratively and strategically

Outcome Measures *

- Proportion of TA requests by OT21-2103 grant recipients to establish multi-sector partners that were facilitated by the TA provider

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient of this cooperative agreement should have the organizational capacity to:

- Serve as subject matter experts providing technical assistance to OT21-2103 grant recipients in:
 - Improving operational capacity, establishing, and maintaining results-driven partnerships focused on at-risk and underserved populations, including racial/ethnic minorities and rural communities

42/200 words maximum

Program Experience

The recipient of this cooperative agreement should demonstrate experience:

- Working with local health departments
- Working with at-risk and underserved populations, including racial/ethnic minorities and rural communities, or partnering with organizations who have this experience
- Conducting community-based participatory assessments

34/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient of this cooperative agreement is expected to collaborate with CDC, OT21-2103 grant recipients, and other partner organizations funded to provide TA and training to OT21-2103 recipients to coordinate the support provided, minimize duplication, and ensure efficient and effective TA. It is also expected the recipient of this cooperative agreement will facilitate collaborations with community members and others as necessary to successfully complete the scope of work.

67/200 words maximum

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

It is not anticipated that the recipient of this cooperative agreement will need to subcontract work. However, the recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise in order to provide robust technical assistance to OT21-2103 grant recipients

42/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.

39/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

9/10 words maximum

CIO Lookup

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Tribal health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

100,000

Funding Appropriation *

75-21-0947

Funding Statutory Authority *

42 U.S.C. Sections 247b, (317K2; Patient Pro&AC/

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☒

Intermediate: Increased capability of public health systems to achieve nationally established standards

No ☐

No ☐

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

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☐

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☐

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

Yes ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The recipient will collaborate with NCEH/ATSDR and relevant partners to begin planning for a series of 1.5 day regional Tribal EH summits. This should include developing multiple budget options to convene the summits while taking into consideration regional EH differences and needs. The recipient and NCEH/ATSDR will use the findings from the 2019 report, 'Environmental Health Discussion Sessions in Indian Country' as one source to inform the planning. Actual implementation of the summits is anticipated to take place in the following year.

Primary activities include:

- Developing a planning and implementation strategy that include multiple budget options, suggested format, venue, regional locations, attendees (i.e. Tribal leaders, elders and community members), topics, workshops and potential presenters and speakers.
- Identifying opportunities to maximize participation such as convening the summits in conjunction with existing Tribal conferences or meetings.
- Identifying potential partners and stakeholders to participate in the planning process and actual summits.

147/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Identify and suggest unique and relevant EH summit topics and potential activities that can address EH and environmental justice issues impacting the public health systems and infrastructure in Indian Country

Process Measures *

The number of relevant topics and activities identified

Outputs *

Identified and suggested topics and summit activities that address EH issues impacting the public health systems and infrastructure

Budget Period Outcomes *

A completed comprehensive plan and strategy for convening the series of summits that includes summit topics and activities designed to address public health systems and infrastructure.

Outcome Measures *

Proposed tribal regional summit agenda(s)

Program Strategy: Partnerships

Activities *

Identify potential and relevant partners and stakeholders who focus on Tribal EH and EJ issues, to participate in the planning process and actual summits

Process Measures *

Number of relevant partners and stakeholders identified

Outputs *

Identified partners and stakeholders

Budget Period Outcomes *

Completed comprehensive plan and strategy that includes appropriate partners and stakeholders to

participate in the planning process and the series of summits

Outcome Measures *

Relevant partners and stakeholders identified to participate in regional summits

Program Strategy: Programs and Services

Activities *

Identify potential EH programs and services that Tribal communities could benefit learning about.

Identify other agencies, partners and stakeholders that are implementing EH focused programs and services that could be of benefit to the summit participants and build their capacity to address EH issues in their communities.

Process Measures *

Number of identified relevant programs and services that can increase knowledge and build the capacity of participants to address EH issues in their communities.

Outputs *

Identified programs and services for increasing knowledge and building capacity.

Budget Period Outcomes *

Completed comprehensive plan and strategy for convening the series of summits.

Outcome Measures *

Proposed tribal regional summit agendas with identified partners, programs, and services

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient should be able to demonstrate their dedication and history of working to improve EH outcomes and address environmental injustices in Tribal communities and have access to a comprehensive network of Tribal partners. The recipient should have the ability assess existing health disparities and identify capacity building needs. Additionally, the recipient should have expertise in convening conferences and meetings designed to impart knowledge and build the capacity of Tribal communities to address EH issues.

74/200 words maximum

Program Experience

The recipient should demonstrate:

- Subject matter expertise in Tribal EH issues and topics
- Experience in planning for and convening meetings or summits with Tribal communities, Tribal EH professionals and other Tribal members; and
- Existing working relationships with other agencies and organizations that address Tribal EH focus issues.

47/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient is expected to actively collaborate with NCEH/ATSDR and other relevant partners and stakeholders throughout the project period.

18/200 words maximum

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

The need for sub-contractual work is not anticipated for this phase of the project.

13/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

State Support for COVID-19 Health Equity: TA for OT21-2103 Recipients

Do not use all capital letters.

9/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions☐

No

Target Population Description *

State health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

4,000,000

Funding Appropriation *

75-X-0140

Funding Statutory Authority *

OT21-2103's purpose: This \$2.25 billion grant is fur

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☐

Intermediate: Increased capability of public health systems to achieve nationally established standards

Yes ☐

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

No ☐

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to provide technical assistance and support to state public health departments receiving funding through OT21-2103, *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*. The recipient of this funding will support OT21-2103 grant recipients in improving public health systems infrastructure and establishing and maintaining results-driven partnerships that address COVID-19 related disparities associated with at-risk and underserved populations, including racial/ethnic minorities and rural communities

81/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Infrastructure activities to be completed as part of this project may include:

- Delivery of technical assistance to support OT21-2103 grant recipients in building, leveraging, and expanding organization infrastructure support for the four overarching OT21-2103 grant strategies, as well as additional strategies prioritized by the grant recipient. Priority activities for each strategy center on improved infrastructure to support testing, contact tracing, and vaccination. The four grant strategies are:
 1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
 2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic
 3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
 4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved
- Work with grant recipients to strengthen and improve organizational capacity to address and reach populations at increased risk for COVID-19
- Assist grant recipients in the development of performance measurement and management systems to track progress and improve performance related to COVID-19
- Work with grant recipients to establish, implement, or enhance leadership-level health equity offices, workgroups, task forces, or positions to guide addressing COVID-19 among communities at higher risk and that are underserved
- Assist grant recipients with developing culturally and linguistically tailored COVID-19 responder trainings and resources
- Work with grant recipients to help foster an inclusive workplace and collaborative environment and to recruit and/or hire a workforce that reflects the communities being served
- Provide grant recipients jurisdiction-specific infrastructure-related technical assistance as requested

Process Measures *

- Number of TA requests made by OT21-2103 grant recipients for support in updating jurisdictional COVID-19 plans and health equity plans to support communities

most at risk for COVID-19 with the intention of setting up systems that put in place infrastructures and plans that can also support future emergency responses

- Number of OT21-2103 grant recipients receiving TA to update jurisdictional COVID-19 plans and health equity plans
- Number of tools, briefs, and protocols developed
- Number of public health responders completed trainings

Outputs *

- Development of trainings, tools, briefs, and protocols

Budget Period Outcomes *

Improved operational capacity by OT21-2103 grant recipients to evaluate, manage, and improve public health systems to address COVID-19 health disparities

Outcome Measures *

Proportion of jurisdictional COVID-19 plans and health equity plans that were updated by OT21-2103 grant recipients

Program Strategy: Partnerships

Activities *

Partnership activities to be completed as part of this project include:

- Delivery of technical assistance to support OT21-2103 grant recipients in identifying and establishing multi-sector collaborations with critical partners to reach disproportionately impacted populations. OT21-2103 grant recipients may request technical assistance in identifying and establishing partnerships/collaborations for the four overarching OT21-2103 grant strategies, as well as additional strategies prioritized by the grant recipient. Priority activities for each strategy center on improved testing, contact tracing, and vaccination. The four grant strategies are:

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
 2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic
 3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
 4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved
- Coordinate and collaborate with other organizations funded to provide technical assistance to OT21-2103 grant recipients to minimize duplication and ensure efficient and effective TA.

Process Measures *

- Number of TA requests made by OT21-2103 grant recipients for support in identifying or establishing multi-sector partnerships, by grant recipient, grant recipient type (i.e., state health department), and population of interest
- Number of OT21-2103 grant recipients receiving TA to identify or establish multi-sector partnerships, by grant recipient, grant recipient type (i.e., state health department), and population of interest

Outputs *

- List of facilitated partnerships, by requesting OT21-2103 recipient, recipient type (i.e., state health department), and population of interest

Budget Period Outcomes *

- Improved capacity by OT21-2103 grant recipients to establish and maintain partnerships within and across sectors to address COVID-19 health disparities
- Strengthened capability by OT21-2103 grant recipients to address COVID-19 health disparities collaboratively and strategically

Outcome Measures *

- Proportion of TA requests by OT21-2103 grant recipients to establish multi-sector partners that were facilitated by the TA provider

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE**Note: Please do not specify recipient.**

Organizational Capacity

The recipient of this cooperative agreement should have the organizational capacity to:

- Serve as subject matter experts providing technical assistance to OT21-2103 grant recipients in:
 - Improving operational capacity, establishing, and maintaining results-driven partnerships focused on at-risk and underserved populations, including racial/ethnic minorities and rural communities

42/200 words maximum

Program Experience

The recipient of this cooperative agreement should demonstrate experience:

- Working with state health departments
- Working with at-risk and underserved populations, including racial/ethnic minorities and rural communities, or partnering with organizations who have this experience
- Conducting community-based participatory assessments

34/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient of this cooperative agreement is expected to collaborate with CDC, OT21-2103 grant recipients, and other partner organizations funded to provide TA and training to OT21-2103 recipients to coordinate the support provided, minimize duplication, and ensure efficient and effective TA. It is also expected the recipient of this cooperative agreement will facilitate collaborations with community members and others as necessary to successfully complete the scope of work.

67/200 words maximum

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

It is not anticipated that the recipient of this cooperative agreement will need to subcontract work. However, the recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise in order to provide robust technical assistance to OT21-2103 grant recipients.

42/200 words maximum

BUDGET INSTRUCTIONS**General Instructions for Use of Funds, as applicable**

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.

39/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded

☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

No

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

State health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 800,000

Funding Appropriation *

CARES Act funds and Coronavirus Response and

Funding Statutory Authority *

ERR ID: 20-15-5386

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☐

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health Yes ☐

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically Yes ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

This program seeks to strengthen public health communication through meeting real-time COVID-19 pandemic communication needs, focusing on health literacy, culture, and diversity needs; rapidly deploying health comms education and training to PIOs, PAOs, and other health communicators throughout the public health system, primarily at the state level; providing technical assistance to jurisdictions as needed to support their challenges; and enhancing channels for effectively and rapidly disseminating emergency communication messages in collaboration with CDC, HHS and other partners. As each jurisdiction works to keep America safe during the COVID-19 pandemic, based on data and addressing local needs, national messages need to be adapted for local needs and delivered by trusted public health professionals; the federal response needs to have a trusted channel or organization that can activate their membership to rapidly assess local needs, then deliver customized and consistent lifesaving messages when and where they are needed most.

144/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

- Using existing networks or communication systems, build on any existing and relevant knowledge to facilitate or create opportunities for collaboration around COVID-19 communication; increase capacity for public health communication among public information officers (PIOs), public affairs officers (PAOs), and other communicators and public health officials with communication responsibilities throughout the public health system, primarily at the state level; community of practice approach should encourage PIOs, PAOs, and health communicators at health departments to share and use what they learn both in their own health departments, regionally, and nationally
- Deliver lifesaving COVID-19 messages and communication products appropriate for the needs of state and territorial jurisdictions; could focus on COVID-19 vaccine, testing, or prevention messaging tailored to specific populations; for example, vaccine uptake could be applied as a use case for other public health problems and emergencies – since PIOs, PAOs, and health communicators at health

departments need to reach the same groups of people for COVID-19 vaccination as for other diseases or vaccines or in health emergencies; activities might include (but not be limited to):

- COVID-19 prevention messaging
- COVID-19 vaccine messaging, including post-vaccination activities
- COVID-19 success stories
- Support PIOs, PAOs, and other health communicators in addressing health inequities and in using health equity principles when developing messages and materials, so that PIOs, PAOs, and other health communicators can communicate appropriately with all members of the communities they serve
 - Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities
 - Public health programs, policies, and practices must recognize and respect the diversity of the communities they are trying to reach; when communicating about disparities, emphasizing the value of ensuring that everyone has an equal opportunity for health and reducing disparities contributes to the common good and benefits all
- Build a foundation of trust for local partners through partner outreach; this will ideally build trust and get people (and partners) to look at their health departments as trusted messengers and sources of information – trust in program is a long-term benefit (and no communication problem is solely a communication problem)
- Support and help increase PIO, PAO, and health communicator capacity to use and teach others to conduct **rapid community assessments** to gain local insight for actions needed to improve public health communication and confidence activities related to COVID-19 at state and territorial health departments
 - Develop and deliver a Train the Trainer course with shareable instructional materials to help PIOs learn how to conduct social listening activities, gain insight about their local communities, then tailor national strategies to meet local needs; this Train the Trainer approach will seed expertise among a distributed group of PIOs, PAOs, and health communicators at state and territorial health departments that will support a rapid diagnostic approach for rapid community assessments resulting in action/customization of messages to suit local information-seeking needs of audiences and proactively address misinformation
 - Course should train at least one PIO, PAO, or health communicator participant in each U.S. state and territory to conduct social listening activities to focus on and develop local data-driven localized public information/media activities customized to fill information voids and provide clarity around COVID-19 vaccination messaging and outreach, in alignment with an “infodemic management” approach of addressing the overwhelming amount of information—including misinformation—that accompanies acute public health events

