CDC-RFA-OT18-18020201SUPP19

FY19 CIO Project Plans

Category C

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

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Building an Ecosystem of Support for Veteran Suicide Prevention

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

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 C

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community-based organizations

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)
○Funded ○Unfunded

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

Purpose: Host an innovative convening of public and private sector stakeholders (including but not limited to community-based veteran-serving organizations, relevant foundations/philanthropic organizations, and relevant state/local public health) to explore gaps and opportunities around an upstream approach to veteran suicide prevention.
Specifically, these stakeholders will engage in a series of interactive, design-led activities that will build upon previous work undertaken by NCIPC around veteran suicide prevention and will result in a prioritized list of stakeholder needs and potential solutions/opportunities that help advance the upstream approach to veteran suicide prevention while keeping the wants, needs, and experiences of veterans at the forefront. The immediate goals of the convening are to increase linkages between state/local public health and veteran-serving organizations in order to catalyze state and community action and to activate public-private partnerships that help fill gaps and create more opportunity around an upstream approach to veteran suicide prevention.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Partnerships	Plan, host, and facilitate an innovative convening of public and private sector stakeholders (including but not limited to community-based veteran-serving organizations, relevant foundations/ philanthropic organizations, and relevant state/local public health)	Invitations sent to potential attendees representing at least 35% community-based veteran-serving organizations, 25% relevant foundations/ philanthropic organizations, 25% relevant state/local public health, and 15% other	Execution of innovative convening of public and private sector stakeholders	Increased awareness of public health's unique role in an upstream approach to veteran suicide prevention	At least 90% of attendees leave meeting with greater awareness of the role of public health in upstream approach to veteran suicide prevention
					Increased linkages between state/local public health and community-based veteran-serving organizations	At least 90% of community-based veteran-serving organizations leave convening with warm contact at state/local public health agency serving their community
					Increased public-private partnerships supporting an upstream approach to veteran suicide prevention	At least 5 new public-private partnership opportunities result from the convening
	Program and Services					

Based off convening and previous work conducted by NCIPC, develop prioritized list of stakeholder needs (e.g., data, technical assistance, tools, etc.) and solutions/ opportunities for where public and private stakeholders can play a role	Development of interactive, design-led activities to elicit feedback from attendees related to needs and solutions/ opportunities	Prioritized list of stakeholder needs and potential solutions/ opportunities presented in visually compelling format	Increased capability of public and private stakeholders to fill gaps and leverage opportunities around an upstream, public health approach to veteran suicide prevention	At least 50% of attendees able to identify at least one need and one corresponding solution/ opportunity upon which they can take action	

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 80/200 words maximum

Recipient should have organizational capacity to plan and host strategic meetings and to leverage existing and initiate/manage new relationships with diverse range of public and private stakeholders. Recipient should also have the ability to synthesize existing information along with feedback from attendees in order to develop final product (list of prioritized needs and potential solutions/opportunities) and to present that product in visually compelling format. Lastly, recipient should have the ability to quickly and effectively solicit and manage subcontracts.

13 Applicant Program Experience:* 50/200 words maximum

Recipient should have existing knowledge of the burden of veteran suicide, NCIPC's approach to upstream suicide prevention in general, and recent events/current climate around veteran suicide prevention. Recipient should also have existing knowledge and experience interacting with community-based organizations (e.g., veteran-serving organizations), foundations/philanthropic organizations, and state/local public health.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 84/200 words maximum

It is expected that the recipient will collaborate closely with the NCIPC staff throughout the course of the project on the strategic partnership aspects of the project, including but not limited to developing an invitation list, developing a strategic agenda, developing the final list of prioritized needs, solutions/opportunities, etc. This is likely to involve regularly scheduled check-in calls between the NCIPC staff and the recepient's project lead. It is also expected that NCIPC staff will travel to and participate in the convening itself.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 138/200 words maximum

It is expected that the recipient will need to sub-contract with a strategic communications or design/innovation agency to facilitate the convening and lead the interactive, design-led activities. The sub-contractor will also need to assist in synthesizing feedback shared by attendees during the convening and creating the final visually compelling format that captures the prioritized list. In addition to facilitation and final product development, the sub-contract will also cover the travel expenses of up to two representatives (i.e., convening facilitators) from the sub-contracting organization. The anticipated amount of the subcontract can be up to $25,000.

Recommended criteria for selecting subcontractors might include: experience leading diverse groups of stakeholders through interactive, design-led, empathy-driven activities and prioritization processes; experience with synthesizing feedback and creating visually compelling final products based off of strategic meetings; experience with innovative meeting facilitation techniques; etc.

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

Briefly describe how. : * 67/200 words maximum

This CBA will benefit relevant state/local public health who attend the convening by increasing their linkages with community-based veteran-serving organizations and with other public/private stakeholders engaged in veteran suicide prevention. The final list of prioritized needs and potential solutions/opportunities will also increase the capability of relevant state/local public health to fill gaps and leverage opportunities around an upstream, public health approach to veteran suicide prevention.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 59/100 words maximum

Funds should be used to cover salary of the recipient staff person(s) assigned to lead this project; travel expenses for two staff at the recipient organization (the project lead and also a representative of senior leadership) to travel to the convening; limited travel expenses for attendees of the convening; meeting space; the sub-contract; very limited communications support from recipient.

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 d rected to a c nfirm tion screen up n successful save or subm ssion.

Center for State, Tribal, Local, and Territorial Support
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Building Capacity to Improve Pregnancy Outcomes by Supporting Women and Men through the Life Course

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE 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 C

6 Description of the Target Population:* 23/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Persons in formal leadership roles of non-profit, voluntary and private entities at a national level that support public health and health equity.

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)
○Funded ○Unfunded

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

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

Reducing health inequities, in particular for adverse pregnancy outcomes, is of primary interest in the United States. Addressing healthcare needs throughout the life course may be a strategy to improve adverse pregnancy outcomes, improve health equity and reduce disparities. Engagement with national organizations with expertise in public health and particularly health equity is needed to provide continued leadership, technical assistance, guidance and oversight on improving the health of individuals inclusive of women, men, infants, children and adolescents throughout the life course. The applicant would 1) develop and implement a Reproductive Health Fellowship to identify and engage emerging leaders in reproductive health, and 2) work to expand public and professional knowledge on selected reproductive health topics (e.g., through webinars, issues briefs, etc.)

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Leadership and Workforce Development	Implement a Reproductive Health Fellowship program to identify and engage emerging leaders in reproductive health.	To increase engagement of emerging leaders in reproductive health, at least one emerging leader will be invited to participate in the Reproductive Health Fellowship program.	Develop, implement, and execute a Reproductive Health Fellowship program to identify and actively engage emerging leaders and foster the development of leaders in science, policy, program and practice related to improving pregnancy outcomes by improving the reproductive health of women, men, infants, children, and adolescents.	Improved capacity to establish and maintain a Reproductive Health Fellowship program to engage emerging leaders in the field of reproductive health.	100% of emerging leaders identified will participate in the Reproductive Health Fellowship program for at least one year.
	Communication and Information Technology	Expansion of public and professional knowledge on selected reproductive health topics.	To increase dissemination of issue briefs on reproductive health topics to a public health audience at national meetings that reach at least 20 to 35 organizations.		Improved capacity to foster healthy pregnancy outcomes by increasing public and professional knowledge of evidence-based and best practices.	At least one issue brief will be developed, published, and disseminated via multiple platforms including national meetings, listservs, and public-facing websites.

		Develop, publish, and disseminate public health issue briefs on improving selected reproductive health topics to expand public and professional knowledge. Develop, conduct, and publicize webinars and meetings aimed at expanding public and professional knowledge of evidence-based and best practices for improving the health for individuals across the lifespan inclusive of women, men, infants, children and adolescents and fostering healthy pregnancy outcomes.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 49/200 words maximum

The applicant should demonstrate the following organizational capacity:

- Strong leadership in the field of public health and a history of convening groups from multiple disciplines and backgrounds to reach consensus around a common goal.
- Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects

13 Applicant Program Experience:* 59/200 words maximum

The applicant should demonstrate the following program experience:

- Experience leading a national organization dedicated to public health and health equity.
- Expertise collaborating on a national level with other organizations interested in improving reproductive health across the lifespan inclusive of women, men, infants, children and adolescents. Other organizations include governmental and nongovernmental organizations, non-profit agencies, academic institutions, and research entities.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 62/200 words maximum

The applicant should have experience leading a national organization dedicated to public health and health equity. Additionally, the applicant should have expertise collaborating on a national level with other organizations interested in improving reproductive health across the lifespan inclusive of women, men, infants, children and adolescents. Other organizations include governmental and nongovernmental organizations, non-profit agencies, academic institutions, and research entities.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 53/200 words maximum

Depending on expertise, applicant may subcontract the work to a qualified, experienced entity that has demonstrated ability to build capacity with national leaders interested in promoting the health of women, men, infants and families, where applicable. The selection of organizations to subcontract with are subject to CDC approval.

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

Briefly describe how. : * 82/200 words maximum

Activities such as the development and dissemination of public health issue briefs and webinars as well as development and implementation of a Reproductive Health Fellowship program will benefit governmental public health agencies by building capacity and expanding knowledge on strategies to address adverse pregnancy outcomes, improve health equity and reduce disparities. The proposed CBA will further benefit governmental public health agencies through engagement and partnership with a national organization with expertise in public health and health equity on collaborative efforts to reduce disparities in reproductive health across the life course.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 37/100 words maximum

	The applicant is expected to use the funds to focus on issues specifically related to improving the reproductive health of women, men, infants, children, and adolescents. Funds will go towards that end.
	CIO CERTIFICATION
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Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Capacity Building for Public Health Analysts in the Overdose Response Strategy

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 C

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

Community-based organizations working in High Intensity Drug Trafficking Area (HIDTA) programs

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)
$1,700,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

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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
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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
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Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
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- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
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- ☑ 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

The purpose is to select, train and provide technical assistance to 11 Public Health Analysts (PHAs) in the Overdose Response Strategy (ORS), a partnership between CDC and 11 High Intensity Drug Trafficking Area (HIDTA) programs. PHAs collaborate with the Drug Intelligence Officer (DIO) in their state, develop and disseminate reports on overdose trends, and integrate public health and public safety data for action. This project will also involve hiring 3 Public Health Practice Coordinators (PHPCs). Two of the PHPCs will serve as project officers, responsible for helping the 11 PHAs develop work plans, identify training needs, organize and coordinate trainings, and work closely with CDC science officers to provide PHA oversight. The third PHPC will develop a resource hub for the ORS as well as other CDC-funded programs/awardees that serves as a one-stop-shop for toolkits, guidance documents and other resources that support the implementation of evidence-based strategies.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Leadership and Workforce Development					

		1. Recruit, select and onboard 11 Public Health Analysts in various states responsible for enhancing public health/public safety partnerships and data sharing 1.1 Select 2 coordinators responsible for recruiting, onboarding, and overseeing the work of 11 ORS PHAs, and 1 coordinator responsible for developing a resource hub 2. Identify and coordinate trainings for all 30 ORS PHAs to enhance their knowledge of public health principles, technical skills, and general knowledge of the overdose epidemic	1a. Public health agency/department for PHA placement identified 1b. Discussions with HIDTA and public health agency/department regarding % of PHA time in each location 1c. PHA position description developed and posted 1d. PHA candidates selected and interviewed 1e. Regular check-in calls with CDC regarding PHA selection and hiring 1f. Conduct site visits as needed for PHA hiring 1.1a. Coordinator position descriptions developed and posted 1.1b. Coordinator candidates selected and interviewed 1.1c. Regular check-in calls with CDC regarding selection and hiring of coordinators 1.1d. Coordinators provide regular communication and support to 11 PHAs and oversee the development and implementation of PHA work plans 1.1.e Coordinator works with CDC to identify and collate resources to aid jurisdictions in the implementation of evidence-based overdose prevention strategies 1.1f. Conduct site visits as needed for PHA technical assistance 2a. Training needs assessment conducted to identify training topics for PHAs 2b. Training plan developed for ORS PHAs that will address gaps identified through training needs assessment 2c. Host 4-6 webinars or peer-to-peer learning opportunities to address gaps identified through training needs assessment	1. 11 Public Health Analysts selected 1.1a. Three coordinators selected 1.1b. PHA work plans developed 1.1.c Resource hub developed 2a. Training needs assessment completed 2.b. ORS PHA training plan developed 2c. Webinars and/or peer-to-peer learning sessions developed and implemented to address training needs	1. 11 of 30 ORS states are staffed with PHAs through CDC's public health partner 1.1a. Eleven of 30 ORS PHAs have developed work plans in conjunction with coordinators and CDC Science Officers, and are receiving regular technical assistance and guidance from coordinators 1.1b. Resource hub developed and utilized by jurisdictions to implement evidence-based intervention strategies 2. 100% of ORS PHAs are receiving training that enhances their knowledge of public health principles, technical skills, and general knowledge of the overdose epidemic	1. 11 of 30 ORS states are staffed with PHAs through CDC's public health partner 1.1a. Eleven of 30 ORS PHAs have developed work plans in conjunction with coordinators and CDC Science Officers, and are receiving regular technical assistance and guidance from coordinators 1.1b. Resource hub developed and utilized by jurisdictions to implement evidence-based intervention strategies 2. 100% of ORS PHAs are receiving training that enhances their knowledge of public health principles, technical skills, and general knowledge of the overdose epidemic

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 53/200 words maximum
	Applicant should have extensive experience recruiting, hiring and onboarding public health field employees. Recipient should have experience working with state health departments to staff employees in the health department. Applicant should have experience training and building capacity of public health field employees and supporting field employees that work across one or more agencies.
13	Applicant Program Experience:* 53/200 words maximum

	Applicant 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: 20/200 words maximum
	Meaningful collaborations with state health departments and ability to develop collaborations and partnerships with HIDTAs in various **states**
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 7/200 words maximum
	No expectation for subcontractural work
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 51/200 words maximum This CBA is intended to increase the ability of states and their partners to respond to the overdose epidemic in their state by fostering collaboration between public health agencies and public safety agencies and enhance the state's overdose response. Government public health agencies are critical partners in this work.
	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.

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

Project Plan Instructions

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

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Collaboration with clinicians to protect infants and children from emerging threats

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 C

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Pediatric healthcare clinicians

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)
$250,000 (Whole numbers only)
○Funded ○Unfunded

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 : * 93/150 words maximum

The goals of this program are to: 1) provide pediatric clinical input to enhance surveillance of prenatal exposures and emerging threats and their effects on infants and children; 2) identify best practices to link pediatric clinical and public health groups to promote prevention and clinical strategies to improve infant and childhood outcomes; 3) define processes to use surveillance data to inform evidence-based clinical practice; 4) develop and disseminate pediatric clinical guidance on the care of infants and children affected by prenatal exposures and emerging threats; 5) Identify critical gaps and inform future strategies

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastructure	Identify pediatricians and other child healthcare providers who can provide technical and clinical consultation in collaboration with CDC	Receipt of potential subject matter experts for consideration	Individual subject matter experts indentified for each topics area of interest within 6 months into the project.	Preliminary assessment of gaps and barriers	Gaps and barriers to implementation of surveillance of emerging threats to infants and children identified
	Communication and Information Technology		Quality of draft report that summarizes activities by 6 months into the project period Particpation in monthly conference calls to provide status, identify risks and areas for further collaboration	Report of surveillance system review and promsing practices in linking maternal-infant clinical data in EHRs	Preliminary understanding of surveillance systems and promsing practices to link maternal-infant clinical data in EHRs	Strategy for implementing maternal-infant linked surveillance systems to inform clinical guidelines

	Review surveillance systems, including core and supplemental variables to inform data availability and likelihood of data capture based on current pediatric clinical practice patterns. Review of promising practices to link maternal and pediatric clinical data through EHRs Summarize and publish relevant data to inform clinical guidelines (in the established processes of the partner organization) Assist in the development and dissemination of information relevant to emerging threats for infants and children including clinical guidelines and clinical decision support tools

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 71/200 words maximum

1) Access to a network of healthcare providers throughout the US who care for infants and children, including infants and children exposed in utero to infections, substances, risky medications and other threats
2) Experience with large collaborative projects and engagement in prior public health emergency response activities
3) Active membership of healthcare providers who currently provide care to infants and children
4) Established role educating healthcare providers focused on infants and children

13 Applicant Program Experience:* 55/200 words maximum

1) Demonstrated ability to develop, disseminate and promote implementation of national guidelines for the care of infants and children;
2) Demonstrated ability to successfully educate healthcare providers who care for infants and children
3) Established processes to encourage and promote the adoption of evidence-based practices in the care of infants and children

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 26/200 words maximum

The awardee is expected to collaborate with CDC, state and local public health officials, clinical organizations and other relevant partners.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 35/200 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. : * 28/200 words maximum

Governmental public health agencies will ultimately benefit from an expanded capacity resulting from the alignment of public health and clinical care in electronic information systems and the exchange of data.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 91/100 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 or renovations. 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 subcontracts.

	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 Y u will be d rected to a c nfirm tion screen up n successful save or subm ssion.

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

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Collaboration with Clinicians to protect pregnant women and their children from emerging threats

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 C

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

Obstetricians/gynecologists and other women's health care providers

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)
$250,000 (Whole numbers only)
○Funded ○Unfunded

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
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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 : * 87/150 words maximum

1) Provide clinical input to enhance surveillance of prenatal exposures and emerging threats and their effects on pregnant women, infants and children

2) Identify promising practices to link clinical and public health groups to promote prevention and clinical strategies to improve care of pregnant women, infants and children

3) Define processes to use surveillance data to inform evidence-based clinical practice

4) Develop and disseminate clinical guidance on the care of pregnant women, infants and children related to exposures to emerging threats during pregnancy

5) Identify critical gaps and inform future strategies

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastructure	Identify obstetricians and maternal and fetal specialists who can provide technical and clinical consultation in collaboration with CDC	Receipt of potential subject matter experts for consideration	Individual subject matter experts indentified for each topics area of interest within 6 months into the project.	Preliminary assessment of gaps and barriers	Gaps and barriers to implementation of surveillance of emerging threats to mohers and infants identified
Communication and Information Technology		Quality of draft report that summarizes activities by 6 months into the project period Particpation in monthly conference calls to provide status, identify risks and areas for further collaboration	Report of surveillance system review and promsing practices in linking maternal-infant clinical data in EHRs	Preliminary understanding of surveillance systems and promising practices to link maternal-infant clinical data in EHRs	Strategy for implementing maternal-infant linked surveillance systems to inform clinical guidelines

	Review surveillance systems, including core and supplemental variables to inform data availability and likelihood of data capture based on current clinical practice patterns. Review of promising practices to link maternal and pediatric clinical data through EHRs Summarize and publish relevant data to inform clinical guidelines (in the established processes of the partner organization) Assist in the development and dissemination of information relevant to prenatal exposures and emerging threats including clinical guidelines and clinical decision support tools
	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 83/200 words maximum
	The partner organization is expected to have access to a network of healthcare providers throughout the US who care for women and pregnant women, both generalists and specialists. The partner should have experience with large collaborative projects and engagement in prior public health emergency response activities. The partner should have active membership of healthcare providers who currently provide care to women and pregnant women. And, the provider should have an established role educating healthcare providers who care for women and pregnant women.
13	Applicant Program Experience:* 46/200 words maximum
	1) Demonstrated ability to develop, disseminate and promote implementation of national guidelines for the care of women and pregnant women 2) Demonstrated ability to successfully educate healthcare providers who care for women and pregnant women 3) Established processes to encourage and promote the adoption of evidence-based practices
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 20/200 words maximum
	Partner is expected to collaborate with CDC, state, territorial and local public health officials, clinical oragnizations, and other relevant partners
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 43/200 words maximum
	Subcontract work should address gaps in experience or capacity, specifically as it relates to specialized care for women and pregnant women. 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. : * 28/200 words maximum Governmental public health agencies will ultimately benefit from an expanded capacity resulting from the alignment of public health and clinical care in electronic information systems and the exchange of data.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 86/100 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	

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Final

Submission Date: 03/15/2019

Y u will be d rected to a c nfirm tion screen up n successful save or subm ssion.

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

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Digital Storytelling (DST) as a health promotion tool for young breast cancer survivors, metavivors, and caregivers

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):*

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 C

6 Description of the Target Population:* 8/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Obstetrician-gynecologists and other women's healthcare providers

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)
$900,000 (Whole numbers only)
○Funded ○Unfunded

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
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- ☑ **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 is a multi-component story-based (narrative) survivorship education project, geared towards persons impacted by early-onset breast cancer (EOBC). The components are as follows:

- Digital Storytelling (DST) project:
  - DST sessions for ≤6 small groups, including women diagnosed with EOBC; women with EOBC who were diagnosed with metastatic cancer at some point in their lives; and caregivers of women diagnosed with EOBC.
  - Qualitative assessment and report of the DST process
- Data mining project (and report) to assess EOBC (including metatatic and caregiver) stories published on video platforms (e.g., YouTube, Vimeo, IGTV, etc.), to identify topics and themes related to survivorship.
- Partner with entertainment education entities that have access to TV and streaming platforms. Develop and implement storyline pitches related to EOBC.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Communication and Information Technology		**Methods for data mining of EOBC video stories identified;** **•EOBC survivor stories identified and culled for review;** **•Story participants selected from EOBC survivor community;** **•DST team organized and session logistics complete;**	**Topline reports of data mining project including key themes related to EOBC survivorship;** **Potential publication of findings if novel;** **Convening of OB/GYNs, other healthcare providers, and behavioral health providers to share findings and discuss communication strategies**	**Increased understanding of EOBC survivor issues** **Increased understanding of survivorship themes for EOBC**	• **Public health themes for EOBC survivor interventions;** • **DST video for each story participant;** • **Data mining methodology for narrative based video**

		Data Mining of EOBC survivor stories: **◦identify methods for mining video stories;** **◦identify EOBC stories on YouTube, VIMEO, and/or IGTV;** **◦mine data;** **◦develop report of findings;** **•DST project:** **◦identification of story session participants;** **◦DST team identified (e.g., facilitatiors, video ed, qualitative methods SME, etc.);** • ethnographic notetaking, in-depth interviews, and thematic analyses). **◦DST sessions held;** **Identify OB/GYNs that specialize breast cancer and breast cancer survivors to serve as review EOBC**				
	Partnerships	**Form partnerships with:** • **Entertainiment Education outlets** • **Writers Guild of America** • **Hollywood Health & Society** • **TV or streaming platforms that feature healthcare providers (e.g., Grey's Anatomy, Soap Operas, etc)**	**Identifiication of EE partner; storylines developed and pitched to appropriate audiences/entertainment outlets**	**EOBC storyline/briefs available for writhers; storylines about EOBC available on TV and streaming platforms shows**	**Increased awareness about EOBC survivorship issues for healthcare providers and the general public made available via TV and streaming platforms by engaging television personalities.**	**EOBC stories being told on major TV and streaming network shows (e.g., awareness and education)**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 197/200 words maximum

This project is a multi-component effort using storytelling process for public health purposes. It seeks to identify important public and mental health themes for EOBC survivors (in person and via published video) and implement entertainment education strategies for addressing these topics via the enertainment media. The applicant should have the following or be able to obtain expertise:

1. Capacity to engage survivors of EOBC to participate in DST story sessions and facilitate said sessions;
2. Capacity to implement a qualitative assessment of the DST process and provide CDC with a detailed report;
3. Capacity to lead a data mining/machine learing project for video based information. EOBC survivors are prolific in telling their stories in the digital space, however to date few published studies have mined this type of data for health purposes;
4. Capacity to either partner or directly engage the entertainment industry for the purposes promoting and developing storylines related to EOBC. Few TV storylines to date have focused on this topic, specifically the long term effects of diagnosis and treatment. No stories have focused on EOBC for metastatic patients or caregivers. We would like to increase awareness of these issues.
5. Capacity to engage critical healthcare providers, including OB/GYNs, nurse practitioners, physician assistants, behavioral health practitioners, etc.

13 Applicant Program Experience:* 55/200 words maximum

Program experience should minimally included prior leadership in conducting health education initiatives for the general public, clinicians, or cancer survivors or caregivers. Should be aware of or sensitive to the issues of cancer survivors and caregivers. Should have experience in managing multi-compononent efforts like the current proposal. Should ideally have experience in working collaboratively with CDC staff and selected partners/collaborators.

COLLABORATIVE WORK

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

Collaborations are welcome on this project, provided the entities bring needed expertise to the work. For example, collaborations with entities with expertise in storytelling (e.g., DST or entertainment education) or those with access to EOBC survivors could be undertaken. The project does require the development of a partnership with an entity in the entertainment education community that has access to TV and streaming media.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 61/200 words maximum

	Subcontractual work may be needed if the applicant organization does not have the expertise needed to fully implement the project. Selected organization should have existing protocols or procedures for selecting sub-contractors (e.g., private/public firms, consultants, academic institutions, etc.). CDC staff will be available to provide technical expertise related to the project needs (e.g., discussion of technical expertise needed, etc).
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 59/200 words maximum CBA will provide CDC with important information regarding storytelling as a resource used by EOBC survivors (and caregivers) to cope with various aspects diagnosis. Findings from the data mining study may be used to develop storylines for entertainment education via developed partnerships. Additionally, reports of findings will be used to develop additional survivorship programs for these audiences and shared with health departments' leadership.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 57/100 words maximum
	Funds for this project should be used to implement the aforementioned project objectives. This includes the acquisition of necessary expertise (if not found in the grantee's organization), logistics, analytical services, video services, aquisition of facilitation expertise, modest honorarium for EOBC surviors and those participating in DST, and cost to complete the project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand 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

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CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Dissemination and evaluation of community-level implementation of the Physical Activity Guidelines for Americans

2 CIO:*
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

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

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

Non-profit, public health, and volunteer leaders of community-based organizations

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)
○Funded ○Unfunded

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 goal of this project is to increase the capacity of community-based organizations and public health, non-profit and volunteer leaders to encourage Americans to meet the recommendations from the second edition of the Physical Activity Guidelines for Americans (PAG) through dissemination and evaluation of the Move Your Way campaign. The campaign is based on extensive formative research with target audiences which informed over 40 resources in English and Spanish available on health.gov. These resources were developed specifically for communities to use to promote the recommendations from the PAG at the local level through broad community health coalitions. ODPHP is also interested in working with non-profit, public health, and volunteer leaders of community-based organizations to provide technical assistance for alignment of existing programs with recommendations from the Physical Activity Guidelines for Americans and other related federal initiatives such as the National Youth Sports Strategy.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Data and Information Systems	Evaluate physical activity awareness, knowledge, self-efficacy, and behavior in response to community and partner outreach activities.	Collect data and complete quantitative analysis at least two times among consumer audiences of community-based organizations in communities selected by ODPHP.	Reports and/or publications that describe findings from evaluation activities.	Reports and/or publications that describe findings from evaluation activities.	At least 50% of findings integrated into process improvements for community and partner outreach activities.
Communication and Information Technology	Enhance dissemination of physical activity messages through the Move Your Way campaign at the local level.	Identification of at least 5 existing communication and outreach activities that are appropriate for dissemination of physical activity messages.	Utilization of at least 5 existing communication and outreach activities that are appropriate for dissemination of physical activity messages.	Utilization of at least 5 existing communication and outreach activities that are appropriate for dissemination of physical activity messages.	Reach metrics from outreach activities demonstrate effective message delivery at the local level in at least 4 communities.
Partnerships	Convene community leaders and partners to encourage integration of physical activity and youth sports participation into community health initiatives	Plan at least one meeting, webinar, or event to convene community leaders and partners to encourage integration of physical activity and youth sports participation into community health initiatives.	Implement at least one meeting, webinar, or event to convene community leaders and partners to encourage integration of physical activity and youth sports participation into community health initiatives.	Implement at least one meeting, webinar, or event to convene community leaders and partners to encourage integration of physical activity and youth sports participation into community health initiatives.	Community leaders and partners who participate in meeting, webinar, or event are able to identify at least one opportunity for integration of physical activity and/or youth sports participation into community health initiatives.
Program and Services					

		Integrate recommendation from the PAG and other related federal initiatives such as the National Youth Sports Strategy into existing programs.	Identification of at least 5 existing community-based programs which are appropriate to align with recommendations from the PAG and/or National Youth Sports Strategy.	Reports with recommendations for steps necessary to implement alignment of programs with recommendations from the PAG and/or National Youth Sports Strategy.	Reports with recommendations for steps necessary to implement alignment of programs with recommendations from the PAG and/or National Youth Sports Strategy.	80% of programