CDC-RFA-OT18-18020201SUPP19

FY19 CIO Project Plans

Category B

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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

GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 8/15 words maximum Avatar Simulation for Prostate Cancer Screening and Treatment Decision-Making		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION	3	Division, office, or unit:* Division Of Cancer Prevention And Control
4	CIO Point of Contact (POC) name(s):* *Separate multiple names, emails, and phone numbers with a semi-colon.*		CIO POC email address(es):* CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B	
6	Description of the Target Population:* 15/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies State, territorial, and local public health chronic disease directors; health department chronic disease prevention workforce.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $850,000 (Whole numbers only)	
8	Expected Length of Project:*	
	○	The CIO will award new funding each budget period for the remainder of the period of performance.
	○	The CIO will award new funding each budget period for at least two consecutive years.
	◉	The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 142/150 words maximum

Despite recommendations that promote shared-decision making before screening for prostate cancer, informed and shared decision-making rarely occurs before a provider orders a prostate-specific antigen (PSA) test. Additionally, many men with low-risk prostate cancer (disease unlikely to spread) are over-treated and do not understand the tradeoffs between treatment options. There is a need to increase the frequency of shared decision-making and quality of patient decisions. Decision aids have proven helpful in supporting informed and shared decision-making for prostate cancer screening and treatment decisions. Enabling men to make informed decisions about prostate cancer screening and treatment is a DCPC and national priority. This project will create an online avatar decision aid that will help providers and patients navigate prostate cancer screening and treatment decisions. As part of this project, health department staff and healthcare providers will be trained to utilize and disseminate the avatar simulation to improve informed decision-making for men facing prostate cancer decisions.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Communication and Information Technology		Complete an environmental scan by reviewing peer-reviewed and other literature and meta-analyses. Consult with subject matter experts in the areas of prostate cancer screening and treatment, decision aids, and shared decision-making. Work with subject matter experts and potential contractor to complete text of script and example avatar renderings.	Complete building of avatar simulation decision aid that will be available online on the CDC and other partner websites and as a mobile app.	Strengthened capability to use communication and information technology to affect health decisions and actions.	Document the number of avatar users in the first year after avatar release.

	The recipient will create an online avatar simulation decision aid to help providers and patients navigate decisions related to prostate cancer screening and treatment decisions for low-risk prostate cancer. The module should include two sub-components: 1) a virtual provider designed to guide the user (a man or his caregiver) through the decisions and 2) a virtual provider that interacts with a virtual patient designed to train providers how to best discuss prostate cancer decisions with their patients. Each sub-component should have two topic areas: 1) prostate cancer screening and 2) treatment decisions for low-risk prostate cancer including active surveillance ("low-risk" indicates disease constrained within the prostate gland with low risk for metastasis, often defined by Gleason score ≤6, serum PSA <10 ng/mL , and clinical stage T1 to T2a). The screening module content should include discussion of groups at high risk for developing prostate cancer (per US Preventive Services Task Force 2018 guidelines): men with a family history of prostate cancer and African American men. In preparation for creating the avatar, the recipient will complete an environmental scan and consult with subject matter experts in prostate cancer screening, prostate cancer treatment, and decision aids. The recipient will build upon previous CDC-funded work using avatar simulations, such as Talk to Someone: Triple-Negative Breast Cancer.				
Partnerships	Train health department staff to deliver the prostate cancer decision aid modules to providers, men and their caregivers making prostate cancer screening and treatment decisions. Deliver the modules by public health entities like state health departments, professional groups, and advocacy organizations. A communications plan for dissemination will include social media, outreach to men and caregivers, outreach to health department staff (using CDC Comprehensive Cancer Control Programs) and outreach to primary care providers for screening and treatment providers (urologists, radiation therapists, and medical oncologists).	Contact health departments, professional groups, and advocacy organizations to discuss dissemination of avatar product.	Train individuals at health departments and other organizations to disseminate avatar to patients, providers, and caregivers.	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health. Strengthened capability of public health workforce to deliver essential public health services. Strengthened capability to respond to public health priorities collaboratively and strategically.	Document the number of individuals at health departments who have been trained to discuss avatar use. Document the number of providers, provider and other organizations, patients, and patient caregivers who were introduced to the avatar.
Program and Services					

	Test and evaluate the modules with providers, men, and caregivers who are the ultimate end users. Develop outcome measures to fit the needs of this evaluation. Develop communication roll-out plan to assist the state, territorial, and tribal health departments get the word out to assist providers and patients making prostate cancer screening and treatment decision. The intervention delivered by state, territorial, and tribal health departments will be evaluated to ensure that problems are found and fixed as the intervention is being developed and deployed. DCPC would like to scale up the intervention to other entities if successful.	Consult with health departments to help develop a realistic communications plan and method for evaluating avatar success.	Develop an online platform where users can access the avatar. Evaluation of the avatar. This evaluation may involve use of web metrics. Build a tool for documenting the ability to find and use the avatar, and evaluate the avatar's effect on knowledge and intent to change behavior. For example, past evaluations of similar tools have measured prostate cancer knowledge before and after an intervention.	Improved communication and information technology capacity to inform the public efficiently and effectively. Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs. Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs.	Document a measure of the patients,' caregivers,' and providers' ability to use the avatar without technical difficulty. Document an outcome measure of providers using the avatar to evaluate any change in understanding of how to describe prostate cancer screening and treatment principles, including understanding of prostate cancer screening recommendations. Document provider intention to discuss screening and treatment decisions pre-and post-intervention. Document an outcome measure of patients and caregivers using the avatar to evaluate any change in understanding of prostate cancer screening and treatment decisions. Document intention to get screened pre- and post-intervention. Document pre- and post-intervention changes regarding treatment decisions.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 152/200 words maximum
	Proposed project staff should have a general knowledge of shared decision-making, decision aids, prostate cancer screening recommendations, and decision considerations for treatment of low-risk prostate cancer. Some of the proposed project staff should have expertise in working with innovative health communication developers of avatar simulations to engage patients, caregivers, and providers. The applicant will need to have the ability to perform environmental scans to determine the state of the evidence before beginning work and developing tools. Given the short timeline of the project, a well-done literature review or meta-analysis completed in the past 1-3 years may be sufficient. Some of the proposed staff should have the ability to conduct rigorous evaluations of the intervention once the avatar is completed. The evaluation of all tools developed is a critical ability of the project staff. Lastly, some of the staff should have the ability to train health department staff to deliver the intervention to the community. Skills learned in this project will translate to other health department projects.
13	Applicant Program Experience:* 149/200 words maximum
	To effectively conduct the work described under the project description, the applicant should have general knowledge of prostate cancer epidemiology, screening and treatment recommendations, shared-decision making, and the use of decision aids and their influence on behavioral change. The applicant or its contractors should be able to translate these principles and recommendations into avatar simulations for use by those facing prostate cancer screening and treatment decisions. The applicant should also have experience in developing patient and provider educational materials and using traditional and non-traditional channels to get those messages and materials out to the target audiences, especially working with state health departments. The applicant should have experience with conducting usability testing and rigorous evaluations of public health communications materials. To maximize the utility of the project, the applicant should have ongoing relationships with public health and provider groups that address prostate cancer. The applicant should have a deep knowledge and experience of working with health departments, especially providing educational programs and evaluating those programs.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 112/200 words maximum
	The applicant will be expected to collaborate with the technical monitor (TM), CDC project team, the subject matter experts and consultants, and any contractors on all aspects of the project, including compiling evidence for barriers and facilitators to informed decision-making for prostate cancer screening and treatment decisions. All material developed will be reviewed and approved by TM and CDC project staff to ensure messages are consistent with CDC's prostate cancer messaging. The applicant is also expected to work with state health department staff to implement and evaluate the educational intervention and partner with professional organizations and advocacy groups. The applicant should describe a plan for engaging health departments, professional organizations, and advocacy groups and for consulting with the CDC project team.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 172/200 words maximum

Contractor to develop the avatar module: $500,000 for the entire funding period to create the online avatar simulation program with apps for iOS and Android. The contractor will need skills in developing interactive online life-like avatar simulations and working with subject matter experts to create the desired content, especially specific to decision-making and behavioral change.

Marketing subcontractor: $50,000, for the entire funding period, for disseminating the multicomponent modular simulated conversations, and may need to utilize dissemination strategies to target high-risk groups (especially men with a family history of prostate cancer and African American men). Recommend the contractor to have experience with online media, and working with health departments, professional organizations, and prostate cancer advocacy groups. The applicant may also need to secure a subcontractor with expertise in developing and deploying digital campaigns and getting messages out to the public in unique ways, such as social media and webinars.

Contractors needed to support rigorous evaluation of the traditional and nontraditional channels used to disseminate messages consistent with the project design, objectives, and project plans: $50,000, for the entire funding period. Expertise in performance metrics and health behavior evaluation is suggested.

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

Briefly describe how. : * 139/200 words maximum

Many times state health departments are given tasks to complete without being given the skills needed to complete these tasks. We propose creating an educational tool to educate providers, patients, and their caregivers about complicated prostate cancer screening and treatment decisions. The current project will create an online and app-based tool and train public health department staff to implement the interventions. The skills learned in this project will be applicable to delivering many public health interventions. Though the state health department will be the locus of delivering the educational intervention, regional and local health departments will be critical to improving informed decisions regarding prostate cancer among affected men. All of these government agencies will benefit from the tools developed in this project. Many of the state, regional, and local health departments work closely with primary care providers. Therefore they serve as a perfect conduit for dissemination of the avatar simulation.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 90/100 words maximum

The funds provided for this project should be used to directly assess the goals outlined in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, accessing peer-reviewed journal articles and materials, securing meeting space and audiovisual equipment, producing meeting materials, paying for travel, providing modest honoraria for non-Federal meeting participants, developing public service announcements and digital media campaigns, conducting review and revisions, conducting usability testing, and evaluating the materials. Any travel-related expenses to be paid using project funds should be consistent with per diem rates established by US GSA.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/14/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 11/15 words maximum
Building a culture of health in communities to accelerate population health priorities

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY AND STRATEGY

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 10/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Chronic disease staff within state and local health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

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

8 Expected Length of Project:*

- (●) The CIO will award new funding each budget period for the remainder of the period of performance.
- ( ) The CIO will award new funding each budget period for at least two consecutive years.
- ( ) The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 150/150 words maximum

Population health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group," where the "group" in question may differ by shared attribute. Stakeholders from within business, healthcare, health plan, public health, government, and community-based service organizations increasingly recognize that joint efforts to create a culture of health is important but often lack access to resources to implement evidence-based interventions.

This project has two objectives:

1. Utilize subject matter expertise in working with stakeholders from across the public and private employer, health plan, public health, community-based service organization, and state/local government communities to help these sectors understand the health and economic impacts of chronic conditions/health behaviors (beginning with the 6|18 and HI5 interventions)

2. Create resources for these sectors to collaboratively work together to utilize evidence-based population health interventions as part of providing value/ positively impacting the economic costs of chronic conditions and health behaviors in communities.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Partnerships		Complete a summary report that summarizes critical gap areas and makes recommendations for partnership engagement	Change package containing a set of recommendations and curated resources to help build public health, healthcare, community-based service providers , policy makers, and business leaders' capacity for intersecting, engaging, and addressing community factors that may affect access to health services	Improved multi-sector understanding of how to interface with each other as community stakeholders in order to support a healthier US workforce, improved community health, and improved productivity	Improved ability of participating stakeholders from a multi-sector employer or business, health plan, community service, and to begin a collective action framework for action that will accelerate improved community health and productivity

		Assist the CDC in the development of products and deliverables that fill critical gap areas initially identified by the results of the 6|18 Initiative's 2018-2019 outreach to employers/business sector as well as feedback from previous HI-5 community stakeholder convenings Engage in activities to build chronic disease staff capacity to work with stakeholders from across public and private employers/businesses, healthcare, health plans, state and local public health, state and local government, and community-based service providers.				
Laws and Policies		Convening of stakeholders from the employer/ business health collaborative, public health, community based service provider organization, state/local government, and health plan communities to identify policy barriers and facilitators that impact the health of a community's workforce and access to health services	A minimum 50% of convening participants that are able to articulate both policy barriers and facilators at the conclusion of the convening	Post-convening report that summarizes stakeholder identified issues and barriers	Improved ability of CDC and participating stakeholders to articulate the effect of these policy issues on community health and productivity	Increased number of policies that support improved population health
Program and Services		Identify, with CDC's assistance, specific chronic conditions and health behaviors, initially from within the 6|18 and HI-5 population health portfolio and assess the workforce and community levers that may impact the implementation of evidence-based prevention interventions, eg medical costs, healthcare utilization, access to health services, economic and productivity costs	At least two health conditions or health behaviors and the potential health and cost impact on the various stakeholder sectors is identified	Deliverables to include but are not limited to the production of webinars, scorecards and/or dashboards that include specific action items, sections, materials for each of the business, health, community, and public government (i.e. public health and state government)	Improved ability by community stakeholders (including but not limited to community organizations, state and local policy makers, employers and their associated employer-sponsored health plans) to benchmark their current experience with 6|18 and HI-5 Initiative interventions	Improved ability of participating stakeholders from the business, health, community and public sectors to improve the health and cost outcomes of workers in their communities

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 196/200 words maximum

The applicant should have the demonstrated capacity to engage with, and coordinate project activities across multiple stakeholder entities, including employer/business, healthcare, health plan, state and local public health chronic disease programs, state/local government, and community-based service providers who are working on the 6|18 and the HI-5 Initiative health behaviors and chronic disease conditions at a minimum. This capacity may be internal, or it may be demonstrated through existing documented partnerships with other entities that reach these key stakeholders.

In addition, the applicant should have demonstrated capacity to oversee and manage all aspects of the project so that

1. Deliverables simultaneously maintain fidelity to the underlying science while also packaged in a way that is most appropriate for varied end users (i.e employer/business collaboratives, health plan, governmental, and community-based service sectors)
2. Deliverables to the identified stakeholders is available in a timely fashion and via modalities that appropriately balance cost considerations and employer/business, health, governmental, and community based service provider sectors);
3. Meeting discussions and material development/testing processes are iterative and mutually reinforcing. Speficially, project management and structure ensure that key issues or areas of agreement from meeting discussions inform materials development/testing activities, and lessons learned from materials development/testing are brought to meetings for discussion.

13 Applicant Program Experience:* 176/200 words maximum

The applicant should have experience that demonstrates the requisite organizational capacities outlined above—as well as should have a clear plan for engaging partners/sub-contractors who have demonstrated experience/expertise in these areas. Specifically, the applicant should have experience coordinating and managing projects that involve iterative engagements across multiple employer/business stakeholders, health plan, state/local chronic disease programs, state/local government, and community based service provider stakeholder groups. The applicant (and/or any proposed partners and subcontractors) should also have demonstrated experience translating and packaging public health science and promising practices for employer/business stakeholders, health plans, state/local chronic disease programs, state/local government, and community based service provider stakeholder groups. Finally, the applicant should have experience providing technical assistance to entities (e.g, employer/business, health plan, state/local chronic disease programs, state/local government, and community based service provider stakeholder groups), pursuing health systems transformation efforts, particularly those directed towards identifying innovative ways to address population health determinants that affect improved health and cost outcomes of population health, including but not limited to community workforce health and productivity in their communities.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 115/200 words maximum

It is expected that the awardee will collaborate with CDC to plan a least one meeting with employer/business stakeholders, health plans, state/local chronic disease programs and their leadership, state/local government representatives, and community based service provider stakeholder groups . The awardee is also expected to collaborate with CDC and the identified target audiences to create CDC's identified deliverable materials to meet the needs of these groups. Finally, depending on project needs, the awardee may be asked to engage and collaborate with organizations and individuals that represent other important, stakeholder perspectives, including potential service providers (e.g., community based organizations) and recipients.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 48/200 words maximum

The awardee is strongly encouraged if needed to subcontract with entities that have demonstrated and documented previous experience with all of the identified target audiences of this proposal. The identified subcontractors should enhance the applicant's capacity to meet project objectives and produce high quality deliverables within the allocated budget.

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

Briefly describe how. : * 82/200 words maximum

This project would inform and fill a critical gap area for OADPS/PHHO, CDC programs who support state public health chronic disease program leadership, associated CDC programs and state/local governmental programs (including state/local public health leadership) who support multi-sector community engagement. These programs and organizations have asked for CDC's help to better understand how to interface with healthcare purchasers/employers in particular in order to support a healthier US workforce but have also asked for support to better conduct multi-sector engagements that support improved health and cost outcomes in their communities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 73/100 words maximum

As a co-host for a potential in-person convening, CDC expects to cover most of the costs associated with meeting space for attendees. If an in-person convening is being proposed, applicants should not include any costs for meeting venue, set-up (e.g. technology) or supplies as part of the convening budget; accordingly applicants should only include travel for up to 2 additional meeting attendees (including subcontracted experts if needed).

CIO CERTIFICATION

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 9/15 words maximum Building Epidemiologic and Surveillance Capacity for Overdose Data to Action		
2	CIO:* NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL	3	Division, office, or unit:* Division Of Unintentional Injury Prevention
4	CIO Point of Contact (POC) name(s):* *Separate multiple names, emails, and phone numbers with a semi-colon.*		CIO POC email address(es):* CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B	
6	Description of the Target Population:* 25/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies *This project seeks to build capacity of epidemiologists in state, territorial, and local health departments designing, conducting, or analyzing epidemiologic and surveillance investigations related to drug overdoses.*		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $500,000 (Whole numbers only)	
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	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☑	Improved operational capacity to evaluate, manage, and improve public health systems
	☐	Improved leadership capacity to identify and prioritize public health needs

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 46/150 words maximum

The purpose of this project is to increase the capacity of state, territorial, and local health departments to investigate interpret and disseminate epidemiologic and surveillance data related to overdoses in their particular jurisdiction, in support of CDC's Overdose Data to Action (OD2A) cooperative agreement (CDC-RFA-CE19-1904).

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems					1. At least 50% states and territories self-report use of definitions 2. At least 50% state, territory, and local jurisdictions self-report data linkage systems linking at least 2 types of of data to inform prevention and response activities 3. At least 25% state, territory, and local jurisdictions self-report adoption of innovative surveillance projects 4. At least 50% of state, territory, and local jurisdiction self-report communities and leaders that use data products to inform prevention and response activities.

	1. Develop case definitions specifically for Emergency Medical Services (EMS) data. 2. Create and convene an OD2A Data Linkage Workgroup to assist state, and territory, and local jurisdictions with new and innovative data linkage strategies. 3. Create and convene an OD2A Innovative Surveillance Projects Workgroup to support state, territorial, and local jurisdictions implementing innovative surveillance projects. 4. Develop analytic tools and resources to support data dissemination and data to action activities	1. Meeting notes from development meetings; definition and guidance drafted; pilot sites selected; pilot assessments conducted and reviewed; dissemination plan finalized. 2. Workgroup meeting notes; charter documents drafted; Data linkage project proposal drafted; final report completed. 3. Workgroup meeting notes; charter document drafted; innovative surveillance database completed; final report completed 4. Proposals for analytic tools drafted and approved; design, completion, and approval of analytic tools initiated and completed.	**1. EMS Case Definition:** Summary report from convening experts/ stakeholders; drafts for approval and final draft definition and guidance documents; pilot project with up to 10 states and revised definition and guidance based on pilots; final definition and guidance ; dissemination plan for final definition to include white paper or journal article **2. Data linkage Workgroup:** charter document for workgroup purpose, goals, roles and responsibilities; Data linkage project proposal for CDC approval – TBD; final project report **3. Innovative Surveillance Projects Workgroup:** charter document for workgroup purpose, goals, roles and responsibilities; detailed database of innovative surveillance projects and progress; final project report on innovative surveillance projects **4. Analytic toolkits:** Up to 4 toolkits/resources that could readily populate fact sheets and dashboards with overdose surveillance data geared towards different stakeholders	1. State, territory and local jurisdictions collect and use EMS data to improve overdose prevention and response efforts. 2.State, territory, and local jurisdictions link overdose related data sources (eg., data on opioid prescribing, insurance claims, drug use surveys, morbidity, and mortality)) to improve overdose prevention and response efforts 3. State, territory, and local jurisdictions implement and share findings from innovative surveillance projects 4. State, territory, and local juridisdcitions disseminate overdose data tailored for key stakeholders and report as success stories examples of data utilization efforts to improve overdose prevention and response efforts	
Communication and Informati on Technology	1. Create online resources that support new epidemiology staff or state, territory, and local health departments new to CDC overdose surveillance methods	1. Proposals for online resources; design, completion, and approval of resources	**1.** Up to 3 online resources specific to methods on either collecting or utilizing drug overdose-related	1. New epidemiology staff working on OD2A and new state and local jurisdictions not previously funded for CDC opioid surveillance projects have improved capacity to collect fatal and nonfatal overdose data using CDC surveillance methods.	1. At least 60% of new state, territory or local epidemiology staff receiving the resources and/or their supervisors self-report improved capacity to collect fatal and nonfatal overdose data using CDC surveillance methods.
Program and Services	1. Develop alert guidance, templates,and/or protocols for potential clusters or spikes in drug overdoses	1. Proposal for alert guidance/template and/or protocol; design, completion and approval of guidance/template or protocol	1. Guidance, templates or protocols based on state examples that provide information on appropriate alert methodologies and communication strategies for communities experiencing clusters or spikes in drug overdoses.	1. Guidance, templates or protocols based on state examples that provide information on appropriate alert methodologies and communication strategies for communities experiencingclusters or spikes in drug overdoses.	1.Up to 50% of communities that received alerts self-report use and/or satisfaction with alert products

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 111/200 words maximum
	The applicant should have demonstrated capacity, expertise, and infrastructure to identify and meet technical assistance needs of epidemiology programs in state, territorial, and local health departments associated with the proposed activities of the project plan. The applicant should have the capacity to solicit, direct, and coordinate a variety of subject matter experts, national public health partners and other resources in provision of comprehensive tailored technical assistance. The applicant's organization should also include strong leadership that can connect with state and territory health department leadership and surveillance department leadership to better understand state needs, issues, and successes. Similarly, the applicant should demonstrate capacity to reach into networks of highly skilled epidemiologists.
13	Applicant Program Experience:* 84/200 words maximum

	The applicant should have demonstrated knowledge and experience to address technical assistance needs of epidemiology programs in state, territorial, and local health departments associated with the proposed activities of the project plan. Specifically, applicant should have the demonstrated experience implementing a fellowship program that builds capacity and infrastructure for state health department epidemiology programs. Applicant should have the demonstrated capacity and experience to convene experts to design case definitions, guidance, tools, resources (including online resources) templates, and protocols and provide technical assistance on their usage. Expertise in epidemiology and surveillance methods is required.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 174/200 words maximum
	The selected applicant will function as part of a network of TA partners funded to support implementation of OD2A. As such, the selected applicant is expected to collaborate and coordinate with other CDC-funded partners and SMEs, where applicable, in the development, facilitation and delivery of targeted technical assistance to funded jurisdictions that promotes successful implementation of Overdose Data to Action (OD2A). *Expected collaborations on specific activities include:* ***CSTE Epidemiology Fellowship Program- Collaborate with CDC on process for selecting and matching fellows with high-need states.*** ***EMS Case Definitions: Collaborate with CDC and state/local entities and national EMS organizations such as NASEMSO to develop draft case definition and associated guidance and pilot project proposal.*** ***OD2A Workgroups** – Collaborate with and receive approval from CDC on charter documents; proposed content for technical assistance and convening activities, and final projects and reports.* ***Cluster/spike alerts: Collaborate with states and CDC to identify guidance/protocols that alert communities about clusters or spikes in overdose rates.*** ***Online resources for entities new to CDC surveillance methods:** Collaborate with CDC on resource proposal drafts and completed products.*
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 40/200 words maximum
	The applicant will subcontract with various partner organizations and subject matter experts to complete proposed activities. Specifically, the applicant should consider sub-contracting with overdose surveillance experts; national organizations that support Emergency Medical Services,, and communication organizations or consultants.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 55/200 words maximum *Governmental public health agencies will benefit from this capacity building project with tools, resources, workgroups, and case definitions of emergency medical services to improve epidemiology and surveillance efforts related to drug overdoses.Additionally high-need governmental public health agencies will benefit from this capacity building project with possible epidemiologic infrastructure support through a epidemiology fellowship program.*
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 39/100 words maximum
	Budget should include appropriate items associated with proposed activities and can include travel for drug overdose and national organization experts to meetings related to development of proposed products, and travel to CDC's annual Overdose to Action Recipient Meeting.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/15/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 9/15 words maximum
Capacity building and technical assistance for Sickle Cell Data Collection

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 11/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Epidemiologists in state and local health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

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

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ○ The CIO will award new funding each budget period for at least two consecutive years.
- ◉ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 110/150 words maximum

Sickle cell disease (SCD), the most common severe genetic disease, impacts 90,000-100,000 persons in the United States. In 2015, the CDC Sickle Cell Data Collection (SCDC) program was initiated to develop infrastructure and implement a data system for collecting and housing population-based longitudinal information on those living with SCD in two states, California and Georgia. Data sources for SCDC include newborn screening, hospital discharge records, emergency room records, Medicaid claims, vital records, and SCD clinical centers. The purpose of this project is to build capacity for additional states to participate in SCDC. New states will receive technical assistance in the form of virtual and in-person sessions and will be tasked with identifying stakeholders and contacts for data sources and intitiating data use agreements.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems		**Established SCDC program sites:** To increase technical assistance available for new SCDC program sites, approximately 18 virtual sessions and tw in-person sessions will be developed and taught to new SCDC program sites **New SCDC program sites:** To increase engagement with data sources, at least one individual representing each of the core SCDC data sources (newborn screening data, hospita			100% of established SCDC program sites and at least 50% of new SCDC program sites indicate that they have the capacity to submit either aggregate- or individual-level data from a minimum of five data sources and two clinical centers to CDC within 12 months of the end of the budget period, subject to availability of funds

Established SCDC program sites: Work with CDC to develop technical assistance materials and provide technical assistance to new sites **New SCDC program sites:** Identify and engage with key contacts for SCDC data sources Initiate the development of data use agreements for each data source. Participate in CDC-directed virtual and in-person capacity building sessions **All SCDC program sites:** Convene key stakeholders in the state to build relationships, review surveillance goals, and develop plans for utilization of surveillance data Work with CDC to determine the feasibility of data items and format that may be included in aggregate-level and individual-level datasets submitted to CDC during future funding cycles. Work with CDC to develop a final report on the feasibility of implementing SCDC in new sites.	discharge data, emergency room data, Medicaid claims data, vital records data) and at least two clinical centers who each provide care to a minimum of 50 individuals with SCD will participate in the convening of key stakeholders To increase the development of data use agreements for SCDC data sources, each new program site will meet with staff from each data source, in addition to the convening of key stakeholders, to initiate the agreements To increase capacity for implementing SCDC, each site will have at least one participant attend 100% of the virtual sessions and at least two participants attend 100% of the in-person sessions **All SCDC program sites:** To increase the number of relationships, understanding of SCDC, and utilization of SCDC data, each site will convene at least one virtual and one in-person meeting of key stakeholders in the state To increase the feasibility of submitting SCDC data to CDC at a later date, at least two participants from each site (one with surveillance data expertise; one with medical expertise or SCD) will participate in three virtual and one in-person session to develop a list of aggregate-level and individual-level variables To increase the standardization of SCDC methodology for all sites, at least one participant with surveillance data expertise from each site	Publically accessible website that contains all project outputs and links to all SCDC-related materials developed by CDC and/or participating states Approximately 18 archived virtual sessions to increase capacity for SCDC implementation Two live sessions to increase capacity for SCDC implementation Two white papers reporting on live sessions (1 paper/session) to increase capacity for SCDC implementation List of names, contact information, and role for each key stakeholder Report from each meeting with data source staff to develop and initiate data use agreements and timeline for projected completion for each agreement Completed evaluation report for each virtual and in-person capacity building session Report from each key stakeholder meeting Report of aggregate-level data variables Report of individual-level data variables SCDC Manual of Operations for standardizing methodologies for all sites	Increased understanding of the prevalence of SCD and/or the patterns of health care utilization for individuals with SCD Increased provision of technical assistance for SCDC Increased capacity for implementing SCDC Increased within-state SCDC-related partnership building Increased standardization of methods for SCDC, including data manipulation and storage

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
12	Applicant Organizational Capacity:* 32/200 words maximum
	The organizational capacity required includes the ability to to create and maintain a publicly available website to house SCDC-related materials that result from this project and to execute multiple subcontracts in a timely manner.
13	Applicant Program Experience:* 29/200 words maximum
	The recipient program should have experience in convening multi-disciplinary virtual and live meetings to build capacity for public health activities related to chonic conditions.
COLLABORATIVE WORK	
14	Expectations for Collaboration, as applicable: 98/200 words maximum
	CDC staff will work collaborativley on convening, hosting, and content development for virtual and live capacity-building sessions; development of variables for aggregate and individual-level SCDC data collection; development of standard methods for SCDC implementation; and provision of technical assistance for SCDC implementation. CDC staff will also help curate content for website. CDC staff will participate in site visits, reverse site visits, and virtual and live meetings for capacity development. CDC staff will include individuals in the Division of Blood Disorders. All associated presentations, abstracts, reports, and manuscripts will include relevant CDC staff and may require CDC scientific clearance before publication/presentation.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 186/200 words maximum
	Subcontractor work is recommended to complete expected outputs. The subcontractors shall demonstrate: 1) the personnel and infrastructure to provide SCDC technical assistance to additional states OR 2) the personnel and infrastructure to build capacity for implementing a new SCDC program. The subcontractors shall provide evidence of: (established programs) previously completed SCDC-based peer-reviewed publications on which they were a co-author; currently valid data sharing agreements or memoranda of understanding to access newborn screening, state Medicaid, hospital discharge, emergency department and death records for individuals with SCD data back to at least 2005 and through at least 2016; evidence of active participation in a state-wide SCD collaborative network; (new programs) evidence of at least 50 SCD births per year in their states(average); the names, contact information, and roles of two individuals (one with surveillance data expertise and one with clinical knowledge of SCD expertise) who will be participating in the project; the name of two clinical sites providing health care for at least 50 patients with SCD each in their state; and examples of experience using state's admininistrative data to conduct surveillance for any chronic disease .
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 99/200 words maximum
	SCD is a tremendous public health burden, as patients have high rates of health care services utilization. Furthermore, the majority of this health care is paid for by public insurance, mostly Medicaid. The products of this project have the potential to increase the capacity of participating states to improve health care outcomes, to inform standards of care, to reduce unnecessary emergency department visits, to increase appropriate disease-modifying therapies, and to decrease mortality and morbidity for individuals with SCD. Each of these may result in overall reduced costs to state Medicaid plans, reduced crowding in emergency departments, and increased numbers of healthy students and individuals in the work sector.
BUDGET INSTRUCTIONS	
17	General Instructions for Use of Funds, as applicable: 54/100 words maximum

	Funds may be used for: Salaries and wages Fringe benefits Consultant costs Supplies Travel Other categories (meetings) Total direct costs Total indirect costs Contractual costs **Restrictions:** Recipients (and subcontractors) may not use funds for research. Recipients (and subcontractors) may not use funds for clinical care. Recipients (and subcontractors) may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual services.

	CIO CERTIFICATION
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CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 8/15 words maximum Closing the Gap: Building Capacity for Smoke-free Cities		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION	3	Division, office, or unit:* Office On Smoking And Health
4	CIO Point of Contact (POC) name(s):*		CIO POC email address(es):*
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 10/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies		
	State, local, and territorial public health chronic disease directors		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $150,000 (Whole numbers only)	
8	Expected Length of Project:*	
	○	The CIO will award new funding each budget period for the remainder of the period of performance.
	○	The CIO will award new funding each budget period for at least two consecutive years.
	◉	The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

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2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 132/150 words maximum

This project will increase capacity for health departments to strategically plan and coordinate on activities related to smoke-free. This project will have two components:

Component 1: Convene state tobacco control program managers, chronic disease directors and state health officers from 23 states without a comprehensive smoke-free law. This half-day meeting will focus on prioritizing smoke-free protections as a component of strategic health department activities and plans.

Component 2: Convene a 2-day workshop within two states. These workshops for local health department staff will focus on knowledge, skill building and strategic planning on smoke-free policies. This project will fund technical assistance providers experienced in providing successful smoke-free trainings and will include national experts as workshop instructors. Technical assistance providers will be funded to provide remote, follow-up technical assistance on community work plans that are developed during the workshop.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Leadership and Workforce Development	Meeting with State Tobacco Control Manager, Chronic Disease Director and Public Health Department Leadership.	To ensure states prioritize local smoke-free activities in public health work plans, strategic plans and guidance documents, leadership from 20 of 23 (87%) invited states will participate in the state meeting.	Development of strategic plans and goals for state health department participants on evidence based strategies to protect people from secondhand smoke.	State public health departments will include smoke-free activities in guidance and planning documents and will provide technical assistance to local public health departments on evidence-based strategies to protect people from secondhand smoke exposure.	100% of the attendees (states) who participate in the meeting will identify priority communities for smoke-free activities. At least 75% of the state tobacco control programs from attendee states will provide technical assistance to communities on developing strategic plans/work plans on evidence-based strategies to protect people from secondhand smoke.
Partnerships	Solicit and ensure partner participation in Workshop	Local teams at the workshop will include at least one traditional partner organization (e.g. heart, lung cancer), at least one non-traditional partner and at least one partner from an organization that represents groups that face tobacco use disparities.	Development of a work plan that includes activities for all partner organizations who participate and that includes goals for partners that need to be included moving forward.	Smoke-free activities will be prioritized in communities by governmental and non-governmental agencies who participate in the workshop. Regular meeting will be scheduled to operationalize the work plan and that will include participation from existing and new partners.	100% of the workshop participants will include activities for partner organizations in work plans developed at the workshop.
Laws and Policies					

		Provision of technical assistance to workshop participants	Technical assistance providers will work with 100% of the participants at the meeting and after the meeting will reach out to 100% of workshop participant teams at least twice in the project period to identify future technical assistance needs. Technical assistance providers will schedule regular calls with 100% of the workshop teams who have identified future technical assistance needs.	Technical assistance providers will meet regularly with workshop teams who need guidance on operationalizing work plans.	Appropriate activities will be identified for work plans that will result in advancement of evidence-based strategies to protect people from secondhand smoke exposure.	100% of workshop participants will receive the technical assistance needed to successful achieve work plan milestone goals and objectives.
	Program and Services	Solicit and ensure local public health department participation in workshop	Teams from at least 5 of 10 communities (that are prioritized by the state health department) will participate in the workshop.	Development of a work plan that includes activities for all governmental and nongovernmental partner organizations who participate.	Local public health departments will include smoke-free activities in guidance and planning documents. Governmental and nongovernmental partners will participate in regularly scheduled meeting to operationalize the work plan.	100% of the workshop teams will develop a work plan that will include activities for governmental and nongovernmental partners.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 165/200 words maximum

Component 1: The recipient will be able to successfully provide travel support for up to 46 staff from 23 states to come to Atlanta for a one day meeting with CDC OSH staff. Recipient will be able to effectively coordinate with other CDC grantees and collaborate on travel support for up to 23 State Health Officers who will also attend the meeting. The recipient will be able to provide meeting support, which will include meeting agenda development, facilitation, on site operational support and meeting evaluation.

Component 2: The recipient will be able to effectively plan, develop and implement two trainings that are two-day workshops for health department staff within the funding window. The recipient to provide logistical support and travel for instructors and will provide meeting suppot which will include meeting agenda development, facilitation and on site operational support and meeting evaluation. Recipient will be able to subcontract with technical assistance providers and provide appropriate support for staff time, materials and travel to workshops.

13 Applicant Program Experience:* 98/200 words maximum

Component 1: The recipient will have demonstrated success in providing logistics support to multiple state governments and understand how to work within state governmental travel requirements and deadlines.

Component 2: The recipient will have demonstrated success in working with CDC on providing training and technical assistance to government and nongovernment groups on tobacco control policies and developing workshops on tobacco control strategic planning. The recipient will have a robust understanding of the scientific, programmatic and legal issues related to secondhand smoke and smoke-free policies. The recipient will have strong relationships with national partner organizations/national experts to be able to work with/contract with these groups for instructors.

COLLABORATIVE WORK

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

Component 1: The recipient will be expected to collaborate with an organization with an existing relationship with State Health Officers and be able to coordinate with this organization to ensure that State Health Officers are able to attend the meeting.

Component 2: The recipient will be expected to collaborate with nongovernmental organizations who have expertise in providing technical assistance on scientific, programmatic and legal issues related to secondhand smoke and smoke-free policies. The recipient will be expected to collaborate with state public health departments to plan the workshops, identify community participants and ensure workshops take into account local considerations.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 95/200 words maximum

The recipient will identify subcontractors who have expertise in holding national, regional and state-based workshops for tobacco control programs on the scientific, programmatic and legal issues related to secondhand smoke and smoke-free policies. The recipient will identify multiple subcontractors who have expertise in providing direct and remote technical assistance to state and local health department staff on the scientific issues related to secondhand smoke exposure and the legal and programmatic issues related to smoke-free policies. The subcontractors will fully understand the fiscal and legal limitations of governmental and nongovernmental organizations that work on issues related to secondhand smoke and policy change.

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

Briefly describe how. : * 149/200 words maximum

Secondhand smoke exposure contributes to approximately 41,000 deaths among nonsmoking adults and 400 deaths in infants each year. Despite substantial progress in adoption of state and local smoke-free policies in the last 25 years, almost 40% of the population lives in a community without a comprehensive smoke-free policy and there are notable gaps in smoke-free protections in the southeastern United States. Continued implementation of comprehensive smoke-free laws are critical to protect nonsmokers from this preventable health hazard in the places people live, work, and gather.

This project will benefit state and local public health departments by prioritizing activities to protect people from secondhand smoke. This project will increase capacity for state and local health departments to strategically plan and coordinate on activities that will lead to increased protections from secondhand smoke exposure. Additionally, because disparities in exposure prevalence persist across demographic groups, this project can reduce disparities in communities that adopt smoke-free policies that prohibit smoking in all workplaces and public places.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 84/100 words maximum

Component 1: Travel funding for up to 46 staff (state tobacco control and chronic disease managers) for a half-day meeting at CDC in Atlanta. Meeting develop and on site operational support.

Component 2: Funding for staff time, materials, and travel for contractor staff and instructors to travel to up two workshops that will be held over two days each. Workshops will include teams of governmental and nongovernmental participants from at least 5 communities. Include funding for staff time to participate in regular follow up to provide technical assistance to workshop participants.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/01/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 3/15 words maximum Comprehensive Injury Epidemiology Fellowship		
2	CIO:* NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL	3	Division, office, or unit:* Division of Analysis, Research, and Practive Integration
4	CIO Point of Contact (POC) name(s):* *Separate multiple names, emails, and phone numbers with a semi-colon.*		CIO POC email address(es):* CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B	
6	Description of the Target Population:* 8/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies Epidemiologists working in state and territorial health departments.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $400,000 (Whole numbers only)	
8	Expected Length of Project:*	
	○	The CIO will award new funding each budget period for the remainder of the period of performance.
	○	The CIO will award new funding each budget period for at least two consecutive years.
	◉	The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 67/150 words maximum

In this era of expanding and changing data resources, epidemiology workforce capacity is needed to ensure that the measurement of injury and its societal impact remain accurate and in step with the emerging data capabilities. The purpose of this project is support Injury Epidemiology Fellows to be placed in State Health Departments. The fellows should be placed with experienced state epidemiologists that have a minimum of masters or higher-level training.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Leadership and Workforce Development	**Recruit, hire, and place injury epidemiology fellows**	# Applicants # Fellows placed	# Trained fellows	Contributions of fellows in injury workgroups and scientific meetings	**Fellows' final projects contribute to injury epidemiology knowledge and advancement**
Data and Information Systems	**Recruit injury epidemiology host sites**	# Host sites	# Host sites with projects conducive to fellows' learning and ability to make meaningful contributions	Contributions of fellows to improvements and capacity building at the host site	**Fellows' final projects contribute to injury epidemiology knowledge and advancement**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 20/200 words maximum

The recipient organization must have active epidemiologist members and/or collaborative epidemiologist partners in all US states and territories.

13 Applicant Program Experience:* 54/200 words maximum

- Placing epidemiology fellows within state and territorial health departments.
- Developing and conducting collaborative surveillance data quality investigations and evaluations with state health department epidemiologists.
- Providing high-quality technical assistance, developing tools and guidance for state health departments in topics pertaining to injury surveillance.

COLLABORATIVE WORK

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

	Upon funding, recipients will collaborate with CDC NCIPC in worksite placement to ensure that the host site can support innovative injury surveillance methods and participation in a state and territorial epidemiologist organization-sponsored workgroups.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 31/200 words maximum Upon funding, recipients will collaborate with CDC NCIPC in worksite placement to ensure that the host site can support innovative injury surveillance methods and participation in state and territorial epidemiologist organization-sponsored workgroups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/25/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 3/15 words maximum Comprehensive Injury Epidemiology Partnership		
2	CIO:* NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL	3	Division, office, or unit:* Division of Analysis, Research, and Practive Integration
4	CIO Point of Contact (POC) name(s):* *Separate multiple names, emails, and phone numbers with a semi-colon.*		CIO POC email address(es):* CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B	
6	Description of the Target Population:* 8/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies Epidemiologists working in state and territorial health departments.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $400,000 (Whole numbers only)	
8	Expected Length of Project:*	
	○	The CIO will award new funding each budget period for the remainder of the period of performance.
	○	The CIO will award new funding each budget period for at least two consecutive years.
	◉	The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 138/150 words maximum

In this era of expanding and changing data resources, new and updated analytic methods are needed to ensure that the measurement of injury and its societal impact remain accurate and in step with the emerging data capabilities. This project will support the advancement of epidemiologic science among state health department partners in the following categories:

1. Development of Epidemiology Public Health Competency Recommendations reflecting the needs of injury epidemiology in a data science driven era. These recommendations should be informed by the evidence-based state and territorial epidemiological informatics capacity assessment that is currently underway.

2. Development and updating of topic specific Special Emphasis Reports for use with ICD-10-CM coded hospitalization and ED data. (TBI, Falls, MV, Suicide, etc.)

3. Improving injury surveillance capabilities using a natural language processing approach. (ie. Syndromic Surveillance, electronic health records, etc.)

4. Special projects focused on data linkage or other emerging issues.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Leadership and Workforce Development	Hiring of contractors Convening of experts Formation and facilitation of workgroups Provision of trainings Development of recommendations Development of toolkits Dissemination of best practices	Meeting summaries Progress notes Participant commitments	Recommendations Guidelines Toolkits	Implementation of analytic methods Improved capacity of data and information systems to conduct public health monitoring and surveillance Increased capacity to use data to inform decision making and support injury epidemiology best practices	# of states participating in the development of analytic recommendations Quality of tools produced # of states implementing analytic recommendations
Data and Information Systems	Exploration of data sources Identification and testing of methodologic approaches	Meeting summaries Progress notes	Recommendations Guidelines Toolkits		Quality of tools produced # of states implementing analytic recommendations

		Implementation of analytic methods Improved capacity of data and information systems to conduct public health monitoring and surveillance Increased capacity to use data to inform decision making and support injury epidemiology best practices

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 18/200 words maximum
	The recipient organization must have active epidemiologist members and/or collaborative epidemiologist partners in all US states and territories.
13	Applicant Program Experience:* 33/200 words maximum
	The recipient organization must have experience and expertise in conducting multi-jurisdictional data analysis, facilitating epidemiologic focused workgroups, developing of consensus surveillance tools, and direct experience and knowledge of injury epidemiology methods.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 45/200 words maximum
	Upon funding, recipient will collaborate with CDC NCIPC to ensure that activities and funding do not duplicate work but instead are coordinated with and complementary to efforts supported under other programs. Additionally, collaboration across Injury Epidemiologists is anticipated to improve program guidance, dissemination, and implementation.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 18/200 words maximum
	Sub-contracted work is permissible and should be done in collaboration with NCIPC staff.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 51/200 words maximum
	Governmental public health agencies at the federal, state, and local levels are dependent on high quality surveillance data and analytic methods. This critically important work is central to developing progressive injury surveillance methodologies and forms a strong science based foundation for the future of injury epidemiology.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/29/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 10/15 words maximum Coverage and Reimbursement Analysis of Pharmacy Services to Prevent Chronic Disease	
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION	3 Division, office, or unit:* Division For Heart Disease And Stroke Prevention
4	CIO Point of Contact (POC) name(s):* *Separate multiple names, emails, and phone numbers with a semi-colon.*	CIO POC email address(es):* CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B
6	Description of the Target Population:* 18/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies Public health lawyers in State, Tribal, Local, and Territorial health departments	

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $225,000 (Whole numbers only)
8	Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ◉ The CIO will award new funding each budget period for at least two consecutive years.
- ○ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 124/150 words maximum

Pharmacy services such as medication therapy management (MTM) are intended to optimize therapeutic outcomes by ensuring that patients are taking their medications safely and as prescribed, addressing any barriers, making adjustments to therapy, and bringing medication issues to the attention of the treating provider. Currently, MTM services are a benefit for Medicare Part D recipients. However, for other populations, MTM coverage varies by insurance type and state. The degree to which MTM or related services (e.g., smoking cessation self-monitored blood pressure training, and lifestyle modification counseling) are available and accessible to individuals age 18-64 is unknown. The purpose of this review of health benefit coverage is to (1) identify gaps in coverage and underutilized services, (2) articulate the needs for and benefits of increased coverage, and (3) help stakeholders make these interventions more available.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastructure	In collaboration with CDC representatives and subject matter experts, the award recipient will conduct analyses to better understand the national landscape of MTM services coverage for individuals age 18-64 and potential mechanisms stakeholders may use to optimize MTM coverage. Analyses will examine health insurance policies across states and the District of Columbia and create thorough, clear resources summarizing results.	To increase the availability of synthesized MTM service coverage information for at least 10% of covered lives in the U.S.	Project outputs will include an implementation guide that offers guidance on how to increase access to these pharmacy-based MTM services among commercial insurers, Medicaid FFS, Medicaid MCOs, and public employers.	Improved capacity to estimate pharmacy-based MTM service coverage across multiple insurer types.	Increase proportion of Medicaid and state employer decisionmakers aware of coverage and reimbursement related to MTM services by 20%.
	Laws and Policies		To improve the methodology for assessing coverage and reimbursement policies for at least 3 insurer types.	Project outputs will include a manuscript describing the national landscape of insurance coverage and reimbursement related to medication therapy management; information suitable for the development of a Web-based graphic Fact Sheet (to include interactive, comparative maps and data) illustrating the availability and access to MTM services in relation to need.	Improved capacity to clarify benefits of MTM and compare coverage and reimbursement policies across states.	Increase the reach of MTM coverage and reimbursement information to at least 200 public health decisionmakers.

Activities wil include:

•Coverage and reimbursement analysis: The recipient will develop and implement a stakeholder-informed framework to assess current coverage and reimbursement of MTM services among commercial insurers, Medicaid fee-for-service (FFS), Medicaid Managed Care Organizations (MCOs), and public employers. Analyses will use publicly available information to provide descriptive as well as comparative information.

•Eligibility analysis: The award recipient will identify pertinent MTM eligibility criteria by state and payor type for individuals age 18-64.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 16/200 words maximum

Applicant should have the capacity to lend expertise and assistance to projects guided by DHDSP.

13 Applicant Program Experience:* 30/200 words maximum

Applicant should have experience in the following areas:

- Collecting, analyzing and summarizing qualitative and quantitative data
- Conducting policy intervention research on relevant public health topics
- Planning and developing public health policy intervention translation materials

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 23/200 words maximum

Applicant will work collaboratively with CDC subject matter experts, external pharmacy and payer stakeholders, as well as public health officials and researchers**.**

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 117/200 words maximum

Subcontracted work, to extend throughout the funding period, will involve developing a framework for assessing current MTM coverage and reimbursement across states, and efficiently using multiple data sources to analyze information. Recommended criteria for selecting subcontractors include policy analysis experience and capacity as defined below.

Subcontractors shall have extensive experience in the following areas:

- Completing multi-state coverage and reimbursement analyses relevant to chronic diseases and cardiovascular disease prevention
- Demonstrated experience implementing feasible assessments that include commercial insurers, Medicaid FFS, Medicaid MCOs, and public employers
- Studying policy interventions related to team based care and integration of community pharmacists in achieving public health objectives

Subcontractors should be recognized subject matter experts, ideally serving in public health leadership roles related to this work.

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

Briefly describe how. : * 29/200 words maximum

State public health agencies will have increased understanding and capacity for implementing policy intervention strategies to improve medication adherence and the prevention of CVD and reduce CVD related hospital readmissions.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 11/100 words maximum
	Awardee shall use funds to achieve intended outcomes of project activities.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/27/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 14/15 words maximum Evaluating Policy and Legal Approaches that Improve HIV, Viral Hepatitis, STD, and TB Health Outcomes		
2	CIO:* NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION	3	Division, office, or unit:* Office of Policy, Planning and Partnerships
4	CIO Point of Contact (POC) name(s):*		CIO POC email address(es):*
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B	
6	Description of the Target Population:* 8/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies Public health lawyers and STLT health departments		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $100,000 (Whole numbers only)	
8	Expected Length of Project:*	
	○	The CIO will award new funding each budget period for the remainder of the period of performance.
	○	The CIO will award new funding each budget period for at least two consecutive years.
	◉	The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 132/150 words maximum

To support the analysis of existing policy environments to identify policy approaches that yields the most improvements in health outcomes. The project may utilize innovative legal and policy analysis methods to better understand how these innovations affect health outcomes. This project will compliment Y1 activities, placing a stronger emphasis on elevating NCHHSTP policy priorities associated with improving health outcomes across all disease areas within high-burden states.

NCHHSTP prioritizes cost-effective, scalable programs, policies, and research to achieve the greatest impact on reducing the incidence of HIV, viral hepatitis, STDs, and tuberculosis and preventing related illness and death. These infections result in high personal, societal, and economic costs. Individuals working in health departments on policy and legal issues are well positioned to identify and implement opportunities for advancing infectious disease prevention and treatment strategies and can benefit from learning how innovative laws and policies have affected health outcomes.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Laws and Policies	Perform analysis of existing policy environments to identify policy approaches that yield the most improvements in health outcomes Perform innovative legal and policy analysis methods to better understand how these innovations affect health outcomes	Two completed policy/legal analyses utilizing sound and replicable research methods.	Dissemination of legal/policy analysis outcomes targeted towards policy workforce across STLT health departments Promotion of completed policy/legal analysis through various media (website, social media, journal).	Increased awareness among policy workforce across STLT health departments on NCHHSTP priorities and effective strategies for advancing prevention and treatment activities within jurisdictions	Number of stakeholders requesting technical assistance from CDC and/or funded entity.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 63/200 words maximum

Applicant should have access to reliable legal and policy analysis software as well as the subject matter expertise to conduct a quantitative analysis of laws and policies. Applicant should have access to STLT public health departments and other governmental entities involved in addressing HIV, viral hepatitis, STD, TB and adolescent health priorities. Applicants should have past experience in addressing public health topics that impact multiple sectors and/or settings.

13 Applicant Program Experience:* 38/200 words maximum

	An effective applicant will have knowledge of the legal and policy environments surrounding HIV, viral hepatitis, STD, TB and adolescent health, experience in conducting scientifically sound legal and policy analyses, collaborating with STLT health departments, and experience administering CDC funding.

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 17/200 words maximum
	It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	NA
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 24/200 words maximum Collaborative participants will likely include representatives from public health agencies, who will benefit from shared knowledge as well as technical assistance and collaboration opportunities.

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 11/100 words maximum
	Funds may not be spent on medical equipment or medical tests.

CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/16/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 6/15 words maximum
Evaluation of health department restaurant inspection progams

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Emergency And Environmental Health Services

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 18/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

State and local environmental health programs, specifically food safety leaders and staff who are responsible for retail food safety.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

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

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ○ The CIO will award new funding each budget period for at least two consecutive years.
- ◉ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 121/150 words maximum

In recent years, some state and local environmental health departments have made their inspection data accessible to the public, either through websites or public posting in restaurants. Little data currently exist on the effectiveness/impact of public posting of inspection data. The purpose of this project is to evaluate restaurant inspection programs that publicly post inspection results. These evaluations will assess the effectiveness and strengths and weaknesses of these programs. Measures of effectivenes may include number of restaurant re-inspections, inspection scores over time, number of foodborne illnesses and outbreaks, and inspector, restaurant industry and public perceptions.The findings and recommendations of these evaluations will be disseminated and used to guide decision-making about how best to structure inspection programs to support food safety.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastructure	Support environmental health departments in assessing effectiveness of publicly displaying restaurant inspection results	Enagage at least 2 STLT environmental health departments with food safety programs that publicly display restaurant inspection results	Reports to participating environmental health departments summarizing findings of assessment	Improved inspection programs in the environmental health departments that participated in the project, based on findings	Number of recommendations or findings from the study implemented or adopted by environmental health departments that participated in the project
Program and Services	Support environmental health departments in assessing effectiveness of publicly displaying restaurant inspection results	Define at least 3 measures by which to assess effectiveness of publicly displaying restaurant inspection results	Publication describing the methods and findings of the project to be disseminated widely in order to inform STLT food safety program decision-makers	Improved inspection programs in the environmental health departments that participated in the project, based on findings	Long-term Measure (after publication): Number of health departments that implement public posting of inspection results (if the evaluations show that they are effective)

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 90/200 words maximum

Recipient organization must have the capacity to build strong working relationships with state, tribal, local and territorial (STLT) health department EH programs and professionals responsible for food safety. The recipient organization must also have an in-depth knowledge and understanding of health department EH program services and priority areas, particularly in the area of food safety This project requires a significant level of oversight and diligence to ensure the project progresses in a timely manner. The organization must be able to implement work activities quickly to ensure on-time completion.

13 Applicant Program Experience:* 48/200 words maximum

Recipient organization should have experience in and extensive knowledge about:

- Building partnerships with STLT health department EH and food safety programs
- Evaluating STLT health department EH and food safety programs and activities
- Developing and disseminating communication promoting data and information to inform decision-making and support evidence-based practices and policies

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 24/200 words maximum

Recipient organization will collaborate with STLT environmental health departments' food safety programs and professionals. Collaboration with other organizations may be appropriate if needed to accomplish project deliverables.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum

Recipient organization may subcontract with/provide funding to health department food safety programs or professionals to facilitate inspection program assessment.

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

Briefly describe how. : * 37/200 words maximum

Results of the assessment of publicly displaying restaurant inspection results may be used by environmental health and food safety programs to inform decisions about the functions of their retail inspection programs to best support retail food safety.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 98/100 words maximum

The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan.

The awardee will: 1) support environmental health programs that post inspection results publicly to assess effectiveness, strengths and weaknesses, and to make recommendations about posting results; 2) provide technical assistance to funded programs on developing and implementing the assessment; 3) provide technical assistance to funded programs in developing and disseminating a report or journal article on the results of the assessment.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/15/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 12/15 words maximum
HIV Cluster Detection and Response: Data Protection Landscape Assessment and Community Engagement Tool

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

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

4 CIO Point of Contact (POC) name(s):*
Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 17/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public health and health promotion professionalis working in HIV prevention programs in state and local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

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

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ◉ The CIO will award new funding each budget period for at least two consecutive years.
- ○ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 138/150 words maximum

Understanding state HIV data privacy laws, protections and regulations helps ensure adequate protection of sensitive data, which is critical to preserving public trust in HIV prevention and surveillance programs. CDC funds jurisdictions to collect and analyze HIV genotype data, and to use results to focus prevention and response efforts. These methods could maximize public health response, but have raised concerns among stakeholders because of HIV criminalization. This underscores the need for better understanding of variations in state-level privacy protections for HIV data, especially those related to law enforcement. Legal counsel, health departments, and community stakeholders need to communicate to identify best practices for data protection and release. Supporting this dialogue is critical to advancing HIV prevention through cluster detection. To preserve public trust, health departments must understand how to engage local communitieis and communicate how collected data is protected, kept confidential and private, and used for public health purposes only.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastructure	Informant interviews with health department staff to understand internal policies and procedures for responding to law enforcement requests for data, and how policies, laws and regulations are interpreted	Develop survey instrument; Identify appropriate jurisdictions and staff	Number of informant interviews conducted	Published assessment	States with strengthened privacy protections
Laws and Policies	Analysis of state laws and regulations regarding HIV data release for law enforcement purposes	Identify state laws, policies and practices; Identify appropriate jurisdictions	Number of states with data protection and release policies assessed	Published assessment	Communication about existing HIV privacy protections
Program and Services					

	Support communication between relevant parties (i.e. health department legal counsel, HIV program and surveillance staff, federal partners, and community stakeholders) on approaches to legal protections for HIV data (particularly molecular HIV sequencing data). Disseminate information about best practices for HIV data protection, sharing, and release	Convene health department legal counsel, HIV program and surveillance staff, federal partners, and community stakeholders to discuss approaches to legal protections for HIV data (particularly molecular HIV sequencing data). Develop community engagemetn guide or tools to aid HDs in applying best practices	Number of meetings, number of people attending meetings Community engagement guide and tools developed	Meetings, published report out Reports and documents disseminated	Improved implementation of cluster detection and response Increased trust in state HDs and CDC

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 87/200 words maximum

The recipient organization must have expertise regarding legal and policy issues related to HIV and infectious disease laws, health department data sharing, and molecular HIV cluster detection and response. The organization must also have the ability to assess state and local privacy and infectious disease laws and data protections, and to consult with state and local health departments. Finally, the organization must have the ability to convene diverse community stakeholders, in particular people with HIV and members of communities most affected by HIV

13 Applicant Program Experience:* 54/200 words maximum

The recipient organization must have experience working with state health departments, examining legal and policy issues related to HIV and infectious disease laws and health department data sharing, and analyzing state data sharing policies. The recipient organization should have experience in developing community engagement guides or similar tools

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 47/200 words maximum

The applicant is expected to collaborate with CDC to identify key questions, and with relevant health departments to better understand the legal landscape of state HIV data privacy laws, protections and regulations. The applicant is expected to work with organizations representing communities most affected by HIV

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

n/a

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

Briefly describe how. : * 52/200 words maximum

By assessing and analyzing the range of state policies regarding HIV data sharing, especially data release for legal purposes, the organization can provide information to states on the range of possible policy environments in order to strengthen and secure public health HIV data.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 16/100 words maximum

CBA is instructed to use funds for staff resources adequate to conduct the work.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/15/2019 You will be directed to a confirmation screen upon successful save or submission.

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

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 13/15 words maximum
Identification and Use of Novel and Unique Data Sources for Injury and Violence Prevention

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division of Analysis, Research, and Practive Integration

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 8/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Epidemiologists working in state and territorial health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

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

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ○ The CIO will award new funding each budget period for at least two consecutive years.
- ◉ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 147/150 words maximum

Technology is changing and influencing interventions that have potential to impact the public's health. One example includes improvements to vehicle technology and its potential to influence crash-related injuries and deaths. As technology advances, our tracking and surveillance systems should be ready to identify unintended consequences of advancing technologies as well as opportunities for promoting the uptake of potentially life-saving interventions. Technological advancements also provides opportunities for public health to improve data and analytic capabilities.

This project will support opportunities to:

- Identify and develop recommendations for using novel and unique data sources to increase understanding about the potential to develop future surveillance opportunities.
- Develop special projects to identify innovative approaches for tracking, monitoring, and responding to public health trends.
- Collaborate with other CDC-funded recipients and other partners to identify opportunities to improve knowledge and understanding about the impacts of technological advancements on health outcomes and/or use technological advancements to improve data and tracking capabilities.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems	Development of recommendations Exploration of data sources Identificatiion and testing of novel and unique data sources Dissemination of best practices	Unique and novel data sources identified Special projects developed and implemented	Recommendations Lessons learned through pilot testing or other special projects Toolkits	Implementation of analytic methods Improved capacity of data and information systems to conduct public health monitoring and surveillance Increased capacity to use data to inform decision-making and support injury epidemiology best practices	# of states participating in the development of analytic recommendations # of states implementing analytic recommendations
	Partnerships		Meeting summaries Progress notes Participant commitments Collaboration with other partners	Recommendations Lessons learned through pilot testing or other special projects Toolkits		# of states participating in the development of analytic recommendations Quality and public health relevance of recommendations produced # of states implementing analytic recommendations

	Convening of experts Hiring of contractors Formation and facilitation of workgroups Collaboration with CDC-funded partners and others Development of special projects	Implementation of analytic methods Improved capacity of data and information systems to conduct public health monitoring and surveillance Increased capacity to use data to inform decision-making and support injury epidemiology best practices

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 20/200 words maximum

The recipient organization must have active epidemiologist members and/or collaborative epidemiologist partners in all US states and territories.

13 Applicant Program Experience:* 32/200 words maximum

The recipient organization must have experience and expertise in conducting multi-jurisdictional data analysis, facilitating epidemiologic focused workgroups, developing of consensus surveillance tools, and direct experience and knowledge of injury epidemiology methods.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 97/200 words maximum

Upon funding, recipients will collaborate with CDC NCIPC to ensure that activities and funding do not duplicate work but instead are coordinated with and complementary to efforts supported under other programs. As such, it is expected that collaboration and support of other CDC-funded programs in developing and implementing special projects will leverage opportunities to advance this work. Such examples include the Core State Violence and Injury Prevention Program (Core SVIPP) and other CDC-funded recipients. Additionally, collaboration across Injury Epidemiologists or other federal and non-federal partners is anticipated to improve program guidance, dissemination, and implementation.

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

Sub-contracted work is permissible and should be done in collaboration with NCIPC staff.

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

Briefly describe how. : * 91/200 words maximum

Governmental public health agencies at the federal, state, and local levels are dependent on high quality surveillance data and analytic methods. Advances in technology and interventions increase the need for injury epidemiologists to understand novel and unique data sets, and opportunities for leveraging technological advances to improve public health tracking and monitoring. This critically important work is central to developing progressive injury surveillance methodologies and forms a strong science based foundation for the future of injury epidemiology.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 5/100 words maximum

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/14/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 11/15 words maximum
Improving awareness and use of immunization information system among adult care providers

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 19/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
State and local immunization program managers and adult immunization coordinators who promote the use of immunization information systems for adults

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

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

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ◉ The CIO will award new funding each budget period for at least two consecutive years.
- ○ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 116/150 words maximum

The purpose of this proposed project is to describe current capabilities of immunization information systems (IIS) to capture adult immunization records, including legal, technical, and programmatic challenges, and develop an overarching national strategy to guide and unify efforts to improve the use of IIS among adult care providers. This project will require working with IIS programs managers and sources of adult immunization records (e.g., adult care providers in individual practices, health care systems, and pharmacies) and stakeholders (e.g., professional organizations, immunization coalitions, IIS and electronic medical records vendors) to describe current regulatory, economic, programmatic, technical, and administrative status of IIS for adult immunization across state and local public health jurisdictions to develop strategies for improvement.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastructure	Review literature on IIS use practices and barriers Identify interventions and solutions needed to improve IIS use for adults Identify resources needed to impact change to improve IIS use for adults Develop strategies to implement efforts to improve adult immunization data capture in IIS	Characterization of search terms and articles reviewed Attendance at in-person meetings by 75% of identified collaborators and key stakeholders Participation in remote meetings by 75% of identified collaborators and key stakeholders	A summary report of literature review A gap analysis on adult immunization data capture in IIS and resource needs to improve it A tool kit for immunization programs to improve adult immunization data collection in IIS	Improved understanding of current state of and barriers that limit IIS use Developed guidance for immunization programs to implement efforts to improve adult immunization data capture in IIS	A published report of literature review findings An implementation plan based on evidence or expert opinion that is realistic and scalable
Program and Services	Pilot a project to apply the strategies identified in the toolkit in one or more immunization programs	A qualitative analysis of successes and failures when applying implementation strategies identified in the toolkit	A toolkit revised to improve the facilitation of adult immunization data collection in IIS	Validated utility of the toolkit for adult immunization data collection in IIS	Identification of at least one additional barrier in each immunization program and possible solutions

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 38/200 words maximum

	Awardee must have knowledge and experience in immunization data management and experience in working with multiple immunizatiaon data collection systems. Awardee's organizational reach is expected to be across the United States encompassing all public health immunization programs.
13	Applicant Program Experience:* 24/200 words maximum
	Awardee must have a record of successful collaboration with public health immunization programs, professional organizations, IIS and EHR vendors, and CDC immunization programs.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 25/200 words maximum
	Awardee is expected to work collaboratively with CDC, immunization programs and other public health partners, professional organizations, and IIS and electronic medical records vendors.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 31/200 words maximum
	Awardee may subcontract to perform specific activities such as reviewing literature, conducting interviews, developing and administering surveys, and design and publication of output materials, generally utilizing its existing subcontractual framework.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 45/200 words maximum CBA will describe current capabilities IIS in state and local public health agencies IIS to capture adult immunization records and develop a gap analysis to develop strategies that can be implemented by immunization programs to improve the use of IIS among adult care providers.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 32/100 words maximum
	Awardee may use designated funds for staffing, subcontracts, travel for in-person meeting(s) and conferences for presentations, supplies, and other goods and services necessary to complete the task fully and on time.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 9/15 words maximum Increasing Community and Clinical Linkages to Arthritis-Appropriate Evidence-Based Interventions (AAEBIs)		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION	3	Division, office, or unit:* Division Of Population Health
4	CIO Point of Contact (POC) name(s):*		CIO POC email address(es):*
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 11/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies		
	State and local chronic disease directors, their staff and people with arthritis.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $300,000 (Whole numbers only)	
8	Expected Length of Project:*	
	○	The CIO will award new funding each budget period for the remainder of the period of performance.
	◉	The CIO will award new funding each budget period for at least two consecutive years.
	○	The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 149/150 words maximum

Arthritis affects over 54 million American adults, will increase to 78 million by 2040, and limits 24 million in performing daily tasks. Increased physical activity (PA) and participation in self-management education (SME) programs helps adults with arthritis reduce and manage pain and limitations. SME programs also help people with lupus better manage treatment, symptoms and improve quality of life. CDC funds 13 state programs through CDC-RFA-DP18-1803 to disseminate/expand the reach of proven arthritis-appropriate SME programs and PA intervention programs; and funds national organizations for arthritis or lupus public health activities and programs.

Funding shall support the establishment of technologies and a targeted mini grant program to CDC-RFA-DP18-1803 grantees to implement one or more of the following activities:

1. Explore/test systems to facilitate bi-directional e-referrals.
2. Demonstrate technologies that facilitate automated/integrated PA counseling prompts into EHRs.
3. Enhance state-specific program locators.
4. State consultation with SMEs with community/clinical linkage experience, particularly expertise in integrating bi-directional referral systems.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems					Outcome measures may include: • Increased participants in AAEBIs • Increased self-management behaviors among adults with arthritis • Reduced, or no increased, inactivity among adults with arthritis • Increased physical activity counseling about arthritis management by health professionals

	1. Establish and/or expand technologies and manage a mini-grant program which supports healthcare provider counseling and referral demonstration projects and supports technical assistance related to community/clinical linkages. For example, the mini-grant program might support: 1) AAEBI e-referral system demonstration projects; 2) demonstration projects for technologies that facilitate automated or integrated physical activity (PA) counseling prompts into EHRs for arthritis management; 3) state-specific AAEBI program locator enhancements and 4) associated community/clinical linkages training, webinars, consultation and other T/A for CDC's state and national arthritis awardees. 2. Document processes, challenges, lessons learned and implications. 3. Work with CDC to define mini-grant program and its associated requirements.	Process measures may include: • # of local, state, or national healthcare systems with AAEBI-linked e-referral systems in place • # of health care providers (HCPs) trained to use AAEBI-linked e-referral systems • # of patients referred to AAEBIs through project systems/ technologies • # of HCPs counseling patients to be active to manage arthritis • # of people participating in AAEBIs via e-referrals • Enhancements made to program locators • Counseling prompts developed	Outputs may include: • Enhanced state-level program locator(s) • Project-related technical assistance opportunities (e.g. webinars, workshops, consultations) to support CDC arthritis awardees • Tools and technologies that help facilitate electronic referrals to and enrollment in AAEBIs • Technologies that facilitate automated or integrated PA counseling prompts into EHRs • A written report which describes mini-grant approaches, results, lessons learned and implications.	Budget period outcomes may include: • Improved capacity to implement systems to facilitate bi-directional e-referrals for AAEBIs and lupus interventions. • Increased adoption and use of e-referral systems • Counseling prompt systems/technologies developed • Increased community/clinical links that support bi-directional referrals and training and use of new/enhanced e-referral and counseling technologies	
Communication and Information Technology	1. Establish and/or expand technologies and manage a mini-grant program which supports healthcare provider counseling and referral demonstration projects and supports technical assistance related to community/clinical linkages. For example, the mini-grant program might support: 1) AAEBI e-referral system demonstration projects; 2) demonstration projects for technologies that facilitate automated or integrated physical activity (PA) counseling prompts into EHRs for arthritis management; 3) state-specific AAEBI program locator enhancements and 4) associated community/clinical linkages training, webinars, consultation and other T/A for CDC's state and national arthritis awardees. 2. Document processes, challenges, lessons learned and implications. 3. Work with CDC to define mini-grant program and its associated requirements.	Process measures may include: • # of health care providers (HCPs) trained to use AAEBI-linked e-referral systems • # of patients referred to AAEBIs through project systems/ technologies • # of HCPs counseling patients to be active to manage arthritis • # of people participating in AAEBIs via e-referrals • Enhancements made to program locators • Counseling prompts developed	Outputs may include: • Enhanced state-level program locator(s) • Project-related technical assistance opportunities (e.g. webinars, workshops, consultations) to support CDC arthritis awardees • Tools and technologies that help facilitate electronic referrals to and enrollment in AAEBIs • Technologies that facilitate automated or integrated PA counseling prompts into EHRs • A written report which describes mini-grant approaches, results, lessons learned and implications.	Budget period outcomes may include: • Improved capacity to implement systems to facilitate bi-directional e-referrals for AAEBIs and lupus interventions. • Increased adoption and use of e-referral systems • Counseling prompt systems/technologies developed • Increased community/clinical links that support bi-directional referrals and training and use of new/enhanced e-referral and counseling technologies	Outcome measures may include: • Increased participants in AAEBIs • Increased self-management behaviors among adults with arthritis • Reduced, or no increased, inactivity among adults with arthritis • Increased physical activity counseling about arthritis management by health professionals

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12	Applicant Organizational Capacity:* 49/200 words maximum
	The organization must demonstrate previous experience and success in developing or enhancing electronic systems which facilitate program location and/or e-referrals to evidence-based intervention programs offered in local communities. Applicants must also demonstrate their current organizational capacity to carry out the required strategies and activities.
13	Applicant Program Experience:* 27/200 words maximum
	Applicants must describe sufficient experience working with state programs, program locators, e-referral systems and subject matter experts. Applicant must also describe experience in managing and implementing mini-grant programs.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 77/200 words maximum
	The awardee is expected to partner, as appropriate with appropriate stakeholders, such as state health departments and/or national organizations, intervention delivery organizations/systems, referral networks and systems and intervention program owners. The outputs, processes or collaboration is also expected to benefit or reach underserved populations to address health disparities.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 26/200 words maximum
	The applicant organization is expected to have the capacity to directly perform the majority of the strategies and activities.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 50/200 words maximum Activities supported by this funding mechanism will supplement activities conducted by other CDC funded state and national partners. In addition, these activities will increase the capacity of partners to enroll and register referred and other adults with arthritis into proven arthritis-appropriate self-management education (SME) programs, as well as physical activity (PA) intervention programs.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 73/100 words maximum
	• Recipients may not use funds for clinical care. • Recipients may only expend funds for reasonable and relevant program purposes, including personnel, supplies, communication and marketing materials, database enhancement and services, such as contractual. • Awardees may not use funding for the purchase of furniture or other equipment. • Recipients may not use funds for construction. • Recipient may not use funds for any activities or products inconsistent with the purposes and intent of the project plan
	CIO CERTIFICATION
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Final

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 14/15 words maximum
Increasing disaster epidemiology capacity to implement data-driven public health programs and services following 2017 hurricanes

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

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

4 CIO Point of Contact (POC) name(s):*
Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 8/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

State, tribal, local, and territorial epidemiologists

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7 Proposed Project Funding Amount:* (11-month budget period)
$185,000 (Whole numbers only)

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ○ The CIO will award new funding each budget period for at least two consecutive years.
- ◉ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 135/150 words maximum

This project aims to improve STLT health department epidemiologists' capacity to use data to inform the identification, prioritization, customization, and implementation of evidence-based programs/services that address ongoing public health needs of hurricane-affected jurisdictions. While some data are available on household needs, individual-level data on intermediate- and long-term impacts of the 2017 hurricanes and data to tailor evidence-based programs/services is unknown or limited. This project will assess existing data in topic areas of interest (individual physical, behavioral, and mental health; barriers to services; preparedness for future hurricanes; other hurricane-related impacts), the usefulness of these data in identifying and prioritizing needs, and the availability of existing programs/services that address these needs. The goal is to build capacity of epidemiology staff and leaders in at least one 2017 hurricane-affected jurisdiction to assess and apply data to identify and prioritize public health needs and guide decision-making on essential programs/services to meet prioritized needs.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems	Assess and review available data for usefulness in identifying, prioritizing, and customizing evidence-based programs/services to address intermediate and long-term public health needs, as well as preparation for future disasters, following the 2017 hurricanes	Email report on conversations with at least 2 members of selected jurisdiction(s) on sources of available data	• Document describing results of data review, including data gaps on topic areas of interest (e.g., individual physical, behavioral, and mental health status; barriers to health services; preparedness for future hurricanes; other hurricane-related impacts) • Plan to address identified data gaps (if any)	• Implementation of plan to address data gaps *(if any)* • Identified and prioritized intermediate and long-term public health needs • Increased capability to use data to inform decision-making and support evidence-based practices and policies	Availability of at least one source of data for each topic area of interest that can be used to guide decision-making
	Program and Services		Email report on conversations with at least 2 members of selected jurisdiction(s) on existing programs and services	Document summarizing results of program/service review, including gaps addressing prioritized public health needs		At least one new plan to customize or implement an evidence-based program or service that address a prioritized public health need

		• Review existing programs and services addressing intermediate and long-term public health needs (i.e., individual physical, behavioral, and mental health; barriers to health services; hurricane preparedness; or other hurricane-related impacts) • Align data-driven prioritized public health needs (see above) with available programs and services	• Increased knowledge of gaps in exsiting programs and services addressing prioritized public health needs • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 50/200 words maximum
	Recipient should have established organizational reach and infrastructure to successfully partner with one or more 2017 hurricane-affected jurisdictions. Recipient should have relevant skills and experience in program management and workforce development to lead a multi-disciplinary project focused on building capacity in evidence-based public health practice, specifically among state, tribal, local, and territorial epidemiologists.
13	Applicant Program Experience:* 45/200 words maximum
	Recipient should have content expertise in the fields of applied epidemiology, disasters, data review and interpretation, emergency preparedness, and evidence-based public health. In addition, the recipient should have past and current experience collaborating with epidemiologists and public health leaders in state, tribal, local, and territorial governmental public health departments.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 13/200 words maximum
	Recipient should collaborate with relevant organizations including identified jurisdiction(s) state/territorial epidemiologist and epidemiology staff.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum
	Subcontract may be required depending upon project plan developed by partner. Any subcontractor should be selected based on experience working with affected jurisdictions.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 110/200 words maximum The goal of this project is to help build capacity and increase performance of epidemiologist in at least one STLT public health department affected by the 2017 hurricanes in using data to inform the identification, prioritization, customization, and implementation of evidence-based programs and services that address intermediate and long-term public health needs (e.g., individual physical, behavioral, and mental health; barriers to health services; disaster preparedness). Other public health departments affected by the 2017 hurricanes or other natural disasters may also benefit from the evidence gathered, proposals made, and lessons learned of this project, which is ultimately working to support stronger data and information systems and increased use of data to inform decision-making and support evidence based program and practices.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 33/100 words maximum
	Budget should be primarily used for completion of assessments/review and ensuring project outcomes are met. No equipment should be purchased with these funds. Minimal travel may be approved to complete activities, if necessary.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/14/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 10/15 words maximum Increasing public health preparedness capabilty among maternal and child health programs		
2	CIO:* NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES	3	Division, office, or unit:* Division Of Defects And Developmental Disabilities
4	CIO Point of Contact (POC) name(s):*		CIO POC email address(es):*
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B	
6	Description of the Target Population:* 13/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies		
	MCH program directors and CYSHCN directors in state and territorial health departments		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $150,000 (Whole numbers only)	
8	Expected Length of Project:*	
	○	The CIO will award new funding each budget period for the remainder of the period of performance.
	◉	The CIO will award new funding each budget period for at least two consecutive years.
	○	The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 39/150 words maximum

The goal is to enhance the capabilities of maternal and child health and birth defects leadership and staff to actively engage in public health emergency responses to protect, respond and support pregnant women, infants and children (and their families).

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Leadership and Workforce De velopment	Convene workgroup to facilitate collaborative thinking and planning to identify variations, gaps and promising practices in increasing public health response capabilties in maternal and child and birth defects program leadership and staff Design and develop tools to support maternal and child and birth defects workforce development in preparedness and response	Quality of workgroup plans Quality of proposed tool designs	Workgroup proceedings Draft pragramatic tools to support maternal and child and birth defects workforce development in preparedness and response	First year workgroup proceedings summary First year - draft tools Preliminary understanding of gaps and promising practices with increasing public health response capabilties in maternal and child and birth defects program leadership and staff	Increased maternal and child and birth defects leadership and program staff capabilities to protect, respond and support pregnant women, infants and children during emergencies

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 54/200 words maximum

The partner organization is expected to have access to a network of maternal and child health, CYSHCN and birth defects leadership and the ability to convene workgroups. The partner has the capacity to bring together programs to understand promising practices, develop technical assistance tools and work with programs to implement the tools.

13 Applicant Program Experience:* 53/200 words maximum

	Experience working with maternal and child health, children with special health care needs and birth defects programmatic leadership Demonstrated experience in convening stakeholders to form workgroups to elicit ideas Demonstrated experience in developing tools that can be implemented by maternal and child health, children with special health care needs and birth defects programmatic leadership
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 24/200 words maximum
	Partner is expected to collaborate with CDC, state, territorial and local public health officials, clinical organizations, and other relevant partners
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 31/200 words maximum
	Subcontract work should address gaps in experience or capacity. The applicant should demonstrate the ability to identify subawardees or subcontractors, with appropriate qualifications and to effectively collaborate with these groups.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 42/200 words maximum Governmental public health agencies will ultimately benefit from a maternal and child, children with special health care needs and birth defects program staff who can effectively protect, respond and support protect pregnant women, infants and children (and their families) from known and emerging threats.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 90/100 words maximum
	Funds are authorized for general budget categories, such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and indirect costs. Funds may not be used for capital expenditures, such as construction or renovation. Funds may not be used for reimbursement of clinical services. Funds for conferences and workshops, such as registration, per diem travel, room rental, audio/visual and related expenses are allowed. Funds may not be used for food and beverage services, with the exception of travel-related per diem for grantees, consultants, contracts and sub-contracts.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/15/2019 You will be directed to a confirmation screen upon successful save or submission.

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

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CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 6/15 words maximum Integrating Alzheimer's Messages into Chronic Disease Programs		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION	3	Division, office, or unit:* Division Of Population Health
4	CIO Point of Contact (POC) name(s):*		CIO POC email address(es):*
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B	
6	Description of the Target Population:* 16/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies		
	Public health professionals working in chronic disease prevention programs within state, local, and other health department types		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $100,000 (Whole numbers only)	
8	Expected Length of Project:*	
	○	The CIO will award new funding each budget period for the remainder of the period of performance.
	○	The CIO will award new funding each budget period for at least two consecutive years.
	◉	The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 113/150 words maximum

Cognitive health is a public health issue with the aging of the U.S. population and the rise in Alzheimer's disease and related dementias (ADRD). Although there is no cure for ADRD and little that can be done to slow the progress of the disease, there is a role for public health to play in communicating risk reduction messages to the public. Currently, strategies for chronic disease risk reduction show the best evidence for also reducing the risk of ADRD. The purpose of this project is to adapt existing chronic disease risk reduction messages to include information about how these behaviors can also reduce the risk for cognitive decline. Target chronic disease topic areas should include heart health, diabetes, tobacco, nutrition, and physical activity

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastructure	Partner with chronic disease organizations to develop joint messages that include brain health in risk reduction messages Develop relationships with chronic disease organizations for partnership opportunities in risk reduction messaging	Establishment of partnerships with appropriate chronic disease organizations	Risk reduction messages for chronic diseases that include information about how this strategy affects brain health	By the end of the budget period, new chronic disease risk reduction messages will include references to brain health	Number of chronic disease risk reduction communication products that include brain health

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 49/200 words maximum

Applicant should have organizational capacity to work with State Health Officials, State Health Departments, particularly chronic disease units as well as private non-profit organizations. The applicant should also have technological capacity to develop and disseminate reports, provide webinars, conference calls, and outreach through the internet and social media.

13 Applicant Program Experience:* 57/200 words maximum

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

	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 51/200 words maximum
	In partnership with CDC's Alzheimer's disease and Healthy Aging Program, the applicant will: 1. Develop relationships with chronic disease organizations for partnership opportunities in risk reduction messaging 2. Participate in collaborative efforts within CDC, including CDC programs currently doing work in the health topics being discussed. 3. Partnership calls will be held monthly to discuss progress
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	NA
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 27/200 words maximum The materials created by this project are instrumental in enabling public health agencies to better serve customers and provide essential public health services to their constituents
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 41/100 words maximum
	Cost will include staffing support including public health professionals, editors, production, printing, mailing, webinars, web page development, and full open access of the publications.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 14/15 words maximum Leveraging Infomatics Approaches to Increase STLT System Capacity to Measure Child and Adolescent Mental Health	
2	CIO:* NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES	3 Division, office, or unit:* Division Of Human Development And Disability
4	CIO Point of Contact (POC) name(s):* *Separate multiple names, emails, and phone numbers with a semi-colon.*	CIO POC email address(es):* CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B
6	Description of the Target Population:* 28/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies Public health informaticians in STLT health departments	

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $500,000 (Whole numbers only)
8	Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ◉ The CIO will award new funding each budget period for at least two consecutive years.
- ○ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 148/150 words maximum

Mental health among children and adolescents (i.e., the full range of functioning from thriving through diagnosable disorders) is an indicator of concurrent functioning (e.g., school performance) and a predictor of long-term well-being (including physical health, healthy relationships, and employment outcomes). STLT systems face challenges in collecting and using mental health data, in part because of measurement difficulties. Healthcare reimbursement systems have adopted definitions of mental disorders, but criteria and categorization evolve with each verison of the Diagnostic and Statistical Manual. More general indicators of child well-being (e.g., kindergarten readiness), are measured inconsistently across jurisdictions. Surveillance of adolescent mental health focuses on health risk outcomes such as alcohol/tobacco use and suicidal behavors. This project will identify high-leverage indicators of mental health among children and adolescents with potential to be scaled up to systematic monitoring of child and adolescent mental health in STLT systems.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems	1. Literature search and/or environmental scan (if needed) 2. Up to 3 in-person or virtual convenings of content experts, informaticians, and stakeholders 3. Written summary of conclusions and/or recommendations of key domains, ages, and data collection tools	1. If undertaken, the literature search includes at least two searchable databases of published papers or the environmental scan includes at least 10 relevant websites 2. Attendance at first convening is 6-12 external attendees (i.e., external to CDC and applicant organization), with at least double that number for the second and third 3. Reports from all convenings and literature review and/or environmental scan are incorporated into a single summary report	1. -Summary of available knowledge on informatics as it pertains to child and adolescent mental health (if needed) 2. Report from each convening, detailing the agenda, attendees, discussions, consensus decisions, and next steps 3. Summary report (might be internal-only or intended to be public-facing) defining list of key indicators	1. Improved capacity of data and information systems to conduct public health monitoring and surveillance of child and adolescent mental health 2. New collaborations built to address the informatics gap in children and adolescent mental health	1. 100% of convening attendees will receive a written report of consensus recommendations for key domains, ages, and data collection tools developed in this budget period 2. At least 50% of convening attendees indicate they will share the report and/or information in the report with other partners and stakeholders

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 34/200 words maximum

The applicant organization should demonstrate:

- Access to a network of public health informaticians and health measurement experts
- Staff with expertise in child or adolescent mental health or related fields
- Capacity to support specific activities listed above

13 Applicant Program Experience:* 80/200 words maximum

The applicant should demonstrate:

- experience defining information system requirements
- a clear understanding of the challenges associated with measurement and/or informatics related to mental health among children and adolescents
- experience building, strengthening, and/or supporting a variety of different approaches to informatics and surveillance
- experience providing informatics training and technical assistance to STLT systems
- a history of building or strengthening public health surveillance and informatics systems in other health areas
- a history of successfully engaging interdisciplinary groups of subject matter experts and stakeholders to achieve broad-based consensus

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 44/200 words maximum

The recipient and CDC will collaboratively

- identify consultants, experts, and/or stakeholders for in-person or virtual meetings
- define criteria and scope for literature reviews (if undertaken)
- identify key domains in which to measure child and adolescent mental health

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

Applicant may include, but is not required to include, subcontracted work as justified to complete the components of this project. Recommended criteria for selection of subcontractors should mirror evaluation criteria for the overall project: Approach, Evaluation and Performance Measurement, Subcontractor's Individual Expertise or Organizational Capacity, and Budget.

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

Briefly describe how. : * 39/200 words maximum

Informaticians in STLT public health departments will have a greater understanding of the importance of, challenges to, and potential solutions for, better data collection and use related to child and adolescent mental health.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 61/100 words maximum

The majority of funds are intended to support

- time and effort by project staff, consultants, experts, and/or subcontractors
- typical costs for traveling in experts for in-person working meetings and convenings
- typical costs to prepare for and convene in-person working meetingsa and convenings

Other budget requests within the scope of the umbrella cooperative agreement are allowable with appropriate justification.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 8/15 words maximum Leveraging Informatics to Improve Environmental Health Practice and Innovation		
2	CIO:* NATIONAL CENTER FOR ENVIRONMENTAL HEALTH	3	Division, office, or unit:* Division Of Emergency And Environmental Health Services
4	CIO Point of Contact (POC) name(s):* *Separate multiple names, emails, and phone numbers with a semi-colon.*		CIO POC email address(es):* CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B	
6	Description of the Target Population:* 13/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies Environmental health specialists employed in state, tribal, local and territorial governmental health departments.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $400,000 (Whole numbers only)	
8	Expected Length of Project:*	
	◉	The CIO will award new funding each budget period for the remainder of the period of performance.
	○	The CIO will award new funding each budget period for at least two consecutive years.
	○	The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 144/150 words maximum

Local and state environmental health (EH) programs collect electronic data and information through inspections, complaint investigations, and community interactions. Commonly, EH programs lack resources, time, or experience to store, analyze, visualize, and use data to improve services and activities.

The project purpose is to enhance and support the collection and use of EH data through standardized EH informatics methodologies or frameworks.To achieve this—the recipient organization will coordinate with health departments to understand their EH information systems, characterize their data and needs, analyze business processes (i.e. the work EH does to improve public health), and conceptualize how to use data for improving EH program processes. This project will result in a clear description of how electronic datacan help EH programs focus resources on actions with the greatest public health impact while also providing consumers with useful and easily accessible information to make informed decisions about their health and safety.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Data and Information Systems	Support EH programs' collection, analysis, and use of electronic data and information Ensure data security and confidentiality Collect environmental health data, determine community-level indicators	Quantify the magnitude of a public health problem Detect unusual trends in health, exposures, and hazards Identify populations at risk of environmentally related diseases or of exposure to hazards Generate hypotheses about the relationship between health and the environment Direct and evaluate control and prevention measures and individual actions	Increased capability to use data to inform decision-making and support evidence-based practices and policies Strengthened capability to use information technology to affect environmental health decisions and actions Demonstration of the value of EH and positive impacts on health outcomes	Development of a standard EH program informatics methodology or framework Description of health department, EH program info systems and available electronic data and information	Ongoing monitoring of trends in environmental health indicators Increase in evidence-based interventions, planning, and evaluation Improvement in programs and interventions for populations most in need
Communication and Information Technology	Disseminate and/or make EH data publicly available	N/A	Dissemination of EH data results made available to public consumers	N/A	N/A

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 73/200 words maximum

	The recipient organization must have the capacity to build strong working relationships with state, tribal, local and territorial (STLT) health department EH programs and professionals. The recipient organization must also have an in-depth knowledge and understanding of health department EH program services and priority areas. This project requires a significant level of staff time and diligence to ensure timely progress of project deliverables and effective agency collaborations. The organization must implement work activities in a timely fashion.
13	Applicant Program Experience:* 138/200 words maximum
	The recipient organization should have experience developing and disseminating tools and products for STLT environmental and public health staff on identified and emerging EH initatives and topics, which might focus on topics such as food safety, drinking water and vector control. The applicant should have extensive knowledge and be familiar with the experiences and needs of STLT EH professionals and have demonstrated experience in: • Building and maintaining coalitions and partnerships • Facilitating realtionships with STLT health department EH programs and engaging EH professionals in efforts to enhance the practice of environmental health. • Strategic planning • Communications for promoting and using data and information to inform decision-making and support evidence-based practices and policies
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 53/200 words maximum
	There are expectations that the recipient organization will maintain close collaboration with health department EH programs and EH professionals participating in the project. Collaboration with other organizations may be deemed appropriate and acceptable to accomplish project deliverables. Additionally, the recipient organization may subcontract with/provide funding to support health department EH programs or EH professionals participating in the project.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 101/200 words maximum
	Recipient organization may be expected to subcontract with a public health informatics organization transforming health professionals' ability to use information effectively. The organization should have experience supporting public health agencies in the U.S. and around the world, and be a strategic partner with major industry associations, foundations and government agencies. Additionally, this organization should be staffed with expertise in public health, collaborative requirements development methodology, information systems, business analysis, training, project management, and communications. The organization is expected to offer technical assistance services and implement processes for developing methodologies, frameworks, and resourcesto strengthen EH professionals' ability to apply information effectively, utilize data for enhancing services and activities, and improve health outcomes.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 40/200 words maximum
	The proposed project would result in resources, guidance, and information governmental pubic health agencies could use to improve their performance and the effectiveness and efficiency of their EH services and build capacity in EH programs.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 42/100 words maximum
	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/14/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 10/15 words maximum
Moving upstream together: supporting health plan implementation of population health interventions

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY AND STRATEGY

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 19/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Health department staff and public health lawyers that operate as community health strategists by supporting health system transformations efforts

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7 Proposed Project Funding Amount:* (11-month budget period)
$100,000 (Whole numbers only)

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ◉ The CIO will award new funding each budget period for at least two consecutive years.
- ○ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 150/150 words maximum

Population health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group," where the "group" in question may be defined in terms of geography (e.g., a city) or some shared attribute (e.g., employees). Health plans increasingly recognize that efforts to address population health determinants, such as social and environmental conditions, may reduce health care costs and improve outcomes among their members. However, they often lack access to appropriate tools and resources, which they can use to effectively and efficiently implement evidence-based population health interventions among their members.

This project has two objectives:

1. Improve health plans' capacity to implement population health interventions (e.g., HI5, 6/18, and other evidence based or promising interventions) that improve health outcomes among members and, by extension, their communities;
2. Strengthen partnerships between health plans and public health stakeholders to implement and evaluate promising population health interventions

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Partnerships		Average (across all participants) evaluation scores are satisfactory or above for the meeting as a whole, as well as each evaluation component included in the rating tool distributed to participants.	1. At least two meetings planned and executed during the budget period 2. Short internal report following each meeting that summarizes key themes and findings (including prioritized gaps), as well as implications and next steps for project activities (e.g., new resources to be developed, or potential changes needed to existing resources)	Improved understanding and commitment across participants to develop, pilot, and iteratively refine collaborative models for integrating population health interventions into health plans' benefits and services.	At least 50% of health plans represented at these meetings agree to pilot a population health intervention for some of their members and to share their findings (e.g., effects on targeted health outcomes) with other meeting participants

	Help plan and attend semi-annual CDC-led convenings with health plan and public health representatives. Those meetings should be planned and organized to accomplish the following: • Review the evidence connecting prioritized population health interventions to healthcare utilization, costs, and outcomes • Explore existing models or best practices vis-à-vis health plan efforts to implement prioritized population health interventions • Define supporting information and resources that a "typical" health plan would need to test a prioritized population health interventions among their members. As part of this step, ◦ Evaluate the utility and usability of exsiting implementation tools, and ◦ identify and prioritize remaining gaps • Identify opportunities for health departments to coordinate with and support health plans' efforts to pilot and evaluate population health interventions among their members Meeting planning should include an evaluation component aimed at guaging the degree to which participants found the meeting informative and useful.				
Program and Services		Feedback on draft population health intervention implementation resources is solicited and received from at least two health plans	Complete resource packages for at least 2 population health interventions that available evidence suggests could improve outcomes and/or reduce costs among health plan members	Improved capacity among health plans to implement promising, evidence-based interventions that address population health among their members	At least 2 health plans use the resource packages to implement population healthinterventions; at least 1 of these plans does so in collaboration with the state/local health department serving health plan members' communities

1. Work with CDC and participanting health plans to identify a limited set of prioritized population health interventions—such as those identified as part of CDC's 6/18 and HI-5 initiatives-- that will serve as starting point for engagement (e.g., as focus for first meeting)
2. Develop package of translational resources that health plans could use to implement these interventions. As part of package development,
    a. Highlight any opportunities for plans to partner with HDs to more effectively/efficiently implement intervention
    b. Include logic model and potential measures plans could use to evaluate delivery quality and impact (health and fiscal
3. Provide technical assistance to health plans interested in using the resources created under #2 to pilot the intervention among members
4. Work with pilot health plans and others to use evaluation findings to iteratively improve resources and build evidence base for interventions

NOTE: Depending on the gap between currently existing materials and health plan implementation needs, activities 3 and 4 may primarily occur in the second year of the project.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 173/200 words maximum
	The applicant should have the capacity to engage with, and coordinate project activities across, multiple stakeholder entities, including public health lawyers and program staff working in state, local, territorial, and tribal health departments; health plans; and community service providers. This capacity may internal, or it may be demonstrated through partnerships with other entities that do serve/reach key stakeholders. In addition, the applicant should be able to demonstrate its capacity to oversee and manage all aspects of the project so that 1. Packaged intervention resources simultaneously maintain fidelity to the underlying science while also structuring it in ways that are useful to envisioned end users (i.e., health plans) 2. Technical assistance to health plans and their partners is available in a timely fashion and via modalities that appropriately balance costs considerations and health plan needs; 3. Meeting discussions and material development/testing processes are iterative and mutually reinforcing. Speficially, project management and structure ensure that key issues or areas of agreement from meeting discussions inform materials development/testing activities, and lessons learned from materials development/testing are brought to meetings for discussion.
13	Applicant Program Experience:* 117/200 words maximum

	The applicant should have experience that demonstrates the requisite organizational capacities outlined above—or it should have a clear plan for engaging partners/sub-contractors who have demonstrated experience/expertise in these areas. Specifically, the applicant should have experience coordinating and managing projects that involve iternative engagements across multiple organizations and stakeholder groups. The applicant (and/or any proposed partners and subcontractors) should also demonstrate experience translating and packaging public health science and promising practices for health plans, health systems, or other, similar audiences. Finally, the applicant should have experience providing technical assistance to entities (e.g, health plans and/or health systems), pursuing health systems transformation efforts, particularly those directed towards identifying innovative ways to address population health determinants (e.g., nutrition, transportation, housing).
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 122/200 words maximum
	It is expected that the awardee will collaborate with CDC to plan two meetings with health plans, health systems, subject matter experts, and other key public health stakeholder. The awardee is also expected to collaborate with CDC and the health plans, health systems, subject matter experts (both with respect to the intervention itself and to the operational environments and needs of health plans), and health departments that attend those semi-annual meetings to develop population health intervention tools and resources for health plans. Finally, depending on project needs, the awardee may be asked to engage and collaborate with organizations and individuals that represent other important, stakeholder perspectives, including potential service providers (e.g., community based organizations) and recipients.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 33/200 words maximum
	The awardee is encouraged to subcontract with entities that enhance its capacity to meet project objectives and produce high quality deliverables within the allocated budget.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 75/200 words maximum
	This project will support health departments efforts to move towards public health 3.0 models, wherein health departments operate as chief health strategists for their communities, "partnering across multiple sectors and leveraging data and resources to address social, environmental, and economic conditions that affect health and health equity." (De Salvo et al. 2017). Specifically, this project will begin to identify ways in which health departments can partner with, and support the efforts, of health plans interested in addressing SDOH among their plan members.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 58/100 words maximum
	As a co-host for the semi-annual meetings, CDC expects to cover most of the costs associated with meeting space and travel for attendees. Accordingly, applicants should only include travel for up to 5 potentially additional meeting attendees (e.g., academic experts, health department staff) in their meeting related budget plans. They should not include any costs for meeting venue, set-up (e.g., technology), or supplies.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/04/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 3/15 words maximum
Neonatal Abstinence Syndrome Surveillance

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

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

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 7/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

State, tribal, local and territorial epidemiologists

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

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

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ◉ The CIO will award new funding each budget period for at least two consecutive years.
- ○ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 97/150 words maximum

The goals of this program are to: (1) promote early adoption by state and territorial health departments of standardized surveillance of neonatal abstinence syndrome (NAS); (2) provide technical and operational support to state and territorial health departments; (3) develop processes (adaptation of existing surveillance system, new and alternative approaches) for collection of mother-infant linked longitudinal surveillance data of pregnant women with substance use disorder and substance-exposed infants and associated maternal and infant outcomes; and (4) link and capture data on infants with NAS or with substance exposure during pregnancy to uptake and use of early intervention services.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems		• Disseminate Tier 1 NAS case definition to the departments of health of all US states, DC, and territories. • Maintain collaborative activities with at least 2 clinical professional organizations. • Obtain commitment from at least 6 jurisdictions to implement Tier 1 NAS surveillance using documented promising practices and report data to CDC.		• Increased capacity within health departments to conduct near timely surveillance of NAS and other emerging threats to pregnant women and infants. • Timely, accurate, consistent, and complete NAS surveillance data collected by states and reported to CDC.	• Develop model(s) for surveillance and reporting for NAS to advance NAS public health policy and epidemiologic capacity. • Develop alternative surveillance approaches for substance exposures during pregnancy or other emerging threats to pregnant women and infants. • At least 6 jurisdictions collect NAS surveillance data using published promising practices and report data to CDC. • At least 75% of NAS cases are reported to CDC within 6 months of birth.

- Document existing status of NAS surveillance and develop promising practices for NAS surveillance and reporting that could be adapted by other states.
- Implement Tier 1 of the NAS case definition for NAS surveillance in a limited number of jurisdictions, preferably leveraging existing surveillance infrastructure of birth defects surveillance or the US pregnancy and infant longitudinal surveillance system that was initially developed for Zika, and report NAS data to CDC.
- Provide technical assistance to health departments to support establishing NAS surveillance and reporting.
- Develop and disseminate NAS health communication materials and tools to healthcare providers to support public health awareness and surveillance of NAS. Work with obstetricians, pediatrician, nurses and other healthcare providers to incorporate the clinical on-the-ground perspective, as appropriate.
- In a limited number of health departments, provide an option to extend longitudinal mother-infant dyad surveillance for a cohort with substance exposure in pregnancy, such as opiates or polysubstance exposures, and /or to address other emerging threats.
- Explore alternative approaches for surveillance of substance-exposed infants, such as through the use of residual newborn dried blood spots, to provide population estimates of the prevalence of substance exposure in pregnancy near the time of delivery.

- Collaborative publication of manuscripts describing gaps, opportunities, and recommendations for NAS surveillance and reporting at the state and national levels.
- Documentation of promising practices for rapidly adopting Tier 1 NAS surveillance, as well as for longitudinal mother-infant linked surveillance of other emerging threats affecting pregnant women and their infants.
- Development of educational resources to support NAS surveillance and prevention awareness to reach public health and clinical care audiences.
- Collaborative publication of one or more manuscripts describing alternative approaches for surveillance of substance exposed infants.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12	Applicant Organizational Capacity:* 43/200 words maximum
	• Access to a network of epidemiologists that have surveillance and epidemiology expertise in state and territorial health departments, including those with knowledge of maternal and child health issues. • Membership comprised of government health officials that focus on epidemiology and surveillance.
13	Applicant Program Experience:* 49/200 words maximum
	• Demonstrated ability to develop and implement state and national epidemiologic guidelines. • Demonstrated ability to educate government healthcare officials that work with maternal and child issues, and to encourage these officials to adopt evidence-based practices. • Established capacity to disseminate public health guidelines and communication materials to government epidemiologic officials and public.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 33/200 words maximum
	Plan and coordinate with state and territorial departments of health, CDC, clinical organizations, and other federal and private organizations. For possible alternative surveillance approaches, partnership with laboratory organizations to support standardized methods and analysis.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 33/200 words maximum
	Subcontracting/Subawarding is possible over the entire project period of performance. For any gaps in capacity or experience, the applicant should demonstrate their ability to identify and collaborate with qualified subawardees or subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 47/200 words maximum Demonstration of ability to implement standardized Tier 1 NAS case definition and establish recommended NAS surveillance reporting practices at the state and national level. Demonstration of new approaches to monitor substance exposure during pregnancy and the impact on pregnant women and infants.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 84/100 words maximum
	Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs. Funds may not be used for capital expenditures such as construction and renovations. Funds may not be used for clinical care. Funds for conducting conferences and workshops such as registration, travel, per diem, room rental, audio-visual and related expenses are allowed. Except for travel related per diem expenses of recipient, consultants, contracts, and subcontracts/subawardees, funds may not be used for other food and beverage expenses.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/15/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 6/15 words maximum
Operationalizing multi-sector partnership to improve population health

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY AND STRATEGY

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 17/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Health strategist workforce supporting health system transformations efforts in state, tribal, local and territorial departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7 Proposed Project Funding Amount:* (11-month budget period)
$375,000 (Whole numbers only)

8 Expected Length of Project:*
- (●) The CIO will award new funding each budget period for the remainder of the period of performance.
- ( ) The CIO will award new funding each budget period for at least two consecutive years.
- ( ) The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more):*
Short-Term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 146/150 words maximum

Population health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." Public health practitioners increasingly recognize that efforts to address underlying causes of poor health from childhood through adulthood such as food insecurity, economic instability, and poor access to transportation can improve health outcomes in communities and may reduce healthcare costs. However, they often lack access to appropriate tools and resources, which they can use to effectively implement evidence-based population health interventions in communities (e.g., Health Impact in Five Years (HI-5), The Community Guide, 6|18).

This project has two objectives:

1. Improve public health practitioners' capacity to support the implementation of evidence-based population health interventions to improve health outcomes in communities;
2. Strengthen partnerships among public health practitioners, federal, state and local health and non-health sectors to implement interventions that address total population health within communities.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Partnerships		Average (across all participants) evaluation scores are satisfactory or above for the meeting as a whole, as well as each evaluation component included in the rating tool distributed to participants.	1. At least two meetings planned and executed during the budget period 2. Summary report following each meeting that summarizes key themes and findings including opportunities for leveraging non-health sector assets for driving health impact, role of public health practitioners as conveners for cross-sector engagement, as well as implications and next steps for project activities (e.g., new resources to be developed, or potential changes needed to existing resources)	Improved capacity to leverage and align priorities through cross-sector engagement (e.g., transit, housing) to further impacts of population health interventions from childhood through adulthood	At least 50% of public health leadership convening participants indicate that they will work to maintain collaborative partnerships with non-health sectors to address underlying causes of poor health from childhood through adulthood, such as food insecurity, economic instability, housing instability and poor access to transportation

Help plan and attend CDC-led engagements with public health practitioners and non-health sector representatives from federal, state and local jurisdictions (e.g., transit, education, housing, treasury, agriculture). Those meetings should be planned and organized to accomplish the following:

- Select evidence-based interventions addressing underlying causes of poor health including but not limited those in the Health Impact in Five Years (HI-5), The Community Guide, What works for Health, 6|18 as platforms for identifying and aligning both adult and population health improvement goals
- Identify opportunities to leverage and align health and non-health policies, program investments and data sources across federal, state and local jurisdictions to address underlying causes of poor health from childhood through adulthood, such as food insecurity, economic instability, housing instability and poor access to transportation
- Identify potential implementation barriers for select population health interventions where sector specific engagement (e.g., transit, education, treasury, agriculture) could accelerate improvement in adult and child population health outcomes
- Identify opportunities for health departments to coordinate with non-health sectors (e.g., transit, housing, education) around selected interventions to improve adult and child population health

Meeting planning should include an evaluation component aimed at gauging the degree to which participants found the meeting informative and useful.

Laws and Policies	1. Select evidence-based population health policies and practices including but not limited those in the Health Impact in Five Years (HI-5), The Community Guide, What works for Health, 6|18) to identify opportunities for aligning cross-sector goals and identifying opportunities for collaboration 2. Develop package of translational resources that public health practitioners could use to leverage health and non-health policies, program investments and data sources across federal, state and local jurisdictions. As part of package development, a. Highlight opportunities for public health practitioners to engage in cross-sector collaboration (e.g., transit, education, treasury, agriculture) to accelerate improvement in adult and child population health outcomes around select interventions b. Partner with other sectors to more effectively/efficiently implement population health interventions c. Include systems mapping tools and potential measures public health practitioners could use to evaluate collaboration and cross-sector planning impact (health and fiscal) d. Include strategies for cross-sector engagement to overcome implementation barriers or align goals and investments to improve health outcomes for adults and children 3. Provide technical assistance to public health practitioners interested in using the resources created under #2 to pilot the intervention among members 4. Work with pilot communities in partnership with federal partners to use evaluation findings to iteratively improve	Feedback on draft translation resources solicited and received from at least two national public health membership organizations	Complete resource packages for at least 2 population health interventions that available evidence suggests could improve community health outcomes for adults and children Examples of strategies for cross-sector collaboration for at least 2 community-wide population health interventions with strong evidence to improve outcomes and/or reduce cost	Improved capacity among public health practitioners to leverage health and non-health policies, program investments and data sources across federal, state and local jurisdictions Improved capacity among public health practitioners to engage in cross-sector collaboration to improve community health outcomes for adults and children	At least 2 state or local public health practitioners use the resource packages to leverage health and non-health policies, program investments and data sources across federal, state and local jurisdictions to further community population health improvement goals; at least 1 of these entities does so in collaboration with the state/local non-health sector department serving public health jurisdiction; at least 1 entities informs planning for community-wide interventions

	resources and build evidence base robust cross-sector and multi-jurisdiction collaboration

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 179/200 words maximum

The applicant should have the capacity to engage with, and coordinate project activities across, multiple stakeholder entities, including public health lawyers and program staff working in state, local, territorial, and tribal health departments; relevant non-health sector staff; and community service providers. This capacity may internal, or it may be demonstrated through partnerships with other entities that do serve/reach key stakeholders. In addition, the applicant should be able to demonstrate its capacity to oversee and manage all aspects of the project so that

1. Packaged intervention resources simultaneously maintain fidelity to the underlying science while also structuring it in ways that are useful to envisioned end users (i.e., public health practitioners and multi-sector partners)
2. Technical assistance to public health practitioners and their partners is available in a timely fashion and via modalities that appropriately balance costs considerations and partner needs;
3. Meeting discussions and material development/testing processes are iterative and mutually reinforcing. Specifically, project management and structure ensure that key issues or areas of agreement from meeting discussions inform materials development/testing activities, and lessons learned from materials development/testing are brought to meetings for discussion.

13 Applicant Program Experience:* 120/200 words maximum

The applicant should have experience that demonstrates the requisite organizational capacities outlined above—or it should have a clear plan for engaging partners/sub-contractors who have demonstrated experience/expertise in these areas. Specifically, the applicant should have experience coordinating and managing projects that involve iterative engagements across multiple organizations and stakeholder groups. The applicant (and/or any proposed partners and subcontractors) should also demonstrate experience translating and packaging public health science and promising practices for public health practitioners, non-health sectors such as transportation agencies or housing agencies, other, similar audiences. Finally, the applicant should have experience providing technical assistance to entities (e.g., multi-sector partners), partnering on health goals across non-health sectors to identify innovative ways to address population health determinants (e.g., nutrition, transportation, housing).

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 99/200 words maximum

It is expected that the awardee will collaborate with CDC to plan two meetings with public health practitioners and non-health sector partners, subject matter experts, and other key stakeholders. The awardee is also expected to collaborate with CDC non-health partners, subject matter experts (both with respect to the interventions or sectors and to the operational environments), and health departments that attend those semi-annual meetings to develop cross-sector tools and resources for public health practitioners. Finally, depending on project needs, the awardee may be asked to engage and collaborate with organizations and individuals that represent other important, stakeholder perspectives, including potential service providers (e.g., community based organizations) and recipients.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 26/200 words maximum

The awardee is encouraged to subcontract with entities that enhance its capacity to meet project objectives and produce high quality deliverables within the allocated budget.

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

Briefly describe how. : * 99/200 words maximum

This project will support health departments efforts to move towards public health 3.0 models, wherein health departments operate as chief health strategists for their communities, "partnering across multiple sectors and leveraging data and resources to address social, environmental, and economic conditions that affect health and health equity." (De Salvo et al. 2017) as part of a larger move towards a health system 3.0 model (Halfon et al., 2014). Specifically, this project will begin to identify ways in which health departments can partner with, and support the efforts, of non-health sectors interested in addressing SDOH in their communities.

https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.0485

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 66/100 words maximum

As a co-host for the semi-annual meetings, CDC expects to cover most of the costs associated with meeting space and travel for attendees. Accordingly, applicants should only include travel for up to 5 potentially additional meeting attendees (e.g., academic experts, health department staff) in their meeting related budget plans. They should not include any costs for meeting venue, set-up (e.g., technology), or supplies.

CIO CERTIFICATION

18

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/15/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 6/15 words maximum
Overdose Data to Action Epidemiology Fellowship Program

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 25/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

This project seeks to build capacity of epidemiologists in state, territorial, and local health departments designing, conducting, or analyzing epidemiologic and surveillance investigations related to drug overdoses.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

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

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ◉ The CIO will award new funding each budget period for at least two consecutive years.
- ○ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 46/150 words maximum

The purpose of this project is to enhance the infrastructure and capacity of state, territorial, and local health departments to investigate interpret and disseminate epidemiologic and surveillance data related to overdoses in their particular jurisdiction, in support of CDC's Overdose Data to Action (OD2A) cooperative agreement (CDC-RFA-CE19-1904).

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Leadership and Workforce De velopment	Placement of Epidemiology Fellows in high-need states	Number of applications received and reviewed; number of interviews scheduled; number of fellows selected and placed in states; number fellow performance reviews received	1. A CDC approved selection and matching process connecting fellows with high-need states specific to drug overdose use and prevention 2. Up to 6 Masters level CDC approved epidemiology fellows placed in high-need jurisdictions	Identified high-needs states have improved capacity to meet surveillance needs to address overdose prevention and response activities.	50% improved change in state-reported capacity of high needs states to meet surveillance needs to address overdose prevention and response activities.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 111/200 words maximum

The applicant should have demonstrated capacity, expertise, and infrastructure to identify and meet technical assistance needs of epidemiology programs in state, territorial, and local health departments associated with the proposed activities of the project plan. The applicant should have the capacity to solicit, direct, and coordinate a variety of subject matter expets, national public health partners and other resources in provision of comprehensive tailored technical assistance. The applicant's organization should also include strong leadership that can connect with state and territory health department leadership and surveillance department leadership to better understand state needs, issues, and successes. Similarly, the applicant should demonstrate capacity to reach into networks of highly skilled epidemiologists.

13 Applicant Program Experience:* 84/200 words maximum

	The applicant should have demonstrated knowledge and experience to address technical assistance needs of epidemiology programs in state, territorial, and local health departments associated with the proposed activities of the project plan. Specifically, applicant should have the demonstrated experience implementing a fellowship program that builds capacity and infrastructure for state health department epidemiology programs. Applicant should have the demonstrated capacity and experience to convene experts to design case definitions, guidance, tools, resources (including online resources) templates, and protocols and provide technical assistance on their usage. Expertise in epidemiology and surveillance methods is required.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 82/200 words maximum
	The selected applicant will function as part of a network of TA partners funded to support implementation of OD2A. As such, the selected applicant is expected to collaborate and coordinate with other CDC-funded partners and SMEs, where applicable, in the development, facilitation and delivery of targeted technical assistance to funded jurisdictions that promotes successful implementation of Overdose Data to Action (OD2A). *Additionally, it is expected for the applicant to collaborate with CDC on process for selecting and matching fellows with high-need states.*
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 8/200 words maximum
	Fellowship program might require subcontract with fellows.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 32/200 words maximum *High need governmental public health agencies will benefit with a placement of an epidemiology fellow to provide support to the designing, conducting, or analyzing epidemiologic and surveillance investigations related to drug overdoses.*
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 9/100 words maximum
	Budget should include appropriate items associated with proposed activities.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

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Strengthening Public Health Systems and Services
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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 11/15 words maximum
Partnering to Improve Disaster-Related Mortality Surveillance in State and Local Health Departments

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

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

4 CIO Point of Contact (POC) name(s):*
Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 17/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

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

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7 Proposed Project Funding Amount:* (11-month budget period)
$280,000 (Whole numbers only)

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ○ The CIO will award new funding each budget period for at least two consecutive years.
- ◉ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 122/150 words maximum

The NCEH, Division of Environmental Health Science and Practice is providing assistance to 2017 hurricane-affected jurisdictions. One of these projects, improving disaster-related mortality surveillance by providing training to medical examiners and coroners based on CDC's 2017 death certification guidance, is currently limited to Puerto Rico, U.S. Virgin Islands, and Texas. Expanding the disaster-related mortality surveillance training to other disaster-prone jurisdictions will improve accuracy of national, state, and local disaster-related death reporting. The purpose of this project is to improve workforce competencies and disaster-related mortality data collection, management, and interpretation to support evidence-based public health decisions before, during, and after disasters. This can be achieved by engaging the health strategist workforce in disaster-prone jurisdictions to coordinate trainings (particularly focusing on vital record/statistics and medical examiner/coroner audiences) and by enhancing cooperation and networking among STLT health departments and academia.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Leadership and Workforce Development	• Work with Hurricane Response Hub technical assistance centers to select at least two jurisdictions for project implementation • Serve as coordinating body and point of contact for partnering with health department and academia in selected jurisdictions • Assess current disaster-related mortality surveillance processes and training needs in selected jurisdictions	• At least one in-person meeting per jurisdiction with CDC, key health strategists, health department staff, and other stakeholders to discuss current disaster-related mortality surveillance processes and training needs	• Written report on current disaster-related mortality surveillance processes, areas for improvement, and training needs in selected jurisdictions • Final or "end-project" report documenting progress and sustainability plans	• Improved leadership (e.g., health strategists) capacity to identify and prioritize public health needs related to disaster-related mortality surveillance • Strengthened capability of public health workforce to deliver essential public health services (i.e., disaster-related mortality surveillance)	At least four health strategists and/or health department leaders per jurisdiction have enhanced understanding of the benefits and value of conducting accurate and timely disaster-related mortality surveillance
	Data and Information Systems					

• Develop training plan to reach at least 80% of the death certifier workforce in each jurisdiction • Coordinate and provide logistical support for all training sessions (per jurisdiction: at least one Training of Trainers (ToT) session and at least two in-person disaster-related death certification trainings for medical certifiers) • Develop an evaluation plan for measuring improvements to 1) capacity of workforce to conduct disaster-related mortality surveillance and 2) quality and timeliness of disaster-related mortality surveillance data	• At least two meetings held per jurisdiction with CDC, health strategist, health department, and other parties to discuss training logistics • Identified recipients of ToT and medical certifier trainings • Identified venue and dates of training sessions • At least two meetings with CDC and partners about evaluation plan	• A comprehensive training plan that details the logistics for training 80% of medical certifiers on disaster-related death certification • Agendas for ToT and medical certifier training sessions • Evaluation plan with appropriate targets and frequency for measuring baseline levels and improvements to (1) capacity of workforce to conduct disaster-related mortality surveillance and 2) quality and timeliness of disaster-related mortality surveillance data	• Improved capacity of medical certifiers to accurately record disaster-related death information on death certificates • Improved capacity of vital statistics and health department staff to conduct disaster-related mortality surveillance	• At least one ToT session delivered per jurisdiction • At least two disaster-related death certification training sessions delivered to medical certifiers per jurisdiction • At least 80% of medical certifiers in each jurisdiction complete the disaster-related death certification training

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 68/200 words maximum

A capacity-mobilizing organization with existing infrastructure (e.g., an established regional public health training model) to reach a national public health workforce is needed. Ability to connect subject matter experts and the public health workforce for training, surveys, and workforce development is a requirement. Relationships with Public Health organizations and associations is needed to reach the health strategists in the public health workforce across the United States.

13 Applicant Program Experience:* 66/200 words maximum

The recipient must have direct experience in public health specific to disaster response and disaster epidemiology. Demonstrated ability to communicate across existing public health networks to a broad audience/public health workforce is required. Experience in conducting comprehensive training needs assessments and delivering training on environmental health and disaster epidemiology is required. The capability to deliver disaster mortality training and education is also an essential requirement.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 51/200 words maximum

NCEH and NCHS on customizing disaster-related death certification training, if needed, to meet training needs of selected jurisdictions. CDC expects the recipient to engage and collaborate with newly-established Hurricane Response Hubs, particularly those in jurisdictions that have not already received disaster-related death certification training under another cooperative agreement with CDC.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 37/200 words maximum

Subcontract may be required depending upon project plan developed by partner. If sub-contracts are needed to accomplish the stated outcomes then they can be considered. Subcontractors should be selected based on experience working with selected jurisdictions.

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

Briefly describe how. : * 63/200 words maximum

The purpose of this project is to improve government public health agencies workforce competencies and disaster-related mortality data collection, management, and interpretation to support evidence-based public health decisions during disaster preparedness, response, and recovery. This can be achieved by engaging the health strategist workforce in disaster-prone jurisdictions to coordinate trainings and by enhancing cooperation and networking among STLT health departments and academia.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 30/100 words maximum

Budget should be used primarily to support planning and logistics of the training sessions (IT support, venue rental, training-related travel expenses). No equipment should be purchased with these funds.

	CIO CERTIFICATION
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Final

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 9/15 words maximum
Prediabetes Awareness and Type 2 Diabetes Prevention National Communication Activities

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

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

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 11/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Chronic disease prevention workforce in health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7 Proposed Project Funding Amount:* (11-month budget period)
$2,800,000 (Whole numbers only)

8 Expected Length of Project:*

- (●) The CIO will award new funding each budget period for the remainder of the period of performance.
- ( ) The CIO will award new funding each budget period for at least two consecutive years.
- ( ) The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 150/150 words maximum

This project will increase implementation and dissemination of critical health communication involving prediabetes and prevention or delay of type 2 diabetes through two projects.

1: to create additional phases of an existing, award-winning prediabetes awareness campaign, developed with American Medical Association and the Ad Council.

2: to promote CDC's National Diabetes Prevention Program (DPP) through national media network(s). The goal is to create and disseminate multimedia health messaging on prediabetes awareness, type 2 diabetes prevention, and promote awareness of the National DPP nationwide.

Both projects will include providing technical assistance to states and local jurisdictions to extend the reach of the campaign/initiative and supplement their diabetes prevention efforts.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Communication and Information Technology	Project 1: · Develop and diseminate a new phase of the existing *Do I Have Prediabetes* national campaign, including all production and post-production. · Offer technical assistance to states, as stated in project purpose.			Project 1: Improved communication capacity to inform the public efficiently and effectively. Project 2: Improved communication capacity to inform the public efficiently and effectively.	

		Project 1: Idea generation, feedback via regular conference calls with DDT communications staff, call reports related to campaign development. Project 2: Idea generation, feedback via regular conference calls to DDT communications staff, call reports related to project development.	Project 1: • TV and radio PSAs • Campaign-specific microsite • Print promotion materials • Donated broadcast and digital media • Technical assistance to enhance state awareness and prevention work Project 2: • Broadcast assets, including television clips • Evaluation data (Neilsen ratings, exposure data, etc.) • Technical assistance to enhance state awareness and prevention work		Project 1: • Standard digital campaign metrics (unique website visitors, prediabetes risk test completions, video views, National DPP conversion, etc.) • Continuous tracking study and evaluation of campaign; includes monitoring of all PSA media types and aggregation of donated media and results data. • Total donated ad equivalency (print, television, radio and digital) (in U.S. dollars) Project 2: • Standard broadcast and digital metrics (impressions, target market reach, unique website visitors, video views, etc.)
Partnerships	Project 2: • Develop and disseminate a new national broadcast communications initiative to promote the National Diabetes Prevention Program. Offer technical assistance to states, as stated in project purpose	Project 1: Regular coordination meetings with recipient organization about new and existing campaign promotion partners. Project 2: Regular coordination meetings with recipient organization about the development and dissemination of the new broadcast communications initiative.	Project 1: Communication and information technology outputs, as stated above, will result from partnerships formed. Project 2: Formed alliances with national broadcast organizations with similar outputs as for Communication and information Technology	Project 1: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health. Project 2: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health.	Project 1: Measures of partner involvement and engagement, including participation in campaign asset development and promotion. Project 2: Measures of partner involvement and engagement (if applicable with project goals)
Program and Services	Project 1: Faciliate recurring meetings and ongoing communication with entites involved in the development of the new phase of the national communications campaign as well as states and local jurisdictions to further promote/disseminate the campaign Project 2: Faciliate recurring meetings and ongoing communication with national broadcast organization(s) to ensure project plan is followed, project goals are met and level of guaranteed impressions is reached.	Project 1& Project 2: Same as above, to include consistent communication with DDT and continuous reporting.	Project 1: Technical assistance sessions and related events (ie., webinars) to assist state and local health departments in their work. Project 2: Technical assistance sessions and related events (ie., webinars) to assist state and local health departments in their work.	Project 1: Improved capacity to identify, prioritize, and customize relevant programs to address public health needs. Project 2: Improved capacity to identify, prioritize, and customize relevant programs to address public health needs.	Project 1: State grantee technical assistance measures (based on the varying capacity of state grantees) Project 2: State grantee technical assistance measures (based on the varying capacity of state grantees)

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
12	Applicant Organizational Capacity:* 129/200 words maximum

Project 1: The recipient organization must be able to build upon existing experience working with an entity to expand the national prediabetes awareness campaign, *Do I Have Prediabetes*, and to develop and disseminate new multimedia campaign assets. The recipient must also have the capacity to work on such a large-scale initiative, including the ability to work on the design, production, and dissemination of all campaign aspects. The organization should have sound experience in working to help prevent chronic diseases (such as prediabetes and diabetes) and be able to offer technical assistance to state grantees.

Project 2: The recipient must have the capacity and experience in working with national broadcast networks as well as in managing the development, implementation, and promotion of national large-scale, multimedia initiatives to promote health messaging.

13 Applicant Program Experience:* 42/200 words maximum

The recipient organization should demonstrate experience and expertise in conveying chronic disease information using methods to engage a large-scale, national target audience, including health departments, and encourage lasting lifestyle changes. Ideally, the recipient should demonstrate experience in working on similar national campaign and broadcast network efforts.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 123/200 words maximum

Project 1: The recipient organization must have experience collaborating with national public health and communciations organizations for a common goal. The organization will collaborate with others to inform the development and implemention of a new phase of the *Do I Have Prediabetes* national communications campaign. The project team will work closely with CDC to develop communications assets that are science-based, engaging, entertaining and action-provoking for the campaign target audience: people with diagnosed and undiagnosed prediabetes.

Project 2: The recipient must have experience and expertise collaborating with national broadcast networks.

In addition, for both projects, the organization must understand the nuances related to offering technical assistance to state grantees to help them recognize and utilize CDC resources related to chronic disease awareness, prevention, and management.

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

Project 1:This project will require subcontracting with a nationally-recognized public service advertising to develop a new phase of the existing national public service communications campaign, *Do I Have Prediabetes*.

Project 2: This project will require subcontracting with a national broadcast network to develop and disseminate national programming to promote awareness of the National DPP.

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

Briefly describe how. : * 65/200 words maximum

The proposed capacity-building assistance will benefit governmental public health agencies through the availability of consistent, comprehensive health messaging and high-quality, engaging campaign and broadcast assets produced through the two proposed projects. In addition, state grantees will be offered technical assistance to assist them in extending the reach of the initiatives and to supplement the states' diabetes prevention efforts.

BUDGET INSTRUCTIONS

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

One or more in-person collaboration meetings may be necessary to complete this work.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/14/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 7/15 words maximum
Reproductive Health Assessment After Disaster (RHAD) toolkit 2.0

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

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

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 16/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

The project will enhance epidemiologists related to emergency preparedness and response effort for health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

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

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ○ The CIO will award new funding each budget period for at least two consecutive years.
- ◉ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 113/150 words maximum

The RHAD toolkit was modeled after CDC's Community Assessment for Public Health Emergency Response (CASPER) for use by state/local health departments to assess health needs of women of reproductive age (WRA) including pregnant and postpartum (P/PP) women following a disaster. Since its release, implementation of the toolkit has been limited. Partners who have implemented it have reported that it is valuable, but identified several areas of improvement. The purpose of this project is to improve the toolkit by updating, expanding, and making the toolkit more user-friendly and flexible for implementation post-disaster. The update should include a revision of questionnaires, sampling approaches, training materials, and tools to analyze data. Domestic preparedness is one of the 3 CDC strategic priorities identified by Dr. Redfield.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems				Updated RHAD 2.0 Toolkit	Completion of Updated RHAD 2.0 Toolkit
		Assess needs of women of reproductive age , pregnant/postpartum women, and infants following disasters **Revise and update questionnaires** **Revise and update sampling approaches for post disaster surveillance on women of reproductive age (WRA)** **Adapt and Expand data analysis resources**		**Inventory of existing** data collection tools used for surveillance of P/PP women, WRA, and infants after a public health emergency. Literature search, review, summery, and reference inventory. inventory of available post-disaster surveillance resources for P/PP women, WRA, and infants. Questionnaires will be revised to ensure that questions are aligned to our Post-Disaster Reproductive Health Indicators as well as standardized to current reproductive health surveys.		

	Conduct an environmental scan of data collection tools used for surveillance of P/PP women, WRA, and infants after a public health emergency Review scientific literature, other data collections that have been listed on the Federal Register, using CDC's Surveillance Data Platform Vocabulary Service, and soliciting colleagues across the agency and external partners that work in the field. Inventories will serve as a valuable resource for future public health emergencies and will be the basis for RHAD 2.0 improvements.
	Work collaboratively with CDC subject matter experts in reproductive, maternal, infant and child health, and emergency preparedness and response to review, expand and improve RHAD questionnaires. Expand the questionnaire to include validated mental health and resiliency questions. Assess the need for additional questions related to infant health.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 87/200 words maximum
	The applicant must demonstrate the following organizational capacity: • Documented history of establishing effective relationships among state and other health agencies. • Have a documented history of providing technical advice and assistance to partner organizations and to federal public health agencies. • **Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting.** • Appropriate information technology systems to produce required federal progress, financial and annual reports.
13	Applicant Program Experience:* 199/200 words maximum

- A documented history of providing MCH capacity-building assistance to state, tribal, local, and territorial MCH programs.
- Extensive experience (10 years or more) providing information, education, and developmental support of practicing epidemiologists in a wide range of areas as well as expertise for program and surveillance efforts.
- A documented history of supporting effective public health surveillance and sound epidemiologic practice in state health agencies through training, capacity development, and peer consultation.
- Ability to document previous continuing education opportunities and training initiatives on topics such as applied epidemiology and surveillance and the use of relevant scientific information and health data to improve MCH policies and programs.
- A documented history of disseminating MCH epidemiology, surveillance and policy related information to a large network of professionals.
- As an organization, must work to advance public health policy and epidemiologic capacity.
- Be a membership organization of states and territories representing public health epidemiologists.

COLLABORATIVE WORK

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

This project will result in Increased collaboration between multiple programs within the CDC Division of Reproductive Health, the Emergency Preparedness and Response Team, our partnering organizations and states around emergency preparedness and response.

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

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 12/200 words maximum

Subcontracutal Work is not applicable to scope and purpose of proposed project.

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

Briefly describe how. : * 165/200 words maximum

RHAD 2.0 will provide a comprehensive and practical approach to collecting data on WRA, P/PP women, and infants after a disaster. In addition to revised questionnaires and sampling approaches, the Toolkit will provide responders with adaptable planning guides, cost estimates, training materials for data collection staff, and tools to analyze data. These tools will be flexible so that partners can apply elements that are appropriate for their needs. RHAD 2.0 will guide users through the planning, implementation, and analysis stages of conducting a reproductive health assessment after a disaster, reducing the time for initiating a post-disaster surveillance activity.

Collection of these data will provide critical information on maternal health issues such as infant care, family planning, family stressors and service needs, health and risk behaviors, and gender-based violence in the context of a disaster. The data gathered using the RHAD 2.0 Toolkit will promote and enhance evidence-based local programs and services to improve the reproductive health of women and the health of their infants after disasters. Additionally, these data will help partners plan and implement public health initiatives during disaster recovery efforts.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 42/100 words maximum

The applicant must submit an itemized budget and budget narrative, consistent with CDC guidance for completing a detailed budget (http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose and projected outcomes outlined in the project narrative.

CIO CERTIFICATION

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Final

Submission Date: 03/15/2019 You will be directed to a confirmation screen upon successful save or submission.

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

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CDC-RFA-OT18-1802
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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 13/15 words maximum Skin cancer prevention materials to increase capacity for comprehensive community-wide skin cancer prevention programs	
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION	3 Division, office, or unit:* Division Of Cancer Prevention And Control
4	CIO Point of Contact (POC) name(s):* *Separate multiple names, emails, and phone numbers with a semi-colon.*	CIO POC email address(es):* CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B	
6	Description of the Target Population:* 23/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies Health departments's chronic disease leaders and staff and their community partners interested in community strategies to reduce skin cancer risk at a population level.	

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

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

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ◉ The CIO will award new funding each budget period for at least two consecutive years.
- ○ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

9 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
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- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

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

Short-Term

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

- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
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Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
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- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 137/150 words maximum

Skin cancer incidence rates have steadily increased over time in the United States and there has been no meaningful decline in the prevalence of sunburn. However, proven community-level intervention strategies for skin cancer prevention are available. The purpose of this project is to develop new materials to support community-based approaches to skin cancer prevention. We will work with national partners and skin cancer prevention experts to create a shade planning resource and state-specific skin cancer prevention fact sheets. The shade planning resource will replace CDC's Shade Planning for America's Schools (https://www.cdc.gov/cancer/skin/pdf/shade_planning.pdf) and will be expanded to include shade planning in other outdoor community settings. The state-specific fact sheets will build off of previous fact sheets developed by CDC and EPA: https://19january2017snapshot.epa.gov/sunsafety/skin-cancer-facts-your-state-1_.html#colorbox-hidden. Once finalized, these resources will be disseminated through various partners and communication channels and made available online to increase community capacity to implement evidence-based strategies for skin cancer prevention.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Partnerships	• Engage a select group of experts via email, phone, and in-person meetings to get their input on content and design of the shade planning resource and state-specific skin cancer prevention fact sheets • Incorporate feedback from experts into complete drafts of the shade planning resource and state specific skin cancer prevention fact sheets	At least 10 experts will be engaged in meetings by phone or in person to get their input on the content and design of materials.	Enhanced network of partners in community-level skin cancer prevention	• Increased network of partners in skin cancer prevention from various community sectors	• Input from at least 10 experts incorporated into complete drafts of the shade planning resource and the state-specific skin cancer prevention fact sheets
	Program and Services					

	• Identify key components to be included in 1) a shade planning resource and 2) state-specific skin cancer prevention fact sheets • Draft the content for the shade planning resource and state-specific skin cancer prevention fact sheets • Draft the design templates for the shade planning resource and state-specific skin cancer prevention fact sheets **(Note: these are the expected activities for funding year 1. If funded, the second year of work will focus on finalizing and disseminating the materials that are developed.)**	Articles indexed in PubMed plus the websites of at least 15 major relevant organizations (e.g., public health, skin cancer prevention, community planning, parks and recreation, forestry, organizations etc.) will be searched to identify available information about community skin cancer prevention interventions and shade development; CDC team will provide guidance on search terms and which websites should be included in the search.	• Complete draft of a shade planning resource that addresses shade development in multiple community settings (e.g., schools, parks, and outdoor aquatic settings) • Complete draft of state-specific skin cancer prevention fact sheets. For the state fact sheets, we are open to approaches that would minimize the creation of duplicative content. For example, we may find it useful to develop content in HTML that provides general skin cancer information and then have state-specific links to online resources such as CDC's Data Visualizations Tool (https://gis.cdc.gov/Cancer/USCS/DataViz.html) to provide tailored information for each state. **(Note: these are the expected outputs for funding year 1. If funded, the second year of work will focus on finalizing and disseminating the materials that are developed.)**	• Increased organizational knowledge and understanding of evidence-based, multi-component, community-wide strategies for skin cancer prevention. • Improved capacity to implement evidence-based, multi-component, community-wide strategies for skin cancer prevention	• Relevant information identified from articles indexed in PubMed and at least 15 major relevant organizations (e.g., public health, skin cancer prevention, community planning, parks and recreation, forestry, organizations etc.) incorporated into complete drafts of the shade planning resource and the state-specific skin cancer prevention fact sheets **(Note: these are the outcome measures for funding year 1. If funded, the second year of work will focus on finalizing and disseminating the materials that are developed.)**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 109/200 words maximum

To conduct the described work, the applicant should have the capacity to:

- Conduct high-level literature reviews and searches of health organization websites and summarize key points in an organized, easy to read/digest way.
- Use EndNote to manage and organize key references.
- Provide logistical support to schedule and host conference calls with external experts.
- Provide logistical support for small, in-person meetings, including securing travel to Atlanta for up to 10 external experts.
- Develop 508-compliant materials
- Use modern data visualization techniques, where appropriate, in materials.
- Provide copyediting services to ensure proper style, grammar, and accuracy before finalizing materials.
- Disseminate the newly developed materials widely to the public health workforce within state, tribal, local, and territorial health departments.

13 Applicant Program Experience:* 84/200 words maximum

To effectively conduct the described work, the applicant should have experience with the development of materials designed to support the implementation of evidence-based, community-level chronic disease prevention strategies. The applicant should have expertise in implementation science, community-level interventions for chronic disease prevention, health policy, behavioral science, health communication and social marketing, and general public health practice. The applicant should also have a working knowledge of factors that influence skin cancer risk and Community Guide recommendations for reducing skin cancer risk at a population level.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 129/200 words maximum

The recipient will be expected to collaborate with subject matter experts external to CDC. These collaborators will be individuals with expertise in community-level strategies for skin cancer prevention, policies related to skin cancer prevention (e.g., indoor tanning regulations), and shade design. The CDC team will identify most of these experts but will also be open to suggestions from the recipient. Much of the collaboration with these experts will likely happen over email and phone calls. However, there will likely be benefit to some small, in-person meetings with some of the experts. We do not anticipate needing to travel more than 10 experts total to Atlanta (one trip per expert) for small, single-day meetings. These meetings would be expected to take place at CDC's Chamblee Campus (4770 Buford Highway, Chamblee, GA).

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

The recipient may, at their discretion, decide to subcontract some of the work for this project. The CDC team will work with the recipient to determine whether there is a need for subcontract work and ensure such work stays within the scope of the project and within the budget for the project period.

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

Briefly describe how. : * 27/200 words maximum

	We anticipate that the materials developed through this project will increase the capacity of governmental public health agencies to implement evidence-based strategies for skin cancer prevention in their communities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 88/100 words maximum
	Project funds should be used to directly address the proposed activities described in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, paying for travel to Atlanta (up to 10 non-federal experts; one trip to Atlanta per expert), a modest honorarium for up to 10 non-federal experts, and costs incurred to develop the new materials. Travel-related expenses paid using project funds should be consistent with per diem rates established by the US General Service Administration (http://gsa.gov).
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/15/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 10/15 words maximum Strengthening Environmental Health Capacity in Public Health Preparedness, Response and Recovery		
2	CIO:* CENTER FOR PREPAREDNESS AND RESPONSE	3	Division, office, or unit:* Office Of The Director
4	CIO Point of Contact (POC) name(s):*		CIO POC email address(es):*
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category B
6	Description of the Target Population:* 14/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies		
	Environmental health scientists and specialists employed in state, tribal, local and territorial governments.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $225,000 (Whole numbers only)	
8	Expected Length of Project:*	
	○	The CIO will award new funding each budget period for the remainder of the period of performance.
	○	The CIO will award new funding each budget period for at least two consecutive years.
	◉	The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 121/150 words maximum

Environmental health knowledge and capacity building within emergency preparedness, response, and recovery plans and efforts is in urgent need.

This project seeks to support a number of states, localities, tribes or territories (SLTT) in developing and implementing strategic action plans to address systematic barriers that hamper the environmental health response and recovery efforts in public health emergencies and to support the development of policies, resources and tools which offer solutions, processes or guidance to address these systemic barriers.

This project will support SLTT professionals through better understanding of the policy barriers and challenges that exist and then work to develop tools and resources to address these gaps or questions. This project also seeks to support SLTT professionals in developing plans and strategies for addressing these barriers in their communities through training and technical assistance

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Laws and Policies	**Establish and coordinate EH preparedness steering committee to gather practitioner level feedback on policy needs/barriers to EH-related preparedness/response**	**# of committee calls** **# of stakeholders engaged in scan**	**Completed scan including identifying policy needs/ barriers**	**EH and emergency response professionals have a better understanding of the barriers to effective EH emergency response and of the strategies to overcome these barriers**	**Identify potential solutions for 70% of the identified policy barriers**
		Conduct an environmental scan to identify, collect, and assess publicly available strategies, tactics, and tools that can create a foundational resource for EH preparedness	**# of documents reviewed in scan** **# of interviews completed**		**States will have increased knowledge of how other jurisdictions address similar EH preparedness and response issues**	
	Program and Services					

	Technical assistance (TA) to an identified number of states to develop and implement at least one identified EH preparedness response best practice Development and disseminate resources, tools, or checklists/ Protocols or guidance that fill policy challenges or gaps identified through the assessment and steering committee expertise. peer-reviewed journal article of findings online inventory of relevant EH + preparedness resources, At least two presentations during national meetings/conferences, one conference focused on environmental health, another on emergency preparedness	**# of tools developed** **# of materials in online inventory** **# of views of developed materials and materials in inventory** **# of states provided TA** **Conference presentation/outline at 2 national conferences**	Case study/success story from each jurisdiction who received TA State/locality plans developed as part of the project Peer-reviewed journal article Developed resources and guidance document Online inventory of relevant EH + preparedness resources	**Environmental health professionals are better equipped to use best-practices in emergency planning, response and recovery** **Increased awareness of EH preparedness best pratices, process and solution for overcoming policy barriers**	**At least 75% of selected jurisdictions can show tangible results/change in their EH preparedness response activities following the conclusion of this project.**

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 76/200 words maximum
	The organization must have an organizational structure that facilitates staff to have awareness and work in both environmental health and preparedness/response. Recipient must have established communication channels to host and disseminate development and identified materials. Organization much have a structure in place to engage relevant EH and preparedness professionals. Organization must demonstrate the organizational capacity (skills, technology, org reach, and infrastructure) to effectively carry out this project including policy and programatic capabilities.
13	Applicant Program Experience:* 75/200 words maximum
	Recipient must have extensive experience working with and supporting environmental health scientists and specialists employed at the state, tribal, local and territorial levels of governments and have systems in place that connect, coordinate and facilitate training, technical assistance and coordination of this target population. The recipient much have demonstrated experience in both environmental health and emergency response and recovery policy and experience conducting the types of activities outlined in this proposed project.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 30/200 words maximum
	Recipient should collaborate with relevant organizations across state, territories and localities working on environmental health and emergency preparedness and response.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum

	Subcontract may be required depending upon project plan developed by partner
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 49/200 words maximum Knowledge of policy barriers and challenges across states and localities can help CDC to better support health departments and environmental and public health practitioners. Any developed resources, and materials can be of benefit to many communities across the nation and inform the work of other Centers within CDC and/or other federal agencies.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 42/100 words maximum
	Budget should be primarily used for completion of assessments/review and ensuring project outcomes are met. No equipment should be purchased with these funds. Minimal travel may be approved to complete activities, if necessary.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/18/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 13/15 words maximum
Strengthening Tuberculosis Prevention Efforts by Leveraging Electronic Medical Record Data to Target High-Risk Individuals.

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

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 10/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Health strategist workforce (leaders and midcareer professionals) in STLT health department

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7 Proposed Project Funding Amount:* (11-month budget period)
$700,000 (Whole numbers only)

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ◉ The CIO will award new funding each budget period for at least two consecutive years.
- ○ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 149/150 words maximum

Tuberculosis (TB) is a leading cause of death worldwide, and remains a public health concern. Most new TB cases in the US result from progression of latent tuberculosis infections (LTBI) acquired years earlier. Timely identification and treatment of LTBI is a critical component of the national TB elimination campaign.

In the absence of a LTBI surveillance system, CDC and its state, local, and tribal partners have limited means to identify at-risk populations, determine if screening guidelines are being implemented, or measure the impact of interventions to expand screening, increase treatment initiation, or improve treatment completion.

Project objectives:

1. Develop informatics algorithms to accurately identify patients at high risk for developing TB who would benefit from an active LTBI screening program.
2. Develop informatics algorithms to accurately identify patients who completed an LTBI treatment regimen
3. Improve targeted TB testing and reporting of treatment outcomes through the development and implementation of an EMR module

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems	Phase 1: Develop and analyze queries using EMR drug dispensing data to collect data on completion of treatment for TB infection or disease. Phase 2: Develop an EMR module intervention to improve targeted screening for TB and reporting of TB treatment outcomes	Phase 1 1. Identify an appropriate algorithm for determining TB treatment completion using dispensing data Phase 2 2. Automatic TB risk assessment and lab test order for screening high-risk patients 3. Identify specific variables for reporting TB treatment outcomes		Phase 1 1. Complete EMR query and analysis and report results Phase 2 2. Complete development of module	

				Phase 1 1. Number and percentage of patients in clinic population who completed TB treatment regimen by: -Diagnostic test(s) -ICD dx codes -LOINC codes for TB lab tests Phase 2 2. EMR module incorporates relevant patient risk factors (COB, language, medical conditions, etc.) into automatic risk assessment and subsequent TB screening order for high-risk patients 3. Incorporation of TB treatment outcome variables for reporting		Phase 1 1. Increase capacity to broadly determine TB treatment outcomes 2. In collaboration with healthcare providers and public health staff, identify opportunities and strategies for improving EMR reporting of TB treatment related outcomes Phase 2 3. Deployable module with automatic TB risk assessment and subsequent TB diagnostic test order and improved TB treatment outcome reporting variables
	Program and Services	Phase 3: Engage 1-2 clinics and relevant LHDs to pilot the module and strategies for collaboratively using data to drive performance improvement within and beyond the clinics to increase targeted TB screening and treatment Evaluate effectiveness of module for broader distribution among clinical network	1. Identify 1-2 clinics for module intervention and LHDs that serve their communities 2. Identify timeline for intervention 3. Identify measures for evaluating effectiveness of intervention	Number of persons screened, diagnosed, and treated for LTBI or TB during intervention	Assessment of cost, successes, and challenges of module intervention.	Demonstrated increase over baseline in number of persons screened, diagnosed with LTBI or TB, and increase the number of persons who are start and complete an appropriate TB treatment regimen.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 173/200 words maximum

The applicant should have a detailed understanding of the target population and capacity to coordinate and manage projects that include multiple partner entities, including those organized into formal networks. Through internal or external partnerships (including potential sub-contractual agreements, as outlined below), the applicant should have capacity to:

1. Access electronic data generated within, and gathered from, a variety of healthcare settings, including hospitals, doctors' offices, and community clinics.
2. Build and execute queries against the aforementioned data—even if those data are not housed in a centralized repository (i.e., capacity to conduct distributed queries across multiple health systems or networks). Query development and execution should be suitably agile to accommodate potential iterative refinements based on the initial data generated.
3. Synthesize data returned by the aforementioned queries to generate descriptive statistics and other metrics of interest
4. Engage with healthcare entities that generate the accessed data, as well as health departments serving those communities, to identify new EMR modules for improved disease surveillance; then, subsequently implement, pilot test and evaluate these new modules for broader distribution among health care networks.

13 Applicant Program Experience:* 83/200 words maximum

The applicant should have experience that demonstrates maturity of the capacities outlined above. Specifically, the applicant should have experience coordinating and managing projects that involve multiple institutions or networks of institutions. The applicant (and/or any proposed partners and subcontractors) should also demonstrate experience bringing together, standardizing, and evaluating information generated by and collected from a variety of healthcare sites using disparate electronic health record and other information management systems. Finally, the applicant should have experience working with public health and healthcare entities to implement and evaluate interventions within an EMR for performance improvement.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 47/200 words maximum

	It is expected that the awardee will collaborate with CDC on analyses and EMR module intervention design, implementation and evaluation. The awardee is also expected to identify and collaborate with one or more organizations or networks that provide it with the necessary capacity (as outlined above) to execute the project.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 188/200 words maximum
	The awardee is encouraged to subcontract with entities that can improve the delivery of the expected outputs. In particular, the awardee is encouraged to subcontract with entities or established networks that offer geographic breadth, access to large amounts of health data from a variety of settings (e.g., hospitals, doctors' offices, and community clinics), a common data model for core data pulled from across contributors, direct relationships with the providers contributing data, and experience conducting patient-centered outcome studies and evaluations. Preferred entities or established networks include those that acquire and aggregate data from healthcare settings that serve high-risk populations, such as persons born abroad, especially from high-risk countries, such as South and Central America, Sub-Saharan Africa, and South, East, and Southeast Asia—particularly persons who have recently arrived from these high-risk counties. Entities or established networks that also acquire and aggregate data from healthcare settings serving minorities and the homeless are also highly important. A critical data requirement is that the subcontracted entities/networks will be able to implement systemic changes within an EMR system across individual clinics in a manner that is cost effective and scalable Subcontracted entities/networks should have the capacity to evaluate the effectiveness of these systemic changes.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 128/200 words maximum
	Current LTBI surveillance is limited. Leveraging the power of the nationally representative networks of electronic health information creates a unique opportunity to quickly measure LTBI surveillance metrics across large, geographically diverse populations and implement appropriate interventions at the clinical and LHD level. The project can also help establish improved LTBI surveillance at the local level by focusing estimates on populations most at-risk for LTBI. By developing definitions of LTBI-related priority populations/procedures, and then evaluating mechanisms for accessing and running those definitions against distributed healthcare data, this project may identify hot spots of LTBI infection and innovative strategies that can be implemented by clinics and LHDs for surveillance that is quicker, easier and more accurate. Identifying new approaches/opportunities, in collaboration with clinics and LHDs, to support robust LTBI surveillance will, in turn, result in better and more informed population health interventions.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

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

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through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 15/15 words maximum Surveillance of Maternal, Infant and Child Outcomes Following Treatment of Opioid Use Disorder During Pregnancy	
2	CIO:* NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES	3 Division, office, or unit:* Division Of Defects And Developmental Disabilities
4	CIO Point of Contact (POC) name(s):*	CIO POC email address(es):*
	Separate multiple names, emails, and phone numbers with a semi-colon.	CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B
6	Description of the Target Population:* 8/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies	
	Public health informaticians in STLT health departments	

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $3,900,000 (Whole numbers only)	
8	Expected Length of Project:*	
	○ The CIO will award new funding each budget period for the remainder of the period of performance.	
	○ The CIO will award new funding each budget period for at least two consecutive years.	
	◉ The CIO will fund the project for one year.	

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 129/150 words maximum

The purpose is to establish a surveillance network across multiple sites to rapidly collect data and monitor maternal, infant, and child health outcomes related to treatment for opioid use disorder (OUD) during pregnancy. The goal is to collect linked maternal and infant health data to increase the evidence base for clinical researchers, surveillance experts and healthcare providers.

The objectives are to: (1) Establish an organizational structure to include federal partners, clinical and public health partners, and a CDC steering committee to provide critical input on data collection approaches and analytical priorities; (2) Develop a data platform to collect linked maternal and infant data among women treated for OUD during pregnancy; and (3) Analyze and disseminate preliminary results to inform patient-centered care for pregnant women with OUD and for infants and children with prenatal opioid exposure.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems	1. Develop collaborations wtih clinical sites to provide data to inform a shared patient-provider decision-making model 2. Based on CDC's core set of variables for surveillance of OUD during pregnancy that can be leveraged for national, state, local or healthcare system surveillance work with clinical sites to validate 3. Create a secure data entry system, in cooperation with CDC	1. Collaborations process measures: • Request for proposal • Application process • Technical reviews 2. Abstraction/ data collection • Forms with comments and input from sites • Training on data collection 3. Piloting data entry system process measures: • Data quality checks • Reabstractions • Quarterly data reports	1. Collaborations output: • Award notification to subawardees • Site orientation • Site visits 2. Abstraction /data collection outputs: • Final data collection / abstraction tools • Report describing data infrastructure including mother/child dyad linkage process 3. Data entry system outputs: • Database on a secure server with log-in information for each site	Establish the first multi-site surveillance network capturing standardized data about maternal, infant, and child outcomes following OUD treatment of pregnant women	• Improved epidemiological capacity for surveillance of OUD during pregnancy • Translation of data to inform policies, clinical practice recommendations, and clinical care decisions
	Communication and Information Technology					

	1. Provide a proposal mechanism for accessing results to encourage additional public health recommendations 2. Perform data analyses and synthesize results based on a planned data research plan 3. Disseminate results and conclusions	1. Process developed for data availability via proposal 2. Completed table shells with data 3.Dissemination plan	1.Proposal process established and publicized 2. Reports drafted in collaboration with CDC 3. Present at conferences and professional meetings, communication across HHS operating divisions, public channels and media outlets	Improved understanding of the impact of timing of opioid or polysubstance exposure, OUD treatment initiation, and maternal co-morbidities on maternal, infant, and child health outcomes	• Improved knowledge and awareness of the impact of mediating and moderating factors that contribute to treatment compliance and success • Informed recommendations for treatment and early intervention for infants and children born to women with OUD

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 192/200 words maximum

CDC will collaborate with a partner organization with the capability to identify clinical sites and manage high quality timely data. The partner will have national recognition, experience with similar projects and a demonstrated ability to work with clinical sites, including healthcare providers, treatment facilities, and hospital systems that treat pregnant women and children impacted by OUD.

The recipient will provide informatics expertise that is comprised of personnel with experience with business analytics, data management and analysis, data acquisition, and enterprise architecture. The partner will support CDC's efforts to develop and maintain standard operating procedures, will adjust data acquisition approaches to meet the existing technical infrastructures of each of the awarded sites and will establish the data system. As informatics experts, the partner will have technical knowledge of semantic standards for data capture, data transfer protocols, relational databases, data security, and data analysis and visualization tools and approaches. Efforts will focus on executing the core data management activities of data collection, data transfer, data compiling, data quality control, data storage, and making data available for analysis in partnerships and collaboration with all stakeholders (e.g., clinical sites) to support common goals and objectives around maternal-child longitudinal surveillance for opioid use exposure.

13 Applicant Program Experience:* 64/200 words maximum

The partner will have experience working with clinical and public health entities, surveillance expertise, and understanding of maternal and child health issues. The partner will also demonstrate considerable informatics capabilities. The partner will also have experience managing sub-awards. The partner is required to have experience working across multiple IT infrastructures/platforms and bringing that knowledge to this collaborative effort.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 99/200 words maximum

It is expected that the partner will collaborate extensively with the CDC project team and selected clinical sites.

The partner will work with potential clinical sites that meet inclusion criteria, some of which are defined below. CDC will work closely with the partner to clearly define and finalize inclusion and exclusion criteria and orient awarded sites on medical record abstraction and Assurance of Confidentiality training. As sub-awardees of the partner, the selected sites will have technical knowledge of and access to data sources (e.g. prenatal records, birth records, and pediatric records) that contain the elements to be collected and reported to the data system.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 167/200 words maximum

The recipient will identify and sub-award to 3-5 clinical sites. Funding by site will vary depending upon the number of cases per year and scientific resources needed to facilitate data collection. Sites may include healthcare providers, treatment facilities, and hospital systems that treat pregnant women and children impacted by OUD. Site criteria may include:

- Treat pregnant women with OUD or substance use disorder (e.g., MAT or detoxification);
- Demonstrate existing linkages of maternal, prenatal, and treatment records to the neonatal and pediatric records, or the capacity and motivation to identify and link maternal and infant records;
- Demonstrate ability to access and review records identified from the linked dataset, including documentation authorizing access to each data source;
- Demonstrate ability to capture data on children born to women treated for OUD or substance use disorder up to two years of age to evaluate early child health outcomes; and
- Data availability between 2014 and present.

Collaboration with clinical sites will enable:

- Case list of mother-infant dyads
- Completed data abstraction tools
- Data entered into data system
- Data quality checks
- Peer-reviewed manuscripts
- Presentations at meetings

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

Briefly describe how. : * 119/200 words maximum

This collaboration will provide public health with critical data on treatment of pregnant women with OUD, an essential component of combating the opioid crisis. This data will increase capacity to

- Accurately assess the scope and scale of this issue
- Enhance public health's capability to gather and process data
- Expand the evidence base for clinical researchers, surveillance experts, and healthcare providers
- Inform recommendations for treatment and early intervention for infants and children born to women with OUD
- Rapidly translate data collected to inform policies, clinical practice recommendations, and clinical care decisions
- Provide data to inform a shared patient-provider decision-making model
- Provide a process by additional public health work can be accomplished to evaluate issues on treatment compliance and effectiveness, and maternal, infant, and child outcomes

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 53/100 words maximum
	The funding allocated will be used to support the partner team, required organizational indirect costs, travel, supplies, and the management of the sub-awards. Funds will allow the partner to set up information systems to capture surveillance data. The selected sites will be expected to allocate their funds across the project period.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/14/2019 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
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FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 13/15 words maximum The Digital Bridge: Nationwide Scaling of Bidirectional Information Exchange between Healthcare and Public Health	
2	CIO:* CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES	3 Division, office, or unit:* Office Of The Director
4	CIO Point of Contact (POC) name(s):* *Separate multiple names, emails, and phone numbers with a semi-colon.*	CIO POC email address(es):* CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B
6	Description of the Target Population:* 8/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies Public Health Informaticians in STLT health departments	

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $1,000,000 (Whole numbers only)
8	Expected Length of Project:*
	○ The CIO will award new funding each budget period for the remainder of the period of performance.
	○ The CIO will award new funding each budget period for at least two consecutive years.
	◉ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 146/150 words maximum

The Digital Bridge is a collaborative public and private partnership of healthcare providers, health information technology developers, and public health organizations working together to improve clinical care and public health. It provides governance and leadership for a standards-based approach to bidirectional information exchange between healthcare and public health with electronic case reporting (eCR) as its first use case.

The Digital Bridge collaborative has designed a nationally scalable, multi-jurisdictional approach to eCR that will be implemented across different states and cities. Using existing data standards, the Digital Bridge has demonstrated eCR for five notifiable conditions in two large jurisdictions and is working towards scaling eCR nationally. With this initial success, it has become apparent that long-term sustainability will require additional investment to scale the technical infrastructure to accommodate a nationwide rollout.T

The capacity of the public health system will be strengthened through national partnerships between healthcare systems, hospitals, and providers, EHR developers, and public health agencies.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastructure	Determine eCR functioning and performance	Case reporting quality and performance measures will be established for all implementation sites	Complete, accuracte, and timely measurements to ensure technical infrastructure capacity for nationwide scale-up	Analysis of implemtnation site satisfaction, current performance of systems and completeness, accuracy and timeliness of data	Availability of data and information related to performance of Digital Bridge and eCR will increase
Communication and Information Technology	Disseminate information on tools and successful implementations	Establish and track metrics for successful communication reach	Content promoted through website, webinars, social media, blogs, and news stories	Increased value and benefits of eCR to stakeholders	Website traffic and other reach analytics will increase by 15%
Partnerships	Convene Digital Bridge partners to discuss strategic and tactical measures to scale-up and achieve effective information exchange	Public health agencies, health IT developers, and healthcare participants will attend two in-person meetings, 11 monthly partner calls, and 24 workgroup meetings	Healthcare providers, health IT developers, and public health agencies indicate they will reach out to new organizations	Improved capacity of the Digital Bridge partnership to move eCR and other use cases forward	Digital Bridge partnership outreach efforts will result in at least five new partners across sectors

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 86/200 words maximum

	The Recipient Organization will need to have the necessary infrastructure and support to collaborate with all existing Digital Bridge partners to successfully provide stewardship for governance of a public and private partnership, support for evaluation activities, and support communication goals. . The Organization must have the capacity to provide ongoing day-to-day support for the legal, evaluation, and participant workgroups, communications, and convening of the partners. The Organization must have informatics expertise to provide the level of technical assistance required to advance eCR nationwide.
13	Applicant Program Experience:* 54/200 words maximum
	The Recipient Organization must have the expertise to understand, evaluate, and monitor healthcare systems and public health agencies' informatics policies and procedures. They must demonstrate best practices in informatics to inform and improve information-driven programs. They must have expertise in meeting planning, workgroup facilitation, and communications, which includes website development, media and public relations, publications, webinars, and other platforms.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 59/200 words maximum
	The Recipient Organization must establish and maintain a productive working relationship with public health associations, electronic health record softward vendors and with healthcare providers. The Recipient Organization Is expected to engage at a high level with executives in the private sector, and to ensure that collaboration is present in all governance decisions.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 142/200 words maximum
	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable (200 words maximum): During the full year of performance, work will need to be subcontracted as follows: 1. **Legal consultation.** The retention of legal expertise should be made through a law firm with expertise in HIPAA, particularly in the context of IT-related data sharing agreements and networks. 2. **Evaluation and technical consultation**. Technical consultation will be required for outlining, implementing, and evaluating strategic and tactical measures to achieve information exchange and move implementations of eCR forward. These services should be provided by experts familiar with innovative data strategies and informatics. 3. **Convening and meeting facilitation.** A consultant with expertise in partnership development and outreach, as well as meeting planning and facilitation is required to manage governance body meetings and related activities.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 92/200 words maximum A unified approach to information exchange eases the burden of reporting that involves manual processes and costs at public health agencies. It advances greater consistency and standards-based information exchange across public health and healthcare for enhanced interoperability. It improves the capacity of governmental public health agencies for outbreak detection by allowing bi-directional exchange of more complete and accurate data in real time. With these informatics tools, the state and local public health agencies have the ability to collaborate more efficiently and directly. Timely detection allows government public health agencies to have increased awareness of emerging threats, which can reduce disease transmission.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 25/100 words maximum
	Recipient organization will be responsible for traveling partners to two in-person governance meetings as well as traveling staff from pilot sites to attend a premier informatics conference.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 9/15 words maximum The National Syndromic Surveillance Program Community of Practice (NSSP CoP)		
2	CIO:* CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES	3	Division, office, or unit:* Division Of Health Informatics And Surveillance
4	CIO Point of Contact (POC) name(s):* *Separate multiple names, emails, and phone numbers with a semi-colon.*		CIO POC email address(es):* CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B	
6	Description of the Target Population:* 15/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies State and local epidemiologists in public health jurisdictions advancing their syndromic surveillance operational and analytic capacities		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $450,000 (Whole numbers only)
8	Expected Length of Project:*
	◉ The CIO will award new funding each budget period for the remainder of the period of performance.
	○ The CIO will award new funding each budget period for at least two consecutive years.
	○ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 147/150 words maximum

This project will fund an organization to collaborate with CDC to cultivate and manage the National Syndromic Surveillance Program Community of Practice (NSSP CoP) with the purpose of advancing the development and improvement of syndromic surveillance use and practice among state and local public health jurisdictions and stakeholders. The NSSP CoP provides a formal venue to facilitate knowledge sharing and collaboration across the syndromic surveillance community. As of January 2019, the CoP had 581 members, of whom 32% were state, 18% were local, and 16% were federal public health practitioners with responsibilities for syndromic surveillance in their organizations. The NSSP CoP was established in August 2016 thru a cooperative agreement (ending June 30, 2019) between CDC and a partner organization. T his project will build upon the existing NSSP CoP and its related activities that were established and managed by the previous partner organization.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Leadership and Workforce De velopment	1. Determine members syndromic surveillance knowledge needs and gaps. 2. Assess members satisfaction with and value perceived from participation in the NSSP CoP and its activities. 3. Recruit new members into the NSSP CoP. 4. Develop and deliver a variety of syndromic surveillance related trainings and knowledge sharing events aimed at increasing syndromic surveillance KSAs.	1. OMB-PRA approved syndromic surveillance needs assessment developed and administered. 2. OMB-PRA approved NSSP CoP member satisfaction survey developed and administered. 3. Number of new CoP members recruited. 4. Number of new trainings and knowledge sharing events offered.	1. Report of findings and recommendations based on needs assessment. 2. Report of findings and recommendations based on member satisfaction assessment. 3. Document(s) describing outreach, communications, and promotion plans for recruiting members, including strategies for retaining members. 4. Calendar of trainings, knowledge sharing events and monthly NSSP CoP conference call topics posted on the NSSP CoP website.	1. Training plan describing the needed syndromic surveillance trainings, technical assistance, and knowledge sharing topics as identified by needs assessment. 2. Member engagement plan to address needed improvements in the CoP identified in member satisfaction survey. 3. Member outreach, communications, and promotion plan to recruit new members. 4. No less than 6 new syndromic surveillance trainings or knowledge sharing events delivered	1. Improved knowledge and ability of state and local PH staff to conduct syndromic surveillance. 2. Improved leadership capacity to identify and prioritize public health surveillance needs
	Data and Information Systems				1. Established monthly NSSP CoP conference calls. **2**. Established administrative & technical support for CoP workgroups and committees.	1. Enhanced use of syndromic surveillance for situational awareness and PH decision making.

		1. Provide an online distributed NSSP CoP with collaboration tools including a website capable of supporting a variety of community activities and events (e.g. online member registration, webinars, blogs, discussion threads, podcasts, teleconferences, public/private workspaces, etc.). 2. Provide administrative & technical support to existing CoP workgroups& committees (data quality, BioSense Platform/technical, syndrome definition, preparedness, etc) and establish new workgroups & committees as needed. 3. Identify topics, speakers and facilitate monthly NSSP CoP conference calls. 4. Develop a process for CoP members to request peer-to-peer and/or expert-to-apprentice mentoring	1. Number of geographically dispersed members participating in CoP activities & accessing the website . 2. Number of members participating in monthly conference calls and CoP workgroups and committees. 3. Number of CoP members engaged in mentoring.	1.A document outlining how the current NSSP CoP and its activities including the knowledge respository will be transitioned to and supported by the new CSTLTS partner CoAg recipient. 2. Communications plan describing the transition of the management of the NSSP CoP to the new CSTLTS partner CoAg recipient. 3. Document describing the guidelines and process for requesting mentoring (e.g. how to become a mentor/mentee, roles and expectations, etc.)		
	Partnerships	1. Establish an NSSP CoP Steering Committee to serve as a conduit for feedback from the syndromic surveillance community. 2. Expand CoP partnerships and stakeholders including, but not limited to, state epis and others (e.g. infectious and chronic disease programs) within the health departments to support the expansion of syndromic surveillance for relevant programs within the health departments. 3. Identify opportunities for, and promote collaborative projects (between jurisdictions and/or between jurisdictions and CDC).	1. List of eligible state and local syndromic surveillance SMEs to serve on the Steering Committee. 2. Number of new partners participating in the CoP and its worksgroups. 3. Number of new collaborative projects established..	1. Finalized and vetted list of Steering Committee members and Charter outlining purpose, terms of service, and roles and responsibilities. 2. Partner engagement plan. 3. Document describing how collaborative projects will be promoted.	1. Established Steering Committee and Charter.	1. Improved ccommunications between CDC and syndromic surveillance practitioners and stakeholders. 2. Increased collaboration on syndromic surveillance during health events of regional and national interest
	Program and Services	**1.** Develop and share syndromic surveillance success stories that describe successful practices in syndromic surveillance at the local, state, regional, and national levels; by topic. 2. Identify CoP best practices to provide as additional program guidance. 3. Maintain a curated and searchable knowledge respository of syndromic surveillance resources, tools, guidance documents, reports, lessons learned, etc.	1. Number of success stories developed and disseminated through a variety of media (website, conferences, publications, etc.). 2. Number of documents, resources, tools, etc added to the knowledge respository.	1.document describing how success stories will be collected, developed and disseminated to the broader PH community.	1. Fully functioning online NSSP CoP & website with software tools to facilitate distributed learning and related activities. **2.** Functional and easily searchable knowledge repository.	1. Increased access to NSSP CoP website and its related activities and knowledge respository. 2. Increased perceived value of syndromic surveillance**.**

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 182/200 words maximum
	The organization is expected to use current best practices to facilitate, maintain and evaluate the online NSSP CoP and its related groups and activities. Applicants proposed approach should include a variety of online collaboration tools and resources to support a geographically dispersed community. The awardee will collaborate with CDC to *establish or maintain* 1) the NSSP CoP steering committee, mission, and charter; 2) a variety of online learning and knowledge-sharing events; 3) workgroups and committees; 4) success stories and lessons learned; and 5) a peer-to-peer mentoring and technical assistance program. The applicant is expected to identify new syndromic surveillance partnerships; identify and promote opportunities for collaborations beween jurisdictional sites or between sites and CDC; develop and implement strategies to recruit, engage and retain NSSP CoP members; and assess members syndromic surveillance knowledge needs and satisfaction with the CoP. The organization must have the capacity to facilitate and manage an online distributed CoP including member recruitment and engagement, online collaboration tools (webinars, forums, blogs, etc.), coordinate and host monthly conference calls and similar collaborative discussions, and support NSSP CoP workgroups and committees.
13	Applicant Program Experience:* 85/200 words maximum

	The organization must have demonstrated expertise and experience in epidemiology, syndromic surveillance, public health informatics, communities of practice, group facilitation, program planning and performance management, evaluation, budget management and administration, and organizational development. Applicant must demonstrate the organizational capacity to establish, formalize and maintain a distributed syndromic surveillance community of practice that can transfer ideas and knowledge among members and promotes innovation. The organization must have experience facilitating discussions with public health practitioners on such topics as public health surveillance, informatics, epidemiology and other public health programmatic activities.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 62/200 words maximum
	The organization will be expected to collaborate extensively with CDC and state and local public health staff engaged in syndromic surveillance, and other identified public health partners and stakeholders to ensure success in achieving the activities, outputs and outcomes of the project. CDC's NSSP will have substantial programmatic involvement to ensure the programmatic priorities are met, including the development of key activities and the final workplan.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 58/200 words maximum
	The organization may elect to subcontract for expertise to facilitate and manage an online syndromic surveillance community of practice and its related workgroups/committees, knowledge repository, and knowledge sharing/training activities. The subcontractor must have demonstrated expertise and experience in public health epidemiology, syndromic surveillance and public health informatics as well as success in managing and facilitating a distributed community of practice.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 18/200 words maximum The NSSP CoP enhances the capabilities of state, local and federal governments to conduct syndromic surveillance.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 33/100 words maximum
	It is anticipated that funds will be used by the recipient organization to support the proposed activities as described in the Project Details section above, including subcontracting for needed expertise if applicable.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/03/2019 You will be directed to a confirmation screen upon successful save or submission.

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Final

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 7/15 words maximum
Toxicology/State Unintentional Drug Overdose Reporting System (SUDORS) Fellow

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 10/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Health strategist workforce addressing fatal overdose reporting across health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

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

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ◉ The CIO will award new funding each budget period for at least two consecutive years.
- ○ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 87/150 words maximum

The purpose of this project is to select and train a fellow to work with the State Unintentional Drug Overdose Reporting System (SUDORS). The fellow will monitor emerging substances, assist in the development of toxicological testing guidance documents, refine the way toxicology data is captured in SUDORS, and disseminate data to inform prevention activities and build capacity to collect timely and comprehensive fatal opioid overdose reporting. The fellow must have an advanced degree in public health, toxicology, or forensic science and must have laboratory experience, advanced data analysis skills, or experience in computer science.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastructure	Recruitment and selection of a fellow for SUDORS/ Toxicology	CDC approves fellow selection	Fellow for SUDORS/Toxicology begins work	-Fellow assists in monitoring emerging substances -Fellow develops toxicological testing guidance documents -Fellow helps to refine and improve data capture in SUDORS -Fellow disseminates data -Fellow establishes and maintain partnerships	Increased timeliness and comprehensiveness of fatal opioid overdose reporting

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 12/200 words maximum

Recipient should have extensive experience recruiting, hiring and onboarding public health professionals.

13 Applicant Program Experience:* 46/200 words maximum

Recipient should have experience working within the field of overdose prevention and response, staffing and providing surge support to agencies to aid in agencies' response to the overdose epidemic, and have a keen understanding of CDC's approach to overdose prevention and the interface between public health and public safety.

	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 26/200 words maximum
	The organization must collaborate with CDC on the recruitment and selection of a fellow for this work.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 14/200 words maximum
	There are no expected subcontracts.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 41/200 words maximum
	Public health agencies with benefit from efforts to improve the timeliness and comprehsiveness of fatal opioid overdose reporting. These improvements will aid and inform state and local prevention and response efforts to opioid-involved overdoses.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 13/100 words maximum
	Funds for proposed travel must be aligned with the project activities.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/15/2019 You will be directed to a confirmation screen upon successful save or submission.

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

FY 2019 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

1	Project Title (Please do not use all caps):* 14/15 words maximum Translation of Provider Training to Improving Mental Health Discussions, Screening, and Treatment of Cancer Survivors	
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION	3 Division, office, or unit:* Division Of Cancer Prevention And Control
4	CIO Point of Contact (POC) name(s):* *Separate multiple names, emails, and phone numbers with a semi-colon.*	CIO POC email address(es):* CIO POC phone number(es):*
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category B
6	Description of the Target Population:* 10/25 words maximum Note: Proposals should not build capacity for CDC or other federal agencies Chronic disease directors in state and local health departments.	

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7	Proposed Project Funding Amount:* (11-month budget period) $100,000 (Whole numbers only)	
8	Expected Length of Project:*	
	○ The CIO will award new funding each budget period for the remainder of the period of performance.	
	◉ The CIO will award new funding each budget period for at least two consecutive years.	
	○ The CIO will fund the project for one year.	

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 87/150 words maximum

Few health care providers adhere to recommendations and standards of care that encourage them to discuss mental health concerns with survivors, conduct distress screening, and refer identified patients to appropriate care. In order to support and educate the medical community in its efforts to provide needed psychosocial care to cancer survivors, DCPC previously supported the development of an online, interactive training simulation tool (https://simulations.kognito.com/pemhccs/) for oncologists, nurses, and primary care providers working with cancer survivors. The proposed project will support future dissemination using other technology platforms and to establish CME accreditation of this developed training.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Communication and Information Technology	• Ensure existing training tool is hosted and updated on an online platform widely accessible by the user/target audience. • Translate existing training tool to smart phone/tablet applications • Ensure ACCME accreditation (with measurable evaluation metrics) of the existing training tool. • Disseminate the training tool to the target audience.		• Monthly reports detailing CME evaluation results and host platform metrics. • Report detailing design templates and platform logistics for smart applications. • Dissemination report showing organizations contacted, dissemination efforts, and outcomes achieved.	• Increased organizational knowledge and understanding of educating medical providers about caring for the mental health care needs of cancer survivors. • Strengthen organizational capability to use communication and information technology strategies to affect health decisions and actions pertaining to the mental health care needs of cancer survivors. • Increased network of partners in cancer survivorship and mental health. • Wide reaching tool dissemination.	• Achieve CME accreditation for a one year period with option to renew. • Demonstrated functionality and deployment of existing training on host site and smart application platforms. • Monthly reports detailing CME evaluation results and dissemination efforts.

- Engage with developer of the existing training simulation tool to determine and deploy hosting logistics for the training.
- Contact existing CME accreditor and 2 additional accrediting institutions with wide reaching access to target population.
- Select CME accrediting institution and execute an agreement for at least 15,000 users.
- Monitor CME accreditation metrics and produce monthly CME evaluation metric reports.
- Draft the design templates for smart phone/tablet applications.
- Translate the existing training tool to smart phone/tablet applications.
- Deploy smart device applications for the training.
- Engage with organizations, academic institutions, medical centers, and media outlets with wide reach to the target audience to create opportunities for tool dissemination.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 200/200 words maximum
	APPLICANT ORGANIZATIONAL CAPACITY (MAXIMUM OF 500 WORDS):* To disseminate the aforementioned training tool on cancer survivorship and mental health, the applicant's project staff should have experience creating interactive, digital educational training resources and general knowledge of cancer epidemiology, cancer survivorship, mental health, and public health practice. To ensure that training materials are utilized as an CME on an online medical community platform, the applicant should have experience planning and providing logistical support for accreditation by the Accreditation Council for Continuing Medical Education. The current project also seeks to translate an existing e-learning training (currently on an online host platform) to other technology formats (smart device applications). The applicant should have experience converting e-learning trainings to these formats. If the applicant does not have the capacity to support these activities, sub-contractual work will be expected to manage aforementioned logistics (see "expected sub contractual work" section below). To ensure targeted dissemination of training materials to nurses, physicians, and specialists, the applicant should have experience and current relationships with national provider organizations; medical schools; academic teaching hospitals and other medical centers where cancer survivors receive treatment and follow-up care; news media outlets (print, online, television, radio), and other outlets reaching the target population.
13	Applicant Program Experience:* 94/200 words maximum
	To effectively conduct the work described under the project description, the applicant should have expertise in chronic disease and cancer epidemiology, mental health, and public health practice. Additionally, the applicant should also have experience disseminating health promotion materials and developing content for medical provider education and training. As the project aims to improve capacity in training development that is digital in nature, the applicant will need to have experience in developing and dissemination e-learning tools and converting these tools to smart application formats. The applicant should also have recent experience in obtaining and managing logistics pertaining to CME accreditation for this training.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 86/200 words maximum

	The applicant will be expected to collaborate with CDC staff who are subject matter experts in the area of cancer prevention and control, cancer survivorship, and mental health, in addition to other subject matter experts external to CDC who have subject matter expertise in cancer survivorship, mental health, and health communication. The applicant should work with the CDC TM to; a) translate an existing e-learning training to smart phone and tablet applications, b) consider potential partnerships for dissemination of existing e-learning resources, and c) to execute dissemination plans pertaining to project resources.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 129/200 words maximum
	In the event that the applicant does not possess the needed expertise to accredit ate and translate an existing digitally simulated avatar based e-learning training to smart phone and table applications , the applicant will be expected to secure the following subcontractor types: 1. Wide reaching, ACCME accredited online medical organization that can host the aforementioned provider CME e-learning resource. An online medical organization/community host should have the ability to assess and evaluate pre-and-post e learning impact (e.g. change in provider knowledge and behavior based CME training). 2. A company/firm with expertise in instructional design, graphic design, software engineering, virtual animation and/or other technical skills needed to adapt the existing e-learning authoring tool for smart phone and tablet applications.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 42/200 words maximum We anticipate that the training resources adapted and disseminated through this project will increase the capacity of governmental public health agencies to implement training for health care provider audiences to improve the mental health care of cancer survivors in their communities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 63/100 words maximum
	The funds provided for this project should be used to directly address the goals outlined in the project plan. Use of funds may include, but is not limited to:costs related to personnel time, providing modest incentives for participants providing expertise in developing educational content and materials, securing software and other materials needed for e-learning tool adaptation, and assistance from professional firms in e-learning adaptation for smart applications.
	CIO CERTIFICATION
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CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 12/15 words maximum
Utility of the Environmental Public Health Tracking Program Data for Environmental Health Professionals

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 13/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Environmental health scientists and specialists employed in state, tribal, local and territorial governments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2019 – July 31, 2020

7 Proposed Project Funding Amount:* (11-month budget period)
$41,000 (Whole numbers only)

8 Expected Length of Project:*

- ○ The CIO will award new funding each budget period for the remainder of the period of performance.
- ○ The CIO will award new funding each budget period for at least two consecutive years.
- ◉ The CIO will fund the project for one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

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

Intermediate

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

PROJECT DETAILS

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

1. For the selected program strategies, describe proposed activities and provide sample process measures to track progress implementing the activities. Describe the expected outputs (resources, tools, products, etc.) and outcomes (changes to occur), and provide sample outcome measures to track progress achieving the outcomes.
2. Complete the activities, process measures, outputs, budget period outcomes, and outcome measures column for each program strategy selected.

Project Purpose : * 39/150 words maximum

The goal of this project is to raise awareness across health departments of the utility of Tracking Program Data for Environmental Health Professionals. This project will also develop the environmental public health workforce by engaging environmental and public health professionals.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Communication and Information Technology		Number of participants in each webinar. Number of webinars and title of each webinar Number of new partnerships developed based on the webinars	Targeted communications products and messages A series of six webinars for environmental health practitioners	Increased awareness of the Tracking Network and environmental health issues Engaged partners and users	Increased awareness of the Tracking Network and environmental health issues Engaged partners and users

		1. Schedule, host, and evaluate webinars on various topics. Webinar topics will be developed in collaboration with the CDC Tracking Program. Proposed topics include: ◦ An overview of the Tracking Program and demonstration of the Tracking Network, to help introduce environmental health practitioners to the most recent data and tools that are availableN ◦ Highlights of regional data and activities that are being conducted by Tracking recipients ◦ Sub-county data efforts of the Tracking Program 2. Invite environmental health practitioners to attend webinars.				
	Program and Services	1. Develop an interview script to elicit feedback from environmental health professionals about the utility of sub-county level environmental public health data provided by the Tracking Network. 2. Recruit 9 or fewer environmental health professionals from across the United States to participate in key informant interviews. 3. Summarize feedback from interviews in a report. 4. Participate and contribute to the Tracking Program's Program, Marketing, and Outreach (PMO) Workgroup	Number of completed interviews Number of people that participate in the PMO Workgroup calls	A summarized report describing the utility of sub-county level environmental public health data provided by the Tracking Network. Environmental health workforce participate in PMO Workgroup	Complete a program evalution which focuses on the utility of sub-county level environmental public health data provided by the Tracking Network Skilled workforce able to collect and interpret data and translate information into action	Increased awareness of the Tracking Network and environmental health issues Improved program activities and increased program effectiveness based on evaluation findings

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
12	Applicant Organizational Capacity:* 119/200 words maximum

	The applicant should have specialized expertise and experience in environmental health, working with college/university graduate programs, environmental health and protection professionals, as well as engaging state, local, territorial and tribal health departments. The applicant should also have the capacity to successfully create online training products related to environmental health and have strong connections to key stakeholder institutions due to prior experience developing projects to showcase the knowledge, beliefs, and attitudes of public health professionals and academicians regarding environmental health programs. Experience with college students, environmental health and protection professionals, and health departments would support the Tracking Program to better engage college programs and environmental health and protection professionals and increase awareness of the utility of tracking data at the local level.
13	Applicant Program Experience:* 121/200 words maximum
	The applicant must have experience of supporting the Environmental Public Health Tracking Program and play a critical role in serving as a conduit of information among CDC, funded state and city recipients, Centers of Excellence, and the non-funded states. Applicant is expected to have a track record in raising awareness of the utility of Tracking Data for graduate Students, environmental health and protection professionals, and health departments. In addition, experience in engaging health departments' involvement with data sharing to better inform the community while contributing to a nation-wide network is expected. Finally, the applicant should have experience in producing webinars on tracking specific topics, creating awareness of CDC Tracking activities during annual enivironmental conferences, and connecting health departments with recipient contacts in their states.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 28/200 words maximum
	Recipient should collaborate with current CDC-RFA-EH17-1702 Environmental Public Health Tracking Recipients. and other relevant organizations that will assist in satisfying the activities.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 7/200 words maximum
	Subcontractual work is not expected.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 23/200 words maximum
	The project will support the Environmental Public Health Tracking Program's 26 state and city health deparments under the CDC-RFA-EH17-1702 Cooperative Agreement.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 11/100 words maximum
	The budget should be used to complete the activities.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for overseeing the Data Management Plans, ensuring adherence to the Paperwork Reduction Act (PRA), and obtaining Office of Management and Budget (OMB) Clearance. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

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