- Conduct an evaluation throughout the project and implement approved strategies that improve the overall effectiveness of the work
- Process Measures *

- Number of states and territories participating in community of practice
- Quality/quantity of COVID-19 communication messages/products dissemination by PIOs, PAOs, health communicators, and public health officials with communication responsibilities
- Number of participants in Train the Trainer course

Outputs *

- Existing systems/platforms are expanded/supported that foster communication and collaboration among PIOs, PAOs, health communicators, and public health officials with communication responsibilities
- State and territorial PIOs, PAOs, and other public health communicators attend trainings, use resources, and collaborate to improve public health communication related to COVID-19 at health departments
- Train the Trainer course developed and implemented
- Evaluation plan developed and implemented

Budget Period Outcomes *

- Demonstrated improvement of PIOs, PAOs, and health communicator capacity related to COVID-19 at health departments
- Public health information is rapidly disseminated to the public through state and territorial PIOs, PAOs, and other public health communicators during the COVID-19 public health emergency

Outcome Measures *

- Number of and diversified geographical location of PIOs, PAOs, and other public health communicators in network assessed/quantified
- Amount of engagement measured among state and territorial PIOs, PAOs, and other public health communicators on health communication activities/trainings/resources
- Number of health communication messages/activities deployed by PIOs, PAOs, and other public health officials and communicators during the COVID-19 public health emergency

Program Strategy: Partnerships

Activities *

- Collaborate with CDC to provide technical assistance to PIOs, PAOs, and other health communicators by leveraging the network to identify communication gaps, serving as a means to connect participants to communication resources
- Collaborate on activities with CDC, HHS, and other public health partners regarding public health communication, training, and emerging issues related to COVID-19
- Conduct an evaluation throughout the project and implement approved strategies that strengthen communication channels or relationships between PIOs, PAOs, health communicators at the health department level and CDC, HHS, and other partners

Process Measures *

- Quality/quantity of technical assistance to PIOs, PAOs, and other health communicators
- Quality/quantity of collaboration between PIOs, PAOs, health communicators, and other health communicators and CDC, HHS, and other public health partners

Outputs *

- Implemented opportunities for sharing best practices
- Enabled collaboration and sharing of communication resources and best practices in network
- Evaluation plan developed and implemented

Budget Period Outcomes *

- Strengthened communication relationships among PIOs, PAOs, and health communicators, and among CDC, HHS, and other partners

Outcome Measures *

- Amount of engagement/partnership activities assessed/quantified between PIOs, PAOs, and health communicators and other partners, including CDC, HHS, and other partners

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE**Note: Please do not specify recipient.****Organizational Capacity**

Organization should have capacity to leverage existing networks of PIOs, PAOs, and other health communicators throughout the public health system, primarily at the state level, to achieve project goals. The organization should also have the capacity and ability to rapidly accommodate surges related to major disease outbreaks and other public health crises. The organization should have knowledge, skills, and ability to provide technical assistance related to public health communication topics. The organization should demonstrate experience and ability in conducting needs assessments and evaluation of public health communication program and/or activities.

89/200 words maximum

Program Experience

Applicants should demonstrate experience working with a network of public health PIOs, PAOs, and other health communicators throughout the public health system, primarily at the state level, that can facilitate collaboration and builds capacity among public health entities. Applicants should show experience in rapidly mobilizing and disseminating information during a public health emergency. Further, the applicant should demonstrate a strong organizational understanding and experience in communication needs assessment, evaluation, and technical assistance

71/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

Collaborate with CDC and other public health organizations to access communication priorities, challenges, trends, and opportunities—paying particular attention to the perspectives of public health PIOs, PAOs, and other health communication professionals who work in state and territorial health departments.

38/200 words maximum

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

Any potential subcontractors should demonstrate same organizational capacity as mentioned above:

Organization should have capacity to leverage existing networks of PIOs, PAOs, and other health communicators throughout the public health system, primarily at the state level, to achieve project goals. The organization should also have the capacity and ability to rapidly accommodate surges related to major disease outbreaks and other public health crises. The organization should have knowledge, skills, and ability to provide technical assistance related to public health communication topics. The organization should demonstrate experience and ability in conducting needs assessments and evaluation of public health communication program and/or activities.

98/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

Project Plan Round

Admin Update

☐ Funded ☐ Unfunded

Round 2

No

Recipient Name

Update CIO No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Territorial Support for COVID-19 Health Equity: TA for OT21-2103 Recipients

Do not use all capital letters.

9/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions☐

No

Target Population Description *

Territorial health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

2,000,000

Funding Appropriation *

75-X-0140

Funding Statutory Authority *

OT21-2103's purpose: This \$2.25 billion grant is fur

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☐

Intermediate: Increased capability of public health systems to achieve nationally established standards

Yes ☐

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

No ☐

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

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

Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to provide technical assistance and support to territorial public health departments receiving funding through OT21-2103, *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural*

Communities. The recipient of this funding will support OT21-2103 grant recipients in improving public health systems infrastructure and establishing and maintaining results-driven partnerships that address COVID-19 related disparities associated with at-risk and underserved populations, including racial/ethnic minorities and rural communities.

81/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Infrastructure activities to be completed as part of this project may include:

- Delivery of technical assistance to support OT21-2103 grant recipients in building, leveraging, and expanding organization infrastructure support for the four overarching OT21-2103 grant strategies, as well as additional strategies prioritized by the grant recipient. Priority activities for each strategy center on improved infrastructure to support testing, contact tracing, and vaccination. The four grant strategies are:
 1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
 2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic
 3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
 4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved
- Work with grant recipients to strengthen and improve organizational capacity to address and reach populations at increased risk for COVID-19
- Assist grant recipients in the development of performance measurement and management systems to track progress and improve performance related to COVID-19
- Work with grant recipients to establish, implement, or enhance leadership-level health equity offices, workgroups, task forces, or positions to guide addressing COVID-19 among communities at higher risk and that are underserved
- Assist grant recipients with developing culturally and linguistically tailored COVID-19 responder trainings and resources

- Work with grant recipients to help foster an inclusive workplace and collaborative environment and to recruit and/or hire a workforce that reflects the communities being served
- Provide grant recipients jurisdiction-specific infrastructure-related technical assistance as requested

Process Measures

- Number of TA requests made by OT21-2103 grant recipients for support in updating jurisdictional COVID-19 plans and health equity plans to support communities most at risk for COVID-19 with the intention of setting up systems that put in place infrastructures and plans that can also support future emergency responses
- Number of OT21-2103 grant recipients receiving TA to update jurisdictional COVID-19 plans and health equity plans
- Number of tools, briefs, and protocols developed
- Number of public health responders completed trainings

Outputs *

- Development of trainings, tools, briefs, and protocols

Budget Period Outcomes *

- Improved operational capacity by OT21-2103 grant recipients to evaluate, manage, and improve public health systems to address COVID-19 health disparities

Outcome Measures *

Proportion of jurisdictional COVID-19 plans and health equity plans that were updated by OT21-2103 grant recipients

Program Strategy: Partnerships**Activities ***

Partnership activities to be completed as part of this project include:

- Delivery of technical assistance to support OT21-2103 grant recipients in identifying and establishing multi-sector collaborations with critical partners to reach disproportionately impacted populations. OT21-2103 grant recipients may request technical assistance in identifying and establishing partnerships/collaborations for the four overarching OT21-2103 grant strategies, as well as additional strategies prioritized by the grant recipient. Priority activities for each strategy center on improved testing, contact tracing, and vaccination. The four grant strategies are:
 1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
 2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic
 3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
 4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved
- Coordinate and collaborate with other organizations funded to provide technical assistance to OT21-2103 grant recipients to minimize duplication and ensure efficient and effective TA.

Process Measures *

- Number of TA requests made by OT21-2103 grant recipients for support in identifying or establishing multi-sector partnerships, by grant recipient, grant recipient type (i.e., territorial health department), and population of interest
- Number of OT21-2103 grant recipients receiving TA to identify or establish multi-sector partnerships, by grant recipient, grant recipient type (i.e., territorial health department), and population of interest

Outputs *

- List of facilitated partnerships, by requesting OT21-2103 recipient, recipient type (i.e., territorial health department), and population of interest

Budget Period Outcomes *

- Improved capacity by OT21-2103 grant recipients to establish and maintain partnerships within and across sectors to address COVID-19 health disparities
- Strengthened capability by OT21-2103 grant recipients to address COVID-19 health disparities collaboratively and strategically

Outcome Measures *

- Proportion of TA requests by OT21-2103 grant recipients to establish multi-sector partners that were facilitated by the TA provider

Program Strategy: Programs and Services**Activities ***

Service activities to be completed as part of this project include:

- Serve as the principle point of contact for receipt of requests and coordination of technical assistance and support for the selection, planning, implementation, evaluation and dissemination of best and promising practices to OT21-2103 grant recipients. OT21-2103 grant recipients may request technical assistance in the selection, assessment, translation, and dissemination of EBPs and/or best or promising practices to address COVID-19 related disparities for the four overarching OT21-2103 grant strategies, as well as additional strategies prioritized by the grant recipient. Priority activities for each strategy center on improved testing, contact tracing, and vaccination. The four grant strategies are:
 - 1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
 - 2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic

3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved

- Coordinate and collaborate with other organizations funded to provide technical assistance to OT21-2103 grant recipients in selecting, planning, implementing, evaluating and disseminating contextually relevant evidence-based practices (EBPs) and/or best or promising practices designed to address barriers to COVID-19 prevention and control, with at-risk and underserved populations, including racial/ethnic minorities and rural communities in US territories and freely associated states.
- Delivery of hands-on technical assistance to support OT21-2103 grant recipients in adapting and/or tailoring EBPs and/or best or promising practices, where appropriate, for optimal uptake and effective implementation with at-risk and underserved populations, including racial/ethnic minorities and rural communities.
- Delivery of hands-on technical assistance to support OT21-2103 grant recipients with implementation and/or scale-up of EBPs and/or best or promising practices.
- Collaboration with OT21-2103 grant recipients, local equity-focused partners and community members to evaluate implementation of select EBPs, best or promising practices, and/or innovations using community-based, participatory methods.

Process Measures *

- Number of TA requests made by OT21-2103 grant recipients for support in the selection, assessment, translation, implementation, evaluation and dissemination of EBPs, best, or promising practices to address COVID-19 related disparities associated with at-risk and underserved populations, including racial/ethnic minorities and rural communities, by grant recipient, grant recipient type (i.e., territorial health department), grant strategy, and population of interest.
- Number of OT21-2103 grant recipient TA requests for best practice-related assistance met/fulfilled by funded partner.

- Number of EBPs, best, or promising practices adapted or tailored, by grant recipient, grant recipient type (i.e., territorial health department), grant strategy, and population of interest.
- Number of EBPs, best, or promising practices implemented or scaled-up, by grant recipient, grant recipient type (i.e., territorial health department), grant strategy, and population of interest.
- Number of trainings, tools, practice briefs, communications, and publications developed to support dissemination of innovative solutions, EBPs, and/or best or promising practices by population of interest and grant strategy.

Outputs *

- Trainings, tools, practice briefs, and communication materials.

Budget Period Outcomes *

- Improved capacity by OT21-2103 grant recipients to identify, prioritize, and customize EBPs and/or best or promising practices to address COVID-19 health disparities.
- Increased capability by OT21-2103 grant recipients to implement evidence-based/informed public health programs, policies, and services to address COVID-19 health disparities.

Outcome Measures *

- Proportion of EBPs and/or best or promising practices identified by the TA provider that were implemented and/or scaled up by OT21-2103 grant recipients.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient of this cooperative agreement should have the organizational capacity to:

- Serve as subject matter experts providing technical assistance to OT21-2103 grant recipients in:
 - Improving operational capacity, establishing, and maintaining results-driven partnerships focused on at-risk and underserved populations, including racial/ethnic minorities and rural communities

42/200 words maximum

Program Experience

The recipient of this cooperative agreement should demonstrate experience:

- Working with territorial health departments
- Working with at-risk and underserved populations, including racial/ethnic minorities and rural communities, or partnering with organizations who have this experience
- Conducting community-based participatory assessments

34/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient of this cooperative agreement is expected to collaborate with CDC, OT21-2103 grant recipients, and other partner organizations funded to provide TA and training to OT21-2103 recipients to coordinate the support provided, minimize duplication, and ensure efficient and effective TA. It is also expected the recipient of this cooperative agreement will facilitate collaborations with community members and others as necessary to successfully complete the scope of work.

67/200 words maximum

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

It is not anticipated that the recipient of this cooperative agreement will need to subcontract work. However, the recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise in order to provide robust technical assistance to OT21-2103 grant recipients.

42/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.

39/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision	Project Plan Round	Admin Update
☐ Funded ☐ Unfunded	Round 2	No

Recipient Name

Update CIO

No

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Tribal Modernization Of Case Reporting And Surveillance

Do not use all capital letters.

6/10 words maximum

CIO Lookup

CIO

Division *

Other

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions☐

No

Target Population Description *

Tribal Health Departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

NA

Funding Statutory Authority *

NA

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☒

Intermediate: Increased capability of public health systems to achieve nationally established standards

Yes ☒

No ☐

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

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Yes ☒

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health

Yes ☒

Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health

Yes ☒

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

To develop and disseminate a roadmap for improving the case reporting process to benefit tribal

public health. The roadmap should identify the challenges that currently impact data availability and surveillance activities within tribal public health and should identify strategies and best practices to improve surveillance activities. The roadmap should include a strategy for leveraging electronic Case Reporting (eCR) capabilities through the APHL Informatics Messaging Service (AIMS) and the Reportable Content Knowledge Management System (RCKMS), and should be informed by the tribal governments and other tribal public health authorities. Recommendations should include information on informatics infrastructure.

93/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Analyze and report on barriers to access of data and surveillance that impact tribal health.
Analyze public health reporting infrastructure and shared service technologies that can improve case reporting for tribal health.

Process Measures *

Identification of tribal health reporting needs and identify existing infrastructure and technology availability.

Outputs *

Roadmap for tribal healthcare organizations to support decision making to improve informatics, case reporting, and surveillance capacity

Budget Period Outcomes *

Resources available and disseminated to tribal leadership and healthcare organizations in tribes to support improved decision making

Outcome Measures *

% of Tribal health and partners with improved ability to make decisions and improved access to reference material for planning purposes.

Program Strategy: Data and Information Systems

Activities *

Analyze case reporting and data modernization challenges experienced by tribal governments and Tribal Epidemiology Centers (TECs) for COVID-19 and for other reportable conditions. Analyze opportunities to leverage shared solutions (such as eCR) available to improve these challenges. Disseminate roadmap to tribal governments, other tribal public health authorities, and partners.

Process Measures *

of shared services and technology solutions identified that can be leveraged to support tribal health

Outputs *

Roadmap section including solutions that can improve data and information systems for tribal governments and other tribal public health authorities.

Budget Period Outcomes *

Increased understanding of and preparation for improving data and information systems among tribal governments, other tribal public health authorities, and partners.

Outcome Measures *

of Tribal governments and other tribal public health authorities with a plan and strategy towards

improving data and information systems and leveraging eCR.

Program Strategy: Laws and Policies

Activities *

Identify the public health authority for tribal governments and TECs to receive data, including data received directly from providers and laboratories and data shared by state or local public health agencies. Analyze tribal governments and TECs' public health authority for surveillance of reportable conditions. Include variables that impact the race/ethnicity identification needed to ensure proper reporting to tribes for tribal members living both on and off tribal lands

Process Measures *

of tribal governments and TECs considered for analysis of public health authority for surveillance of reportable conditions.

Outputs *

Inclusion in the roadmap of the clear public health authority for tribal governments and TECs to receive data on reportable and notifiable conditions

Budget Period Outcomes *

Disseminated information on public health authority held by tribal governments and TECs

Outcome Measures *

of Healthcare organizations, state and local health agencies, and tribal governments have clearly documented resources to identify public health authority

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient has strong knowledge of and relationships with tribal government and tribal epidemiology centers. Recipient has existing knowledge of informatics items such as surveillance systems used in public health and reporting types such as syndromic, electronic lab reporting, electronic case reporting, and immunization registries.

44/200 words maximum

Program Experience

The recipient program has experience working with tribal governments and CDC to develop roadmaps and strategies for improving public health capacity. The recipient has experience in the policy space to identify public health reporting legal requirements and determine public health authorities (and limitations of said authority).

46/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Recipient will collaborate with electronic case reporting (eCR) team at CDC and other national partner organizations. A pre-existing relationship with national public health organizations for laboratories and epidemiologists is not required and CDC will facilitate these relationships if necessary after award.

39/200 words maximum

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

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

Yes

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 –July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

800,000

Funding Appropriation *

75-2021-0943 Safe Motherhood

Funding Statutory Authority *

42 U.S. Code § 247b–12 - Safe motherhood/Infant

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs Yes ☐

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance No ☐

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically Yes ☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Yes

☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes

☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Yes

☒

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No

☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No

☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No

☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No

☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to establish a learning collaborative (LC) to build epidemiologic workforce capacity and inform data strategies for promoting racial equity in maternal and child health across the lifespan. The LC teams will use and adapt the racial equity data road map framework developed by the Massachusetts Department of Public Health - <https://www.mass.gov/service-details/racial-equity-data-road-map>). LC state teams will receive training and technical assistance on building workforce capacity and leadership to address racial equity through the use of data collection, analysis, interpretation and dissemination. Using tools from the framework, state teams will complete a program readiness assessment; develop strategies to address gaps in

data collection, quality, analysis, and messaging; and implement steps toward effectively using data to inform policies that optimize maternal and child health across the life span and promote racial equity.

135/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

A National Organization, in collaboration with CDC Technical Monitors, will develop and coordinate activities to increase workforce capability and leadership skills in the following areas:

- Convene state health department workforce LC teams representing maternal and child health (MCH), chronic disease, public health policy, health equity, data governance and/or IT/data
 - Assess workforce needs in understanding structural racism and the role that data can have in perpetuating and failing to address inequities in health
 - Conduct workforce readiness assessments, i.e., does the workforce have knowledge and capability on how to use data to promote racial equity within MCH and MCH-related programs; what are workforce strengths and the cultural context
 - Provide technical assistance and training to LC teams in collecting, analyzing, improving the quality of, communicating and using MCH-related data for public health decision making to close gaps in health outcomes by race and ethnicity
 - Assist states in creating workplans that identify strategies and action steps to improve workforce capacity and leadership skills using the racial equity data road map framework
- Assist states in tracking improvements and changes in using data equitably

Process Measures *

- Kick-off meeting with selected LC teams
- LC teams completed workforce readiness assessments
- LC teams have created workplans using the racial equity data road map framework
- LC teams received technical assistance and training in collecting, analyzing, improving the quality of, communicating and using data equitably
- LC teams track improvements and changes in using data equitably

Outputs *

- Workforce readiness assessments and workplan documents
- Tracking system to measure progress in implementing state workplans

- Training materials and guidance documents related to building equitable data systems

Budget Period Outcomes *

- LC teams improve workforce and leadership capacity to identify and prioritize a racial equity perspective within its MCH and MCH-related programs (Short Term)
- LC teams implement workplans using the strategies and actions identified from the training and technical assistance received (Short Term)
- LC teams improve data based decision-making to strategically and systematically address racial equity in MCH programs and policies (Intermediate)

Outcome Measures *

- % of LC teams reporting improved workforce and leadership capacity to identify and prioritize racial equity in MCH
- # of strategies and actions implemented to improve workforce capacity and leadership skills in MCH data and racial equity
- # of LC teams with workplans completed using the racial equity data road map framework

Program Strategy: Data and Information Systems

Activities *

A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors:

- Convene peer-to-peer workforce teams to describe best practices and challenges in in data collection and analysis and initiate a racial equity data road map process
- Adapt the Massachusetts racial equity data road map to the needs of participating LC teams
- Provide technical assistance to state public health department teams on analysis of root causes of inequities, interpretation and communication of data, and design of effective data-informed solutions and strategies to address racial inequities
- Assist state teams in assessing their program's data readiness, i.e., does the program have the knowledge, resources, and capacity to collect and use data to promote racial equity
- Provide technical assistance and training to state public health department teams on best practices for collecting and analyzing MCH life span data, including disaggregating data by race and ethnicity (or a proxy variable), and then assessing for inequities by subgroup
- Host an online collaboration platform (e.g., Sharepoint) and provide virtual facilitation, and coordination of subject matter expertise / content for monthly peer learning and sharing sessions that

include content on integrating racial equity data road map milestones, opportunities for state teams to share their progress, and facilitated peer to peer sharing

- Develop an assessment and final report detailing the action learning collaborative, the racial equity road map adaptations, data readiness assessments, lessons learned, and best practices

Process Measures *

- # of LC peer-to-peer workforce teams convened to describe best practices and challenges in addressing MCH and MCH-related inequities in data collection and analysis LC teams have received technical assistance in adapting the framework
- # of LC teams who've received technical assistance on interpretation of data, analysis of root causes of inequities, and design of effective data-informed solutions and strategies to address racial inequities
- # of LC teams who've received technical assistance in developing their program's data readiness process
- # of LC teams who've received technical assistance and training on best practices for collecting and analyzing MCH-related data specific to racial equity
- # of LC teams with access to an online collaboration platform, and who have been provided virtual facilitation and coordination of subject matter expertise / content for monthly peer learning and sharing sessions
- # of LC teams who have received guidance on developing an assessment and final report

Outputs *

- Racial equity data road maps for each state team, including assessment timelines and planned activities (e.g., assessments to identify gaps, development of strategies to address gaps, action steps for program implementation)
- List of documented processes for each state to track improvements and changes in workforce capacity, and in data and MCH program capabilities and practices
- Summary reports for each LC team describing capacity assessment findings, strategies implemented to address inequities in data collection, management, analysis and reporting, and ways states/localities improved the use of data to inform racial equity, including barriers and facilitators to implementation, and an appendix of any training manuals and tools (e.g., data governance protocols)
- Final report detailing the action learning collaborative, the racial equity road map adaptations, data readiness assessments, lessons learned, best practices, and recommendations for future dissemination of the Racial Equity Data Roadmap framework

Budget Period Outcomes *

The development and implementation of activities to support racial equity data road maps within state/local public health department programs

Outcome Measures *

- LC teams report improved capacity in data and information systems to conduct public health monitoring and surveillance that promote racial equity in MCH populations (Short Term)
 - LC teams demonstrate (summary report documentation) an increased capability to use data to inform decision-making and support evidence-based practices and policies that promote racial equity in MCH populations (Intermediate)
- LC teams implement changes in MCH data collection and use data to address racial inequities (Long Term)

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have the

- Capacity to organize and conduct a complex action learning collaborative with multiple, diverse states and multidisciplinary teams
- Ability to engage subject matter experts or other organizations to fulfill the goals and objectives of the LC, specifically regarding use of the Massachusetts data equity road map, the topic of institutional and structural racism, and the use of data to address this topic
- Experience with state/local public health departments
- Experience in engaging community stakeholders
- Experience conducting successful virtual meetings, trainings, collaboration platforms, technical assistance, etc.

The applicant will need to have capacity to plan and provide logistical support for an in-person or virtual meeting, from approximately 5-8 participating sites. The applicant should have the capacity to provide detailed meeting minutes to the CDC within 4 weeks of meetings.

- The applicant should have the ability to produce reports which synthesize the technical aspects of the project.

150/200 words maximum

Program Experience

- Experience in required content areas including: maternal and child health; chronic disease; workforce capacity; epidemiology data collection, governance and use in state health department systems; policy and system assessment; and racial equity
- Experience using multiple modes of communication
- Experience in synthesizing large amounts of information and developing templates, tools/toolkits, environmental scans /assessments, reports
- Experience in hosting virtual (online) learning, and peer collaboration platforms (using SharePoint or similar tool)
- Experience in hosting complex virtual and in-person trainings and meetings
- Experience in providing direct technical assistance to state health departments

91/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

The awardee is responsible for developing and administering a learning collaborative and the assessments, writing final reports, and establishing and providing technical assistance to multi-disciplinary state public health department LC teams (LC teams). The awardee is responsible for assisting each state public health department in identifying LC team members who represent a diverse and multidisciplinary workforce from maternal and child health epidemiology, chronic disease epidemiology, public health programming, public health policy, data governance, IT/data systems, and racial and/or health equity. Collaboration between the funded applicant and CDC's Technical Monitors (TMs) will occur throughout the project lifecycle. The CDC TMs will have involvement in developing technical and training materials and providing technical assistance in action learning collaborative activities.

117/200 words maximum

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

The applicant is expected to dedicate funding (amount TBD, subsequent to award of cooperative agreement) to a subcontract with an organization to advise the awardee and LC teams on facilitating complex meetings on sensitive subject matters and how to bring about change in data governance.

Subcontractor must have

- subject matter expertise in creating racially equitable organizations and systems, and

experience in facilitating use of the racial equity data road map framework developed by the Massachusetts Department of Public Health, including guiding a state in assessing and adapting data systems to address racial equity and institutional and structural racism.

95/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Use of funds may include, but is not limited to, costs related to personnel time, providing technical support on activity development, conduct, and dissemination, including:

- paying for subject matter experts with racial equity, policy and systems assessment, and data expertise
- securing and paying for in person and/or virtual meeting space and equipment
- paying for meeting attendee travel, if possible
- providing a meeting facilitator, and
- providing meeting materials, transcripts and summaries.

Travel related expenses to be paid using project funds should be consistent with per diem rates established by the US General Service Administration (<http://gsa.gov>).

93/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.

Category B CIO Project Plans



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

10/10 words maximum

CIO Lookup

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Health strategist workforce (leaders and mid-career professionals) in state, tribal, local and territorial health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

14/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 5,000,000

Funding Appropriation *

75-X-0140

Funding Statutory Authority *

Consolidated Appropriations Act, 2021 (P.L. 116-26)

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to provide technical assistance and support to state, local, and US territorial and freely associated public health departments receiving funding through OT21-2103, *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*. The recipient of this funding will work with the health strategist workforce to support OT21-2103 grant recipients in the assessment, translation, and dissemination of evidence-based practices (EBPs), and/or best or promising practices to address COVID-19 related disparities associated with at-risk and underserved populations, including racial/ethnic minorities and rural communities.

98/150 words maximum

Program Strategy: Programs and Services

Activities *

Service activities to be completed as part of this project include:

- Delivery of technical assistance directly and through the health strategist workforce to support OT21-2103 grant recipients in selecting, planning, and implementing contextually relevant evidence-based practices (EBPs) and/or best or promising practices designed to address barriers to COVID-19 prevention and control, with at-risk and underserved populations, including racial/ethnic minorities and rural communities. OT21-2103 grant recipients may request technical assistance in the selection, assessment, translation, and dissemination of EBPs and/or best or promising practices to address COVID-19 related disparities for the four overarching OT21-2103 grant strategies, as well as additional strategies prioritized by the grant recipient. Priority activities for each strategy center on improved testing, contact tracing, and vaccination. The four grant strategies are:
 1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
 2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic
 3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
 4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved
- Coordinate and collaborate with other organizations funded to provide technical assistance to OT21-2103 grant recipients to minimize duplication and ensure efficient and effective TA.
- Rapid identification and review of existing EBPs and/or best or promising practices to aid/inform OT21-2103 grant recipient selection of interventions and strategies that take a systems approach or address upstream social and structural determinants.
- Delivery of technical assistance to support OT21-2103 grant recipients in identifying and establishing multi-sector collaborations with critical partners currently implementing evidence-based practices (EBPs) and/or best or promising practices reaching disproportionately impacted populations.
- Delivery of technical assistance to support OT21-2103 grant recipients in adapting and/or tailoring EBPs and/or best or promising practices, where appropriate, for optimal uptake and effective implementation with at-risk and underserved populations, including racial/ethnic minorities and rural communities.

- Delivery of technical assistance to support OT21-2103 grant recipients with implementation and/or scale-up of EBPs and/or best or promising practices.
- Collaboration with OT21-2103 grant recipients, local equity-focused partners and community members to evaluate implementation of select EBPs, best or promising practices, and/or innovations using community-based, participatory methods.
- Development of training, tools, practice briefs, communications, and publications to support dissemination of innovative solutions and lessons learned, EBPs, and/or best or promising practices, including a centralized, web-based repository of clear, easy to access, on demand resources detailing the identified EBPs, and/or best or promising practices that is organized using a social and structural determinants of health or systems frame of reference.

Process Measures *

- Number of TA requests made by OT21-2103 grant recipients for support in the selection, assessment, translation, implementation and dissemination of EBPs, best, or promising practices to address COVID-19 related disparities associated with at-risk and underserved populations, including racial/ethnic minorities and rural communities, by grant recipient, grant recipient type (i.e., state, local, territorial health department), grant strategy, and population of interest.
- Number of EBPs, best, or promising practices identified, by grant recipient, grant recipient type (i.e., state, local, territorial health department), grant strategy, and population of interest.
- Number of EBPs, best, or promising practices adapted or tailored, by grant recipient, grant recipient type (i.e., state, local, territorial health department), grant strategy, and population of interest.
- Number of EBPs, best, or promising practices implemented or scaled-up, by grant recipient, grant recipient type (i.e., state, local, territorial health department), grant strategy, and population of interest.
- Number of trainings, tools, practice briefs, communications, and publications developed to support dissemination of innovative solutions, EBPs, and/or best or promising practices by population of interest and grant strategy.

Outputs *

- Web-based repository of clear, easy to access, on demand resources detailing the identified EBPs and/or best or promising practices that is organized using a social and structural determinants of health or systems frame of reference.
- Trainings, tools, practice briefs, and communication materials.
- Inventory of identified EBPs and/or best or promising practices shared with OT21-2103 grant recipients.
- New practice-based evidence and lessons learned are generated using community-based, participatory evaluation methods.
- Peer reviewed publications.

Budget Period Outcomes *

- Improved capacity by OT21-2103 grant recipients to identify, prioritize, and customize EBPs and/or best or promising practices to address COVID-19 health disparities.
- Increased capability by OT21-2103 grant recipients to implement evidence-based/informed public health programs, policies, and services to address COVID-19 health disparities.

Outcome Measures *

- Proportion of EBPs and/or best or promising practices identified by the TA provider that were implemented and/or scaled up by OT21-2103 grant recipients.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient of this cooperative agreement should have the organizational capacity to:

- Serve as a subject matter expert working with the health strategist workforce and providing technical assistance to 100+ OT21-2103 grant recipients in identifying, assessing, adapting, tailoring, and implementing EBPs and/or best or promising practices focused on at-risk and underserved populations, including racial/ethnic minorities and rural communities.
- Conduct assessments of EBPs and/or best or promising practices.
- Develop contextually relevant tools, trainings, practice briefs, communications, and publications to disseminate EBPs and/or best or promising practices to public health audiences.

85/200 words maximum

Program Experience

The recipient of this cooperative agreement should demonstrate experience:

- Working with health strategists in state, local, and territorial health departments.
- Working with at-risk and underserved populations, including racial/ethnic minorities and rural communities, including addressing health disparities and social/structural determinants of health with the goals of reducing health disparities or advancing health equity, or partnering with organizations who have this experience.
- Conducting community-based participatory assessments.

61/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient of this cooperative agreement is expected to collaborate with CDC, OT21-2103 grant recipients, the recipients of other federal grants working on identifying COVID-19 prevention and mitigation best practices, and other organizations funded to provide TA to OT21-2103 recipients to coordinate the support provided, minimize duplication, and ensure efficient and effective TA. It is also expected the recipient of this cooperative agreement will facilitate collaborations with community-based organizations, community members, and others as necessary to successfully complete the scope of work.

82/200 words maximum

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

It is not anticipated that the recipient of this cooperative agreement will need to subcontract work. However, the

6/30/2021

Nintex Forms for Office O365

recipient may propose subcontracting to supplement areas or activities requiring specialized subject matter expertise (e.g. expertise in rural health and creative/systematic community engagement) in order to provide robust technical assistance to OT21-2103 grant recipients.

51/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for research, clinical activities, or capital expenditures such as construction, renovations, or refurbishment.

39/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded

☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

No

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

9/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

8/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

5,000,000

Funding Appropriation *

75-2124-0943

Funding Statutory Authority *

Coronavirus Response and Relief Supplemental Act

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to reduce vaccine hesitancy at the community level by leveraging the expertise of chronic disease directors and leadership in promoting adult vaccination for persons living with chronic medical conditions as well as racial and ethnic populations living in rural and other communities. This project will require partnering with U.S. mayors and U.S. Military institutions to support increased vaccine confidence messaging strategies that promote vaccination, including COVID-19, Influenza, and routine adult immunization

76/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

Activities to support chronic disease directors in partnering with US mayors and leadership at US military installations to become strong advocates for COVID-19, influenza, and other routine adult immunization in their communities, especially among racial and ethnic populations with chronic medical conditions in rural and other areas.

Activities may include the following:

- Identify mayors and US military leaders at installations to promote COVID-19, influenza, and other

routine adult immunizations

- Develop a comprehensive communication approach working with US mayors and leadership and military installations to promote adult immunization messages for target population, as described
- Develop and implement messages and the communication approach with the identified mayors and leadership at military installations to promote adult immunizations
- Develop and implement evaluation plan to track and assess impact of the communications campaign/messages

Process Measures *

- Increase in number of communities engaged
- Increase in number of messages developed and published
- Atleast one-third of mayors participating in PSAs represent rural and small jurisdictions.

Outputs *

- Communication plan
- Evaluation plan

Budget Period Outcomes *

Strengthened capability to use communication and information technology to affect health decisions and actions

Outcome Measures *

- Increased number of messages from US mayors and US military installation leadership promoting COVID-19, influenza, and other routine adult immunizations in their communities, including among rural areas and persons with chronic medical conditions.
- Increase vaccination with confidence in communities by working with mayors from diverse demographics to develop local public health messages across the United States.
- Increase positive messaging about vaccination and the COVID-19 Vaccination in adult populations with a significant number of unique messages in circulation.
- Increase in individuals connected to local vaccination resources

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The organization should have capacity to support health departments in enhancing partnerships with US mayors and military installations to develop and implement communication approaches to support increased vaccine confidence messaging strategies. The organization should demonstrate capacity to engage partners and subcontractors, as appropriate, to support technical needs for successful implementation of program activities.

52/200 words maximum

Program Experience

- The organization should have program experience working with CDC and chronic disease directors/units at state, local, and territorial level is critical.
- The organization should have experience and knowledge in programs, policies, and strategies that are implemented at the national, state, local, and territorial levels to address chronic disease and associated risk factors at the population level.
- The organization should have experience working with partners who have expertise engaging US mayors on influenza immunization messaging in their communities and willingness to work with partners with experience working on racial and ethnic approaches to community health.

91/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

- Collaboration with CDC on COVID-19 and routine adult immunization issues.
- Collaboration with partners to help reach and train US mayors and leadership at military installations to be confident spokespersons on COVID-19 and routine adult immunization issues in their communities including among racial/ethnic minority populations, persons with chronic medical conditions, and those living in rural and other communities.
- Organizations and any subcontractors should demonstrate a commitment to working with CDC to implement effective programs and with other organizations. The organization will collaborate with program

implementation and continuously assist with monitoring performance and reviewing emerging project needs. The organization will include analytics tools to track messaging visits, time on sites, downloads, etc.. it will also feature language links to all translated materials as well as other public health related resources. The organization's relationships will serve to increase message dissemination to wider audiences with diverse racial, political, and geographic backgrounds.

- Organization (and any subcontractor, if engaged) should collaborate with partners who have a proven track record of building partnerships that drive community-level action to reduce vaccination disparities. These partners should have experience working with racial and ethnic approaches to community health in the target communities.

188/200 words maximum

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

Subcontracting with organizations with critical technical expertise is allowable. Selection criteria should include experience partnering with mayors from diverse communities on developing and implementing public health communication campaigns addressing vaccinations for adults through PSAs and similar from mayors of diverse political backgrounds and geographical areas. The subcontractor should have experience tailoring messages to address local community needs and backgrounds that connect individuals to relevant public health resources.

In addition, the organization may subcontract activities involving data collection, monitoring, and evaluation of the media outreach campaign. Selection criteria should include the capacity and experience to track social media and community impact of the messaging.

101/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Budget instructions apply as outlined in the Notice of Funding Opportunity

10/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO No ☐

Set to Yes to allow changes to the CIO.

Category C CIO Project Plans



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Addressing Social Determinants of Health through How Right Now

Do not use all capital letters.

8/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Community-based organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

500,000

Funding Appropriation *

75-2024-0943

Funding Statutory Authority *

09V94320205DBD

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No



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

No



Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No



Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Yes



CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively

Yes



Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of the *Addressing Social Determinants of Health through How Right Now* project is to work with the target audiences to increase awareness of the mental health challenges some Americans are experiencing related to social determinants of health, chronic disease, and the COVID-19 pandemic and raise awareness about CDC's emotional mental health resources with the intent of influencing their information seeking behaviors, coping, self-care and community engagement behaviors, and sustain their engagement in coping behaviors, and ultimately thrive.

78/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

1. Undertake formative research in partnership with target audiences
2. Develop new messages and tailored materials based on the formative research to be distributed through digital/social media channels, radio, partner communication and influencers
3. Develop a 2021-2022 strategic social media plan and content to increase use and visibility of new and existing HRN/QHA content

4. Implement campaign promotions including partnership outreach and engagement, digital media buying, and influencer and celebrity outreach for up to 3 key moments during project year
5. Expand availability of materials for other audiences working in the school system, including teachers, paraprofessionals, administrators, nurses, and social workers

Process Measures *

Measures include:

1. Number of resources developed to disseminate including audio and video productions and related resources
2. Number of resources available to audiences via social media
3. Number of digital media influencers and partners making resources available
4. Number of page views and bounce rate on key websites

Outputs *

Outputs include:

1. Formative research report and resulting research-based messages and tailored materials for distribution through partners, influencers, web and digital media channels and radio
2. Digital media and partnership engagement plan
3. Adobe Analytics reports on increased traffic to key web sites due to digital media and radio buys
4. Evaluation report documenting digital and social media engagement with How Right Now content
5. Multiple efforts to engage new and existing partners through outreach
6. One or more virtual events for audiences (e.g., webinars or virtual town hall meetings)

Budget Period Outcomes *

As a result of How Right Now/Que Hacer Ahora campaign activities in the budget period, audiences engaged will have increased health information seeking behaviors, including accessing messages and materials on how to cope with emotional distress during or directly after public health emergencies

Outcome Measures *

As a result of How Right Now/Que Hacer Ahora campaign activities, audiences engaged will have increased or improved:

1. Awareness of their emotional health challenges as demonstrated by social media engagement
2. Awareness of mental wellness resources available from CDC and its partners as demonstrated by page views

3. Perceptions of ability to cope with emotional distress (self-efficacy)
4. Beliefs that one can control actions or behaviors to cope with emotional distress (perceived behavioral control)
5. Perceptions that efforts to cope with emotional distress will work to make one feel better (response efficacy)

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Nimble and responsive organization that has previously managed health communications campaigns related to public health emergencies. The organization should have demonstrated programmatic experience addressing social determinants of health, expertise in responding to the COVID-19 pandemic, and an understanding of chronic disease prevalence data.

42/200 words maximum

Program Experience

1. Demonstrated experience researching, implementing and evaluating public health communications campaigns and initiatives focused on emotional wellbeing and mental health during or directly after public health emergencies
2. Proven track record leading the acquisition of communication company to lead all stages of a public health communications campaign
3. Established practice identifying emerging partners and engaging them and established partners

53/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The activities will be carried out in close collaboration with CDC and planning calls will be held weekly to discuss progress.

18/200 words maximum

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

Recommended Criteria for Selecting Subcontractors:

1. Demonstrated experience with multi-method formative research and partners engagement

2. Proven ability to develop a health communications campaign strategy and inclusive/cultural-relevant messages

3. Expertise in social and digital media including digital ad placement and influencer activations, and public health communications evaluation

38/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Subject to travel restrictions, recipient organization should budget for travel if needed.

11/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision

Project Plan Round

Admin Update

☐ Funded ☐ Unfunded

Round 2

No

Recipient Name

Update CIO No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Enhancing Community Capacity to Support HIV Self-Testing

Do not use all capital letters.

6/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions☐

No

Target Population Description *

Community-based organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

9,000,000

Funding Appropriation *

TBD

Funding Statutory Authority *

TBD

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No ☐

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

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

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

Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of the project is to expand capacity, amongst grassroots CBOs, to implement self-testing within their clients' social networks through partnerships with national organization(s) and medical clinics. The organization that will receive this funding will work with national organizations and grassroots organizations to identify lessons learned and develop best practices to support the implementation of self-testing programs, including establishing collaborative partnerships with medical clinics, Syringe Service Programs (SSPs), and other organizations. Along with cost-effectively extending the reach of testing with new partners, this project will also create new opportunities for community engagement and grassroots organization capacity building. The organizations that receive this funding will also be encouraged to partner with SSPs to provide necessary technical assistance to support self-testing in these venues.

122/150 words maximum

Program Strategy: Programs and Services

Activities *

Potential activities include, but are not limited to:

- Working in collaboration with CDC to identify national and/or regional partners to collaborate with grassroots CBOs in the provision of capacity building assistance/technical assistance specific to the

implementation of HIV self-testing approaches

- Work with grassroots CBOs to establish results-oriented partnerships in support of implementing self-testing programs
 - These programs should explore the use of cost-effective approaches (e.g., social networking) to expand the use of self-test kits
- Provide technical assistance to CBOs to strengthen their ability to use innovative and far-reaching strategies (e.g., social networking) to promote uptake of self-testing as a core component of their prevention programs.
- Developing a community-based IV HHIV self-testing curriculum, inclusive of best practices and lessons learned for future consideration and use by CDC
 - Curriculum should also address feasibility of implementing a similar strategy to address future advancements in HIV prevention and other public health responses.
 - Consideration should be given to expanding the self-testing approach beyond HIV testing.
- Piloting of the proposed curriculums/approaches with grassroots organizations to assess effectiveness and feasibility of implementation as a core prevention strategy.

Process Measures *

Possible process measures include:

- # of technical assistance events conducted
- # of clients reached through social networking
- # of self-test kits provided to assess effectiveness of approach

Outputs *

Possible outputs include:

- Project plan and timeline
- Development and dissemination of relevant supplies, tools, and resources
 - Self-testing curriculum and best practices

Budget Period Outcomes *

- Increased capacity among CBOs to use social networking and other innovative strategies to develop and implement self-testing projects

- Increased capacity among CBOs to tailor HIV prevention strategies to support emerging public health

emergencies and advancements in public health

Outcome Measures

Possible outcome measures include:

- # of grassroots CBOs supported
- # of clients reached as a result of project activities

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The ideal organization will be able to leverage existing and new partnerships to identify and subcontract with national and/or regional organizations to assist with the development, dissemination, and implementation of an HIV self-testing curriculum by grassroots CBOs.

36/200 words maximum

Program Experience

The ideal organization will have experience working with national, regional, and local organizations to advance priority public health issues that increase awareness and reduce HIV infections.

25/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

- The selected organization will work closely with CDC to determine the jurisdictions where the project will be implemented.
 - This project should be targeted to Ending the HIV Epidemic in the United States (EHE) high prevalence areas.

- The selected organization will be expected to collaborate with one or more entities, as previously described, to achieve the goals of this project.
 - The selected organization is expected to identify a maximum of 4 national or regional organizations and a minimum of 60 grassroots CBOs.
 - The grassroots CBOs should have a history of working with hard to reach populations.
- The selected organization will assist the grassroots CBOs with establishing collaborative partnerships with medical clinics, SSPs, and other providers that may help to extend the reach of the CBO.

118/200 words maximum

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

The selected organization will be expected to subcontract with one or more entities, as previously described, to achieve the goals of this project

22/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds may not be used to supplant existing program funds or activities.

11/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded

☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

No

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

12/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

CBOs serving racial/ethnic minority communities

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

4/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 700,000

Funding Appropriation *

75-2024-0943

Funding Statutory Authority *

The Coronavirus Aid, Relief, and Economic Security

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs No ☐

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance Yes ☒

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically No ☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

In fiscal year 2020, CDC launched Project Firstline, a new healthcare infection control training collaborative that seeks to provide training to U.S. healthcare workers. This project seeks to build on prior work to expand Project Firstline training opportunities and resources to diverse healthcare worker populations, including Asian and Pacific Islander Americans, with an emphasis on adapting CDC infection control content into training materials and live training in additional languages, expanding existing channels and identifying new channels for distribution of materials, and engaging additional partners and experts as part of the collaborative. This project seeks to ensure infection control training provided through Project Firstline is culturally appropriate and linguistically accessible.

107/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

- Collaborate with CDC to inform the development of additional infection control trainings, including training resources that are not specific to the COVID-19 pandemic response, and associated collateral material for Asian and Pacific Islander American frontline healthcare personnel, including materials that are culturally appropriate and in the appropriate language for the target population(s)
- Host virtual infection control trainings, and in-person trainings if permitted by CDC COVID-19 guidelines, for frontline healthcare personnel within the target population(s)

Process Measures *

- Number and type of target populations identified, and associated languages for translation
- Number and type of training materials and resources contributed to, adapted, or developed for each target population

Outputs *

- Infection control training materials that are culturally appropriate and in languages accessible to the target population(s)
- Infection control training provided to target population(s) with real-time translation

Budget Period Outcomes *

- Strengthened ability to improve core and discipline-specific infection control competencies among the workforce by ensuring availability of information and materials in relevant languages

Outcome Measures *

- Number of participants completing healthcare infection control training, by target population
- Number and type of healthcare infection control trainings offered, by target population Number and types of materials and resources developed and disseminated, by target population/language

Program Strategy: Communication and Information Technology

Activities *

- Expand distribution of infection control trainings and resources through web-based platforms (e.g., dedicated websites and/or through partner social media channels)
- Identify additional opportunities and channels to distribute Project Firstline infection control training resources, including those available through partner community-based organizations
- Translate infection control training materials into additional language(s) that are accessible by the target population(s)
- Develop expanded culturally appropriate messaging, including about infection control topics beyond the COVID-19 pandemic response, for the target population(s) when communicating about infection control trainings and resources

Process Measures *

- Number and type of infection control training materials or resources distributed
- Type and frequency of distribution channels used
- Number and type of materials translated into languages appropriate for the target population
- Number of times web-based materials accessed

Outputs *

- Infection control training resources translated into language(s) appropriate for the target population(s)
- Web-based infection control training resources for frontline healthcare workers in the target population(s)
- Regular distribution of infection control training materials using a variety of networks and channels

Budget Period Outcomes *

- Improved capacity to use communication and information technology to share infection control practices and guidelines with target population(s)

Outcome Measures *

- Number and types of translated materials disseminated via web-based platforms, by type of distribution channel used

Program Strategy: Partnerships

Activities *

- Establish new and strengthen existing partnerships with Asian and Pacific Islander American community-based organizations and/or individuals that can support project implementation and reach the target population(s) to meet infection control training needs
- Through these partnerships, offer additional infection control training opportunities for the populations reached by the community-based organizations
- Participate in the Project Firstline collaborative, including through participation in meetings and other events, sharing of information, and contributing to collaborative infection control training activities

Process Measures *

- Number of organizations and/or individuals engaged as implementation partners
- Participation in recurring check-in meetings with CDC Project Firstline team
- Participation in recurring meetings with the Project Firstline collaborative

Outputs *

- Identification and engagement of organizations or individuals as implementation partners
- Collaborative activities with other Project Firstline collaborative partners (e.g., distribution of information about events hosted by other partners, distribution of materials developed by other partners, sharing of materials developed by the award recipient with other partners)

Budget Period Outcomes *

- Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of infection control in healthcare
- Strengthened capability to respond to public health infection control priorities collaboratively and strategically

Outcome Measures *

- Number of infection control training-related activities hosted by the identified implementation partners
- Number of individuals reached by training-related activities, by target population

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

- The recipient organization should have the following organizational capacities: Experience implementing CBA projects
- Able to reach members of the target population through a variety of web-based and virtual communication channels

- Established partnerships with community-based organizations and individuals that can accelerate the availability of infection control training resources for Asian and Pacific Islander American frontline healthcare personnel
- Experience collaborating with racial/ethnic minority sectors of the healthcare and public health population
- Capabilities to build, maintain, and/or leverage a variety of communications platforms, channels, and networks to widely distribute infection control training resources to Asian and Pacific Islander American populations

91/200 words maximum

Program Experience

The recipient organization should have the following program experience:

- Expertise – or access to expertise – in healthcare infection control
- Access to translation services
- A network of potential implementation partners, including community-based organizations, to extend the reach of infection control training activities for the Asian and Pacific Islander American target population(s)
- Ability to implement large-scale collaborative activities
- Ability to facilitate information sharing using virtual and/or distance-based formats

62/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Award recipients will meet regularly (approx. biweekly) with CDC project staff and will meet regularly (e.g., biweekly) with all Project Firstline collaborative partners. Award recipients should be willing to participate in Project Firstline activities that involve other collaborative partners (e.g., sharing events hosted and products developed by other partners). Award recipients should plan to engage additional organizations and/or individuals as implementation partners (e.g., to adapt materials, host trainings and distribute training resources and materials).

73/200 words maximum

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

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds awarded can be used to support costs associated with project implementation, including, but not limited to, staff, supplies, materials, subcontracts, etc. Funding for travel should be limited. Any proposed funding for in-person/mass gathering events should be in accordance with CDC COVID-19 guidance.

42/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO Lookup

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

No

Target Population Description *

Health center and the patients and communities in which they serve

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

10/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

793,213

Funding Appropriation *

75-2124-0943

Funding Statutory Authority *

Coronavirus Response and Relief Supplemental Ap

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☐

CBA Program Outcomes (Check one or more)*

Yes ☐

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies



Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

NIOSH will partner with an organization to improve COVID-19 clinical care and prevention through the use of industry and occupation data standardized at the point of care. This project will provide critical information about essential and frontline workers receiving care through community health centers (CHCs). Employer, employer location, standardized industry and standardized occupation for the jobs of patients will be collected and analyzed. This information can inform assessment of health and vaccination status, outreach efforts, COVID-19 case reporting, and research regarding the impact of COVID-19 on this workforce. NIOSH has developed and refined a state-of-the-art and nascent system, called Occupational Data for Health (ODH), to incorporate key work information in health IT systems. The partner will identify and support CHCs to collect patients' work information using the ODH vocabulary in their health IT systems and will collaborate in data analyses.

139/150 words maximum

Program Strategy: Data and Information Systems

Activities *

- Identify CHC partners and their physician champions
- Support implementation of the collection and use of work information via patient entry in the CHC partner's health IT system(s)
- Provide support for ODH data collection that is suitable to each setting, such as tablets or staff to work with patients who are recording their information, and guidance on its incorporation into their workflows
- Ensure a CHC partner implements the collection and use of ODH work information via patient entry into their health IT system and workflows
- Ensure training of CHC partners' clinic staff in ODH collection and use
- Support CHC partners with reporting ODH, linked with COVID-related clinical data, to a central data repository
- Incorporate ODH into a dashboard or other visualization solution to provide feedback to CHCs
- Collaborate with CHCs and NIOSH to conduct data analyses to support COVID-related care and outreach
- Gather feedback on the process of ODH collection and usefulness of the data

Process Measures *

- At least one CHC partner has committed to incorporate ODH
- At least one CHC partner is actively collecting ODH in their CHCs
- At least one CHC partner is actively reporting their data to the organization
- The organization has conducted at least one analysis using ODH data

Outputs *

- A CHC capable of collecting and using ODH data elements (job industry, job occupation, employer name and address)
- CHC staff trained to collect and use ODH in clinical workflows
- The repository receives and consumes ODH data from CHC partner(s)
- Reports on the process of implementation, integration into clinical workflow, acceptance by patients and staff, lessons learned
- Dashboard or other visualization solution that incorporates ODH data
- Analyses of patient data that includes ODH and COVID-related clinical data
- Reports on utility of work information that is standardized at collection in identifying essential and frontline workers for COVID-19 related care and prevention

Budget Period Outcomes *

- Collection of ODH work information in a CHC for patients with COVID-19, and those vaccinated or in need of vaccination for SARS-CoV-2
- Methods to collect standardized work information in a health care setting
- Use of work information to inform outbreak investigations, vaccination outreach, or other population and public health efforts related to essential and frontline workers

Outcome Measures *

- At least 50% of CHC partner patient data reported to the repository includes ODH
- 100% of reported ODH data is analyzed and used in identifying essential and frontline workers for COVID-19 related care

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The organization must be able to provide funding/resources, technical assistance, and training to CHCs as well as the ability to facilitate collaboration among multiple clinical sites.

The organization must have an established data repository that receives and consumes deidentified patient clinical data that could be extended to include ODH data elements. They must be able to analyze and visualize these data in a way that informs assessment of health and vaccination status, outreach efforts, and research regarding the impact of COVID-19 on essential and frontline workers.

84/200 words maximum

Program Experience

The program must have working relationships with CHCs that 1) have patient populations with a significant number of essential/frontline workers; 2) perform COVID-19-related care; and 3) utilize health IT systems.

The program must have experience with collection, analyses and use of patient data for COVID-19 surveillance and with supporting CHCs through funding, training, and guidance based on need.

56/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The organization will collaborate with the Technical Monitor with NIOSH to obtain subject matter expertise.

The organization will collaborate with CHCs to implement collection, use and sharing of ODH linked with deidentified patient clinical data.

33/200 words maximum

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

One-half to two-thirds of the funding should be used to subcontract with CHCs to perform technical modifications to health IT systems and other supporting tasks to collect and use ODH data elements. (The term "CHCs" is intended to include HCCNs and PCAs throughout this project plan). The period of performance will be approximately 10 months. The subcontractor(s) will be selected based on (a) successful participation in reporting of deidentified patient clinical data and (b) commitment to perform the technical modifications and supporting tasks to add ODH, and (c) ability to collaborate and provide feedback.

91/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Primary use of funds should be to build capability of the CHCs to collect and share ODH linked with deidentified patient clinical data. Secondary use is to build capacity of the organization to receive, consume and analyze these data.

38/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded

☐ Unfunded

Project Plan Round

Round 2

Admin Update

Yes

Recipient Name

Update CIO

No

☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Increasing Organizational Capacity For Delivering And Evaluating Swim Skills Interventions

Do not use all capital letters.

9/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions☐

No

Target Population Description *

YMCA's nationwide

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

42 U.S.C. Sections 247b(317K2;Patient Pro&ACA

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance No ☐

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

No ☐

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

Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

About one in five people who die from drowning are youth under the age of 15. Some youth are more at risk of drowning than others, including racial/ethnic minorities. American Indians/Alaska Natives are two times more likely to drown than whites, and African Americans are 1.4 times more likely to drown than whites. These disparities are especially prominent in swimming pool related drowning deaths where African American children are more than five times as likely to drown than white children. Teaching swimming and water safety skills to school-aged children is one of six effective strategies to reduce drowning according to WHO. The purpose of this project is to support community-based organizations to improve basic swimming and water safety skills among racial and ethnic minority youth who are at greater risk of drowning.

131/150 words maximum

Program Strategy: Data and Information Systems

Activities *

- Create uniform data collection tools to assess participant swim skills
- Create tools for evaluating program level success
- Propose a systemwide process for collecting swim skills data
- Pilot data collection form in community-based programs

Process Measures *

- Types of data identified as needed to analyze swim skills of program participants
- Number of validated tools identified that could measure swim skills in youth
- Number of indicators determined of program feasibility and success across the organization

Outputs *

- Draft data collection tools to capture swim skills among program participants
- Draft program evaluation tools
- Identified barriers to implementing a systemwide process for collecting swim skills data

Budget Period Outcomes *

- Improved strategies and data collection among community-based programs to assess swim skills in youth

Outcome Measures *

- Number of organizations participating in systemwide process for collecting program level data

Program Strategy: Programs and Services

Activities *

- Evaluate a program to identify, engage, and educate youth most at risk for drowning (i.e. African American, AI/AN) in basic swimming and water safety skills
- Develop indicators from which to measure program reach and ability to deliver swim lessons in diverse communities (e.g., in rural and urban communities; low socioeconomic communities)
- Determine how program feasibility and sustainability will be evaluated
- Determine how overall impact will be evaluated
- Develop/revise a program manual including training materials and tools for educators and youth
- Establish pilot test for the program

Process Measures *

- Organization's present reach to racial/ethnic minorities and underserved youth
- Number of informational resources developed to build CBO capacity to reach diverse communities to deliver swim lessons
- Number of identified indicators to measure program reach and ability
- Identified evaluation method

Outputs *

- Strategies to engage youth and families from traditionally underserved communities
- Potential program limitations to reaching youth from underserved communities
- Evaluation of program, including identified indicators

Budget Period Outcomes *

- Increase the proportion of youth from underserved communities participating in a basic swimming and water safety skills programs

Outcome Measures *

- Percentage difference in participation of youth from underserved communities in a basic swimming and water safety skills program, especially youth at greater risk (AI/AN and African American youth)

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Applicant must be able to engage with their communities, specifically underrepresented and underserved communities to deliver programs and services aimed at youth development.

22/200 words maximum

Program Experience

Experience delivering swim lessons to youth, especially youth from underserved populations. Ability to scale swim programs nationally and collect data on youth served and swim skills.

25/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Grantee is expected to work with CDC and local partners in their community to increase reach of youth development programs

19/200 words maximum

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

As required, applicant may wish to draw upon subcontractors who can help support technical assistance that may not reside in applicant's organizational structure.

22/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Travel may be included in the budget plan, as partner engagement is an important element of the plan

17/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

7/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

17/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

875,000

Funding Appropriation *

75-2024-0943, CARES Act

Funding Statutory Authority *

The Coronavirus Aid, Relief, and Economic Security

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☒

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The pandemic has demonstrated that among persons with COVID-19, appropriate clinical management of venous thromboembolisms (VTE) during hospitalization is critical to patient care. However, the majority of people diagnosed with COVID-19 are not hospitalized. VTE is also often treated in ambulatory care settings. A previous analysis among ~73,000 non-hospitalized U.S. veterans (predominately older, white, males) who had COVID-19 reported a higher risk of death compared to veterans who did not have COVID-19; the COVID-19 survivors also had increased healthcare utilization up to 180 days after their COVID-19 diagnosis. Notably, incident excess burden of acute pulmonary embolism was 2.63; use of anticoagulant was 16.43 per 1000 COVID-19 patients, respectively. We propose to investigate risk factors for and incidence of VTE by age, sex, and race/ethnicity among persons with COVID-19 who were not hospitalized. This project will inform healthcare planning of VTE sequelae among a racial/ethnically diverse population of non-hospitalized COVID-19 survivors.

149/150 words maximum

Program Strategy: Data and Information Systems

Activities *

- Identify existing data coordinating center (DCC) with expertise with collaborating with hematology

centers to provide project management, technical assistance, and execution to implement data collection.

- Establish surveillance working group to implement data collection
- Collection and analysis of data

Process Measures *

- DCC identifies hematology centers with racial/ethnically diverse non-hospitalized COVID-19 survivors with/without VTE and access to EMR record data from 2019-2020.
- DCC subcontracts up to seven hematology centers to participate in the surveillance project, at 25-75 cases per center.

Outputs *

- Development of standardized surveillance form with appropriate exposure and outcomes with experts in VTE, surveillance, and epidemiology.
- Development of a VTE module for data entry at all 7 hematology centers.

Budget Period Outcomes *

- All seven hematology centers develop capacity of VTE surveillance by entering VTE data into module

Outcome Measures *

- Identify incident VTE that occurred up to 6 months post COVID-19 diagnosis by age, sex, race/ethnicity due among non-hospitalized COVID-19 survivors (2019-2021).
- Estimate risk of VTE that occurred up to 6 months post COVID-19 diagnosis among non-hospitalized COVID-19 survivors and compare to expected rates.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient will collaborate with organization with affiliation to hematology networks as well as CDC.

14/200 words maximum

Program Experience

The selected awardee should have experience in collaborating with hospitals/hospital systems, as well as collecting and analyzing data on COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders.

27/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Plan and coordinate with CDC and other entities, as appropriate, on project activities, including the collection and analysis of de-identified data on COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders and patients that develop hematologic complications from COVID-19 for the development of a national registry. Establish any necessary data sharing agreements.

51/200 words maximum

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

If subcontractors are needed, ensure they have the necessary qualifications and experience to complete the designated task(s). Subcontractual work should be to organization capacity for technical assistance to hematology networks, development of surveillance workgroup with VTE experts, VTE module development at clinical sites for data entry, and data collection/cleaning.

47/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

- Funds may not be used for capital expenditures, such as construction and renovations or for clinical care.
- Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs.
- Funds for conducting conferences and workshops such as registration, travel, per diem, room rental, audio-visual and related expenses are not allowed.
- Except for travel related per diem expenses of grantee, consultants, contracts, and subcontracts/sub awardees, funds may not be used for other food and beverage expenses.
- Over 85% of funds should be allocated to organization with affiliation to hematology networks

93/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

Yes

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Stigma Monitoring and Response System for Public Health Crises

Do not use all capital letters.

8/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions☐

No

Target Population Description *

community-based organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

7,000,000

Funding Appropriation *

75-2124-0943

Funding Statutory Authority *

COVID-19 5th Supplement

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Refine and implement use of community-level stigma monitoring and response system (CMRS) for public health crises for use during COVID-19 pandemic and future crises in order to both identify racialized stigma signals that create barriers to recommended mitigation practices (e.g., vaccine uptake) and respond to them in real time

48/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

1. Build out community-level stigma monitoring and response system (CMRS) for public health crises, initially aimed at COVID-19 but applicable to future situations
2. Adapt and pilot CMRS in a minimum of 6 locations to identify strengths, challenges and needed improvements for broader use
3. Identify, develop and share community success stories in using CMRS, including those that highlight recovery and resiliency
4. Plan and implement a summit to develop recommendations for policies needed to address racial trauma experienced during the COVID-19 response and recovery periods which will also be usable

during future pandemics

5. Expand the utility and uptake of the crisis monitoring and response system for non-pilot sites

Process Measures *

- 1a. Number of data sources incorporated into CMRS for tracking in pilot sites, including non-traditional data related to social/structural determinants as well as media sources (e.g., social media, ethnic/local media)
- 1b. Representative technical advisory group for CMRS
- 2a. Development and successful engagement of community-level advisory groups for CMRS in pilot sites
- 2b. Inputs of community-specific measures of racialized stigma and related data sources into CMRS
- 3a. Collection of specific success stories from pilot sites
- 4a. Planning of summit
- 4b. Inclusion in summit planning of representatives from multiple perspectives (e.g., community leaders and members, local public health, community health workers, local pharmacists, etc.) which include communities that experience racial trauma
- 5a. Promotion of website resources, including CMRS across the US

Outputs *

- 1a. Fully usable, outward facing CMRS ready for pilot sites that include community-level inputs and data
- 2a. implementation of CMRS in pilot sites
- 3a. Publication and promotion of success stories
- 4a. Strategy and policy recommendations for addressing racial trauma as expressed through stigma and other related signals that improve crisis responses for racial/ethnic populations.
- 5a. Updated CMRS with applicability beyond pilot sites

Budget Period Outcomes *

- 1a. Number of data sources incorporated into CMRS for tracking in pilot sites, including non-traditional data related to social/structural determinants as well as media sources (e.g., social media, ethnic/local media)
- 1b. Representative technical advisory group for CMRS
- 2a. Development and successful engagement of community-level advisory groups for CMRS in pilot sites
- 2b. Inputs of community-specific measures of racialized stigma and related data sources into CMRS

- 3a. Collection of specific success stories from pilot sites
- 4a. Planning of summit
- 4b. Inclusion in summit planning of representatives from multiple perspectives (e.g., community leaders and members, local public health, community health workers, local pharmacists, etc.) which include communities that experience racial trauma
- 5a. Promotion of website resources, including CMRS across the US

Outcome Measures *

- Increased integration by communities of racialized stigma data tracked through CMRS into traditional surveillance which is used for community-level crisis assessment and responses
- Number of pilot sites using CMRS that Improve communication and intervention responses and demonstrate integration of monitored stigma findings in communication/program responses
- Number of non-pilot sites using Project CMRS tools

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

- Capacity and infrastructure to support health equity related strategies and public health practices and surveillance
- Capacity to support crisis/pandemic public health challenges
- Demonstrated Communication expertise including experience with COVID-19
- Demonstrated understanding of importance of community-based/community-driven public health responses
- Capacity to maintain current/up to date understanding on CDC and general COVID-19 response priorities
- Commitment to supporting public health goals/priorities of CDC
- Capacity to manage large contracts with Academic and non-profit organizations

63/200 words maximum

Program Experience

- Experience working on stigma and health equity efforts related to COVID-19
- Existing relationship with Historically Black Colleges and Universities that have a focus on health equity issues
- History of supporting COVID-19 and other public health epidemics/pandemics/crises
- Experience working with or supporting community organizations

39/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

- Recipient or their subcontractor will support community-based organizations/appointees to manage critical aspects of pilot programs

14/200 words maximum

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

- Subcontracts allowed and expected to ensure appropriate expertise as part of overall team running this project

15/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

- Majority of funds should be used to support subcontractors to carry out identified activities

13/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

Yes

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Strategic Action To Address Emotional Well Being In Out Of School Time Settings

Do not use all capital letters.

12/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions☐

No

Target Population Description *

YMCAs nationwide

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

375,000

Funding Appropriation *

75210948

Funding Statutory Authority *

Basic Appropriation- All Other School Health

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No ☐

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

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

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

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

This project will convene key stakeholders to identify gaps, promising practices to address gaps, and action steps needed to provide out of school time providers with the additional skills and competencies needed to more effectively address the emotional well being of the youth they serve. Professional development and resources necessary to advance promising practices across the out of school time field will be identified as well as strategies and policies to facilitate implementation. In addition, professional development will support staff who also have been experiencing complex stress and trauma during the COVID-19 pandemic.

87/150 words maximum

Program Strategy: Partnerships

Activities *

1. Engage wide range of out of school time providers and other key stakeholders in a coalition to identify promising practices and gaps in addressing emotional well being of youth and staff with emphasis on physical activity and healthy eating.

Process Measures *

1. Out-of school time (OST) partners and other key stakeholders engaged and committed to the purpose of the project.
2. Meetings of coalition executed.

Outputs *

1. Action plan created with identification of key partner roles and responsibilities.

Budget Period Outcomes *

1. Action plan developed and disseminated.

Outcome Measures *

1. Action plan disseminated to 75% of out of school time providers.

Program Strategy: Programs and Services

Activities *

1. Identify promising practices and guidance currently in use by local out of school time clubs.

2. Identify gaps and strategies and/or resources to address gaps.

Process Measures *

1. Establish process and plan for identification of promising practices and gaps.

Outputs *

1. Promising practices and gaps identified.
2. Strategies and resources needed to address gaps identified.

Budget Period Outcomes *

1. Package of promising practices developed.

Outcome Measures *

1. Promising practices disseminated.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should serve youth and families and have affiliates in all 50 states with extensive reach into

communities and a strong network of national partners.

25/200 words maximum

Program Experience

The applicant should have extensive experience in implementing programs and services in out of school time settings - particularly initiatives that support emotional well being through physical activity and healthy eating.

30/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The applicant is expected to work with other youth serving national partners such as the Boys and Girls Clubs of America and others as well as organizations with expertise in addressing social determinants of health and equity such as Turnaround for Children.

40/200 words maximum

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

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

Yes

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.

**FY21 CIO Project Plan**

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Vaccinating People with Disabilities: Implementing Strategies for Equitable Access

Do not use all capital letters.

8/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions☐

No

Target Population Description *

Community-based organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,900,000

Funding Appropriation *

75-2124-0943

Funding Statutory Authority *

Coronavirus Response and Relief Supplemental Act

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No ☐

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

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

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

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Approximately 61 million adults living in the US have a disability, representing ~26% of the adult population. Most people with disabilities are not more likely to become infected with or have severe illness from COVID-19. However, some people with disabilities might be more likely to get infected or have severe illness because of underlying medical conditions, congregate living settings, or systemic health and social inequities. Vaccinating people with disabilities poses unique challenges including ensuring physical accessibility of vaccination sites. To address these challenges, successful vaccine programs for people with disabilities will best be achieved through collaboration with disability-led organizations who are subject matter experts and recognized leaders in their communities. The purpose of this project is to ensure equitable vaccination access for people with disabilities by supporting disability-led organizations in developing and implementing local plans to vaccinate people with disabilities for COVID-19 in a minimum of 10 jurisdictions.

146/150 words maximum

Program Strategy: Programs and Services

Activities *

The recipient will work with disability-led organizations to improve equitable access to COVID-

19 vaccines for people with disabilities in a minimum of 10 jurisdictions by:

- 1. Providing resources and support to disability-led organizations**
- 2. Summarizing barriers to vaccination for people with disabilities**
- 3. Formulating a plan, including training and technical assistance, to reduce access barriers to vaccination for people with disabilities**
- 4. Implementing the plan in a minimum of ten pilot locations in different jurisdictions throughout the US**
- 5. Providing summary reports of key strategies and lessons learned that can be used to inform local vaccine planning and implementation efforts for people with disabilities, and**
- 6. Incorporating the lessons learned into local vaccine planning and emergency preparedness plans**

Process Measures *

- **Number of disability-led organizations supported**
- **Number of trainings developed and implemented**
- **Number and type of technical assistance provided to local health departments and other community organizations**
- **Number of vaccination plans implemented**

Outputs *

- **Engagement with disability-led organizations in a minimum of 10 jurisdictions**
- **Summary of barriers to vaccination for people with disabilities and strategies to address these barriers**
- **Localized vaccination plans per pilot jurisdiction**
- **Summary report of challenges, successes, and lessons learned**
- **Integration of lessons learned into local vaccine planning and emergency preparedness plans**

Budget Period Outcomes *

- 1. Improved access to COVID-19 vaccines for people with disabilities**
- 2. Increased capacity to implement public health programs for people with disabilities**

Outcome Measures *

- **Increased opportunities for vaccine planning, implementation and collaboration**

- **A minimum of 10 jurisdictions engaged in vaccine planning and implementation efforts for people with disabilities**
- **Improved access to COVID-19 vaccines for people with disabilities**
- **Integration of disability in local vaccine planning and emergency preparedness plans**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient must have demonstrated capacity to work with community-based organizations to address COVID-19 vaccination issues/concerns and a willingness to engage with disability-led organizations that support people with disabilities.

28/200 words maximum

Program Experience

The recipient must demonstrate success working with community partners and have the ability to quickly reach disability-led organizations with appropriate resources to improve vaccine access for people with disabilities.

29/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient is expected to work collaboratively with public health partners, disability-led organizations, Centers for Independent Living, community based organizations and other state and local partners as applicable. Disability-led organizations are representative organizations or groups of people with disabilities, where people with disabilities constitute a majority of the overall staff, board, and volunteers in all levels of the organization. The recipient is also expected to convene regular meetings with CDC collaborators to identify challenges and technical assistance needs, review progress to date, and work collaboratively to identify solutions to identified barriers.

90/200 words maximum

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

Any proposed sub-contract work such as subcontracts to disability-led organizations should address gaps in experience, capacity, or provide added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.

41/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.

55/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

Yes ☐

Set to Yes to allow changes to the CIO.

Continuation CIO Project Plans

**FY21 CIO Project Plan**

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Enhance Support for Early Childhood Systems through Act Early Ambassador Program to Support COVID19 Recovery Part 2

Do not use all capital letters.

16/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category Descriptions

☐

No

Target Population Description *

The national network of AUCD's member centers in every state and territory, as well as key public health partners

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

18/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 5,000,000

Funding Appropriation *

75-2024-0943 CARES Act 9/75-21-0958 Autism C&

Funding Statutory Authority *

Consolidated Appropriations Act and the Coronavir

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☐

Yes ☐

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

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

Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to continue supporting families with young children in high need communities across the country by bolstering collaboration among early childhood programs to identify and support children with developmental delays and disabilities, and to promote resiliency skills to help stressed families remain strong during the COVID-19 pandemic. This project will continue to fund 43 state/territorial "COVID-19 Act Early Response Teams" to assess and address the needs of families and early childhood systems related to early identification and support for young children with developmental concerns, and to improve resiliency skills among families with young children. This project will also facilitate data sharing and information exchange across early childhood programs and systems to track children/families across 4 steps of early identification and identify children/families lost to follow up, a critical need during COVID-19 response and recovery.

138/150 words maximum

Program Strategy: Data and Information Systems**Activities ***

- Conduct an environmental scan and interviews with areas/groups implementing successful models (e.g. Help Me Grow, Healthy Steps, HRSA Early Childhood Comprehensive Systems grantees)
 - o Identify barriers that need to be addressed to allow better systems communication and data sharing particularly among communities that have challenges to early identification related to poverty or race.
 - o Identify key components and criteria for promising / effective processes and tools that enable communication, sharing of screening results, and referral tracking across systems. These components may be at the system policy level to the practice level.
- Based on the environmental scan/ assessment, develop and promote an online tool kit that can be modified by states and localities to be able to implement a successful model for their communities. Resources may include templates for consent forms, data sharing agreements, flowcharts, and other tools.
- Note: This toolkit may contribute to, but will not be duplicative of, the guide of best practices that will be developed for the overall Act Early Response to COVID-19 project.

Process Measures *

- Environmental scan completed and successful models identified
- Interview guides developed and interviews conducted
- Resources developed for the toolkit
- Dissemination activities completed. (May include webinars, conference presentations, newsletters, partner calls, and other activities.)

Outputs *

- Report with findings from interviews and environmental scan on barriers and key components and criteria for successful models.
- Toolkit including a checklist of key components of successful systems, templates for consent forms, data sharing agreements, flowcharts, and other tools to support system coordination

Budget Period Outcomes *

- Improved system coordination and enhanced ability for programs to collect and share data across systems to track children with and at risk for autism spectrum disorder and other developmental

disabilities from developmental monitoring through receipt of services.

Outcome Measures *

- Number of Act Early Response to COVID-19 state and territorial teams reporting increased access to resources and promising practices to enhance ability to coordinate, collect and share data for tracking families through steps of early identification.

Program Strategy: Programs and Services

Activities *

Solicit applications, select, fund and provide technical assistance to up to 43 state/territorial "COVID-19 Act Early Response Teams."and evaluate the project as whole. Teams receiving continuation funding may undertake activities such as

- A) maintain an Ambassador-led state team that must include certain state-level stakeholders including Title V programs, Part C, Part B section 619, Help Me Grow, HRSA funded Early Childhood Comprehensive Systems Grants, AAP Early Childhood Chapter Champions, and state and local leadership of a targeted family-serving program (WIC, Child Welfare, Home Visiting, EHS/HS, general early care and education programs, etc.)
 - (b) expand their efforts from 2 of the steps of early identification to all 4 steps, within one targeted system (i.e., parent engaged developmental monitoring, developmental and autism screening, referral for early intervention services, and receipt of early intervention services)
 - (c) set up infrastructures and feedback loops to address one of the primary findings of the needs assessment: the ability to track referrals within one system for diagnostics/services to ensure families/children receive critical services and resources to ensure their child's optimal development.
 - (d) Expand promising practices to promote resiliency skills and behaviors among families, especially those within race-ethnic communities disproportionately affected by COVID-19; and
 - (e) participate in evaluation activities to assess the impact of their efforts and the project as a whole
- Support fellows to support technical assistance to Ambassador-led state teams.

Process Measures *

Process Measures *

- Team workplans further refined and expanded to include activities that include integration of all 4 steps of early identification in at least one early childhood system
- Development of MOUs, new partnerships, and other resources to assist in tracking referrals and

promoting feedback loops

- Development of additional promising practices specific to promoting resiliency among race-ethnic communities disproportionately affected by COVID-19
- Dissemination activities completed. (May include webinars, conference presentations, newsletters, partner calls, and other activities.)
- Development of evaluation plan and data collection instruments

Outputs *

- 1-3 fellows to be hired by the recipient organization to support technical assistance to Ambassador-led state teams
- Revised RFA to solicit applicant teams
- Up to 43 state/territory-specific workplans
- Midterm and final progress reports summarizing the implementation and evaluation activities of each team
- Guide of best practices (related to early identification, referral tracking, and resiliency promotion among families/communities disproportionately affected by the pandemic)

Budget Period Outcomes *

- Improved integration of 4 steps of early identification across funded states and territories, and increased rates of follow-up and receipt of services for referred children across systems.

Outcome Measures *

- Number of Act Early Response to COVID-19 state and territorial teams reporting improved integration of 4 steps of early identification.
- Number of Act Early Response to COVID-19 state and territorial teams reporting increased rates of follow-up and receipt of services for referred children across systems.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient would have capacity to address the health, education, social, and economic well-being of all people with developmental and other disabilities, their families, and their communities. Recipient ideally has a network of centers and programs across the country. Finally recipient would have capacity to recruit and facilitate remote fellows in support of the proposed project.

54/200 words maximum

Program Experience

Recipient ideally has experience with early identification of developmental disabilities during COVID-19 as well as the Act Early Network and the “Learn the Signs. Act Early.” program at CDC.

28/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

The recipient is expected to collaborate closely with CDC in all aspects of the project.

14/200 words maximum

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

Recipient is expected to fund subawardees to establish/maintain Act Early COVID response teams across the country. Recipients also expected to fund a subawardee or subcontractor with experience in assessing and developing data sharing systems to carry out the activities towards implementing data sharing and tracking across programs and systems.

48/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funding \$5,000,000 for this project, with \$200,000 designated towards implementing the data and information strategy program activities and providing technical assistance and consultation towards implementing data tracking and referral systems.

29/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

Yes

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Forging AAPIHN Partnerships for Rapid Respond to COVID19 Part 2

Do not use all capital letters.

9/10 words maximum

CIO Lookup

CIO

OFFICE OF MINORITY HEALTH AND HEALTH EQUITY

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions☐

No

Target Population Description *

CBOs serving racial/ethnic minority communities

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

4/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

2,300,000

Funding Appropriation *

75-2024-0943 CARES Act

Funding Statutory Authority *

Consolidated Appropriations Act and the Coronavir

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☐

Intermediate: Increased capability of public health systems to achieve nationally established standards

Yes ☐

No ☐

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

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☐

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

To leverage national partnerships between community based organizations serving Asian American, Pacific Islander, and Hawaiian Native (AAPIHN) communities. The goal is build community based organizations' capacity to influence change in behaviors, attitudes, and knowledge of COVID19 mitigation strategies in AAPIHN communities. Community Based Organizations will develop their capacity to utilize community engagement strategies and participatory approaches to develop culturally relevant health messages, tools, and trainings.

64/150 words maximum

Program Strategy: Public Health Systems Infrastructure**Activities ***

- Collaborate with Community Based Organizations with community-level networks to enhance ability to support AANHPI communities at high risk for COVID-19
- Identify Community Based Organizations and partners with networks of AANHPI communities at high risk for COVID-19 infection, hospitalization and death
- Ensure CBA is provided that advances the availability of disaggregated data by AANHPI subgroups for prevention efforts and health equity assessments.
- Ensure communities conduct rapid assessments of COVID-19 in identified sub-groups by utilizing community resources informed from input by identified subgroups
- Support culturally and linguistically appropriate education and communication materials specific to each AANHPI subgroup that support health advancing behavior related to COVID mitigation at the community-level
- Provide CBA to Community Based Organizations to build capacity to identify, develop, adapt and disseminate appropriate COVID-19 prevention and treatment strategies.
- Develop a report of lessons learned and promising practices on community-level strategies for addressing COVID-19 on the ground of AANHPI communities from Community Based Organization feedback.

Process Measures *

- Identify and prioritize communities for intervention
- Use community needs-assessment data to design programs and services that address emerging or real-time COVID19 health needs
- Identify and adopt evidence-based interventions that address the communities' COVID19 health related needs that are culturally sensitive and adapted to each identified sub-population
- Engage stakeholders and community members in identifying and addressing COVID19 health issues through collaborative processes

Outputs *

- Description of the subgroups (#/type) prioritized using local COVID-19 health data/SDOH evidence of the Community Based Organizations receiving CBA.

- Summary of findings from rapid community needs assessment, including barriers to (#/type), enablers of (#/type), and use of COVID-19 mitigation practices from Community Based Organizations receiving CBA.

Budget Period Outcomes *

- 100% of partners implemented evidence-based interventions.
- 100% of trained trusted community members or community health workers provided culturally responsive and situationally sensitive COVID-19 mitigation advice.
- 100% of partners who completed program evaluation.
- 100% of partners who shared programmatic challenges, promising practices, and lessons learned with community and funding stakeholders.

Outcome Measures *

- Report of lessons learned and promising practices of culturally and linguistically specific community informed COVID19 mitigation strategies for building the capacity of Community Based Organizations

Program Strategy: Partnerships

Activities *

1.
 - Provide CBA to Community Based Organizations on identifying, engaging, and collaborating with trusted local leaders and community members in prioritized subgroups in all phases of intervention design, piloting, and implementation.
 - Provide CBA to Community Based Organizations on obtaining multi-sectoral partners that have/can obtain local health data (e.g., medical records, clinic data) and social determinants of health data.
 - Provide CBA to Community Based Organizations on developing partnerships with organizations that assess changes in COVID-19 health disparities of communities and subgroups receiving intervention,
 - Provide CBA to Community Based Organizations on building relationships with leaders in the AAPIHN space to document gaps and knowledge of how to find and use disaggregated data for decision making among AAPIHN communities.

- Provide CBA to Community Based Organizations on using rapid community needs assessments to determine a) the barriers to (including access to care, language proficiencies, and cultural practices) and enablers of community mitigation practices to prevent COVID-19, and b) use of community mitigation practices.

Process Measures *

- Description of CBA provided to Community Based Organizations
- Community Based Organizations obtain increased capacity for identifying, engaging, and collaborating with diverse partners and community members in prioritized subgroups in all phases of intervention design, piloting, and implementation.

Outputs *

- Description of Community Based Organizations (#/type/subgroups served) identified and contracted.
- Description of how CBA facilitated community participation (# of community members, type of engagement process, demographic description of communities engaged).

Budget Period Outcomes *

- 100% partners who collaborated with trusted local leaders and community members in prioritized subgroups in all phases of intervention design, piloting, and implementation.

Outcome Measures *

- AANHPI communities receive community informed COVID19 mitigation interventions
- Knowledge, attitude, and behavior change of community members because of COVID19 mitigation interventions

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE**Note: Please do not specify recipient.****Organizational Capacity**

Recipient should have demonstrated capacity to manage CDC cooperative agreements and expertise in delivering CBA to AAPIHN serving Community Based Organizations. The recipient must have the capacity to provide CBA to Community Based Organizations on developing public health educational material communicating culturally sensitive information to a variety of audiences.

48/200 words maximum

Program Experience

The recipient must have established, productive relationships with Community Based Organizations serving AAPIHN populations and providing CBA to advance the capacity of Community Based Organizations for sharing accurate, culturally-appropriate, educational materials and interventions.

32/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

This project will increase the recipient's capacity to leverage critical national and local AAPIHN Community Based Organizations with the requisite experience, expertise, and access to the targeted communities to implement this community-based program. The Office of Minority Health and Health Equity will work with the recipient and recipient partners to design, implement and analyze an appropriate evaluation to assess outcomes established for the project.

63/200 words maximum

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

49% of funding should be allocated to partnerships with community networks.

10/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Improving services for violence against children/women during a pandemic Part 2

Do not use all capital letters.

10/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Pediatric healthcare clinicians

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

500,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

The program is authorized under sections 317(k)(2)

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

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

Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

This collaborative project will have the recipient organization focus on 1) assessing the state in which victims or potential victims of violence in the home are identified and how services have been delivered including focusing on home visitors 2) identify and implement strategies to improve partnerships with pediatricians at community levels; 3) produce innovative communication products and guidance for community-based organizations or providers updating training aligned with best practices and integrated into formal education programs; 4) and support targeted dissemination efforts to reach community-based organizations beyond healthcare including housing and school settings. New information from this project has identified the challenges experienced by the population and by professionals and advocates delivering services. Additional information should be collected to assess experiences of professionals visiting homes and to strengthen work and collaboration with the healthcare sector so as to service efficiency and quality.

140/150 words maximum

Program Strategy: Partnerships**Activities ***

1. Partnerhips with local healthcare providers and others to develop capacity building online and other tools and resources for health care, public health, and other frontline providers focusing also on pediatricians and aimed at identifying women at risk of intimate partner violence (IPV) as well children at risk for exposure to violence and connect to them to services during the pandemic or similar natural or human made conditions.
2. Identify and implement an innovative online and other communication strategies to share information learned about best practices for services with healthcare providers, and community level service providers and organizations
3. Develop and disseminate online and other tools and trainings for healthcare providers and community service providers including some tools into formal educational settings.
4. Coordination between reciepiant and other coalitions to disseminate of information and tools with community level service providers and organizations for children, women and adolescents and integrate them with other services including in schools.

Process Measures *

1. Participation with partners and diverse stakeholders including pediatricians to review current tools and information collected to determine gaps and needs.
2. Feedback from healthcare (e.g. pediatricians) and service providers on collaboration opportunities and best communication channels.
3. Assist pediatricians with creating formalized partnerships at the community level through local organizations.
4. Meetings and engagement with schools to address IPV and violence agaist children and adolsecents

Outputs *

1. Enhanced and/or new online and other resources and tools developed for healthcare and frontline providers serving children and women.
2. Develop in-depth trainings such as IPV ECHO and online modules. Update centralized training aligned with best practices. Integrate learning into residency programs and medical schools as appropriate.
3. New and enhanced partnerships among healthcare providers and community-based services

providers and organizations

Budget Period Outcomes *

1. Compilation of best practices applied to pediatricians in community settings.
2. Number of online and other tools and trainings developed.
3. Number of communication strategies identified.
4. Number of stakeholder meetings conducted with diverse stakeholders, pediatricians, and home visitors
5. Number of new planned and formalized partnerships

Outcome Measures *

1. Improved public health outcomes specific to prevention of IPV and violence against children.
2. Improved communication on methods of identification of individuals at risk for exposure to violence including screening strategies.
3. Improved methods to facilitate cross-sector collaboration and partnership building involving healthcare and other providers of services (home visitations, schools).

Program Strategy: Programs and Services

Activities *

1. Review a variety of mechanisms and strategies that have been implemented to reach children and adult caregivers at risk for exposure to violence (and use of violence) and to support victims and provide services provided by healthcare providers and community organizations based on collected feedback from stakeholders at a national level.
2. Identify best practices on how to involve further collaborations with healthcare and other providers for improving their services to the conditions of the pandemic but also to better integrate community work with known victims and connect adult caregivers and children to adult- and child-centered supports and services including in the healthcare area in community settings.
3. Develop online in depth trainings and strategies to integrate them into formal educational programs in healthcare.

Process Measures *

1. Assessment of pediatricians and home visitors supporting children, women and adolescents and conduct interviews with home visitors about strategies implemented to support and serve children and women at risk for exposure to violence.
2. Assessment of barriers among pediatricians to screen for IPV and violence against children and summaries of key findings highlighting best practices and innovative strategies aimed at improving cross-

sector collaboration, and ensure wide dissemination of services and supports.

3. Dissemination of communication products, guidance for pediatricians, and training materials in formal educational programs

Outputs *

1. Compendium of best practices and innovative strategies for serving women and children in the context of a pandemic with an emphasis on serving multiply marginalized communities and individuals.
2. Tools and training materials for pediatric and frontline providers for use to ensure continued services and supports to women and children that are equitable, accessible, and culturally responsive both at community level but also within formal educational settings such as residency programs or medical schools.

Budget Period Outcomes *

1. Completion of assessment and report
2. Number of communication and training products for use by pediatric and frontline providers
3. Number of trainings completed through existing forums

Outcome Measures *

1. Improved public health outcomes specific to prevention of IPV and violence against children.
2. Improved methods for identification of individuals at risk for exposure to violence including adolescents.
3. Increased capacity of healthcare and community settings to identify and provide services to prevent, screen or respond to IPV and violence against children and adolescents.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient organization will have a proven track record of working to build the capacity and partnership with medical institutions, children's hospitals and organizations addressing children and women's issues to not only address pediatric issues but also address the health needs of the general population. The recipient organization should also engage pediatric clinicians, families, and other stakeholders at the state and local level to disseminate information, highlight best practices, and implement programs and policy.

73/200 words maximum

Program Experience

The recipient will have experience with violence as a public health problem and screening for violence in the community; developing the capacity of providers to utilize and integrate violence data into practice; and experience with data translation for policy and programmatic purposes. Other key experiences include capacity building, training, and dissemination of public health information.

54/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

CDC expects that the recipient will work closely with domestic and sexual violence coalitions, pediatric and women's health care centers, school-based health centers, home visitors, and myriad of frontline providers serving women and children. CDC will provide direct technical assistance aligned with the overall objectives of this project.

47/200 words maximum

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

CDC expects that any subcontractual work will be focused on strengthening the objectives proposed by this project to address linkages in health and interpersonal violence with pediatricians and in community settings.

30/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Recipients will be permitted to expend funds for project related costs (personnel, fringe, supplies, travel, etc.) in accordance with general terms and conditions for non-research cooperative agreements. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.

53/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision
☐ Funded ☐ Unfunded

Project Plan Round
Round 2

Admin Update
No

Recipient Name

Update CIO No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Measuring the Impact of Violence Against Children and Women During a Pandemic Part 2

Do not use all capital letters.

13/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions☐

No

Target Population Description *

Pediatric health care clinicians

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

3/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

600,000

Funding Appropriation *

75-2024-0943

Funding Statutory Authority *

The program is authorized under sections 317(k)(2)

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

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

Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this funding is to provide continued support to improve messaging, resources, and technical assistance provided to pediatricians, home visitors, and an array of essential personnel working with children and families to serve the needs of children and families during and in the aftermath of the COVID-19 pandemic.

46/150 words maximum

Program Strategy: Partnerships

Activities *

Build partnerships with chapter of a national organization focused on preventing child abuse and neglect,

to support prevention at the local level to continue to analyze and synthesize webpanel data, create messaging for pediatricians and other family service providers about the experiences of families during the pandemic and their potential service needs during the pandemic and beyond, and disseminate this messaging widely to pediatricians, service providers, and partners across the US

Process Measures *

- Number of meetings with leadership and chapters of a national organization focused on preventing child abuse and neglect,
- Number of messaging materials developed
- Number of messaging materials disseminated

Outputs *

- Partnership plan for AAP and PCAA chapters
- Meeting notes detailing collaboration and partnership activities
- Messaging materials developed

Budget Period Outcomes *

Improved dissemination of key messages on family and children's wellbeing during the COVID-19 pandemic

Outcome Measures *

- Percentage of public health partners reporting increased availability of key messages on family and children's wellbeing during the COVID-19 pandemic
- Number of chapters of a national organization focused on preventing child abuse and neglect that receive technical assistance

Program Strategy: Programs and Services

Activities *

1) Work with a communications consultant to expand a communication plan for parents/caregivers, health care providers, and social service providers on positive parenting during the pandemic;

- 2) Develop a training curriculum and training resources including videos for pediatricians and other health care providers to engage parents/caregivers on positive parenting in the context of COVID;
- 3) Develop tools/resources for parents that reinforce health care providers' messages around positive parenting;
- 4) Develop tools/resources to support women caregivers who are facing economic challenges in promoting positive childhood experiences – our questionnaire results and other studies have shown that women are losing jobs at a higher rate than men

Process Measures *

Number of meetings held with communications consultant End of year report on processes enacted to accomplish activities.

- 2) Develop a training curriculum and training resources including videos for pediatricians and other health care providers to engage parents/caregivers on positive parenting in the context of COVID;
- 3) Develop tools/resources for parents that reinforce health care providers' messages around positive parenting;
- 4) Develop tools/resources to support women caregivers who are facing economic challenges in promoting positive childhood experiences – our questionnaire results and other studies have shown that women are losing jobs at a higher rate than men

Outputs *

- 1. Detailed communication plan.
- 2. Tools, training curriculum, and training resources for healthcare providers and community partners to support caregivers in providing positive childhood experiences during the pandemic.
- 3. Tools, resources, messages for parents, especially women caregivers, on how to promote positive childhood experiences during a pandemic.
- 4. New and enhanced resources for home visitors and families developed.
- 5. End of year report on processes enacted to accomplish activities.

Budget Period Outcomes *

Improved dissemination of key messages on family and children's wellbeing during the COVID-19 pandemic

Outcome Measures *

- Number of healthcare providers, community partners, parents, women caregivers, etc. reached with tools and resources
- Percentage of audience reached reporting an improved understanding of how to promote positive childhood experiences during a pandemic

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient should have an existing network of pediatricians and other health care providers and familiarity of the potential needs that children and families may have as they emerge from the pandemic.

31/200 words maximum

Program Experience

The recipient should have experience conducting a series of 3 webpanels with groups of 3000 caregivers in the US to better understand how children and families are faring since the beginning of the COVID-19 pandemic. The recipient should have access to data related to this topic that can be used to develop multiple methods of supporting pediatricians and health care providers in understanding and responding to the needs of families and children post pandemic.

73/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient will be expected to continue collaborating with partners involved in the previous year's activities.

15/200 words maximum

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

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds are to be used in line with the stated purposes of the project.

13/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Round 2

Admin Update

Yes

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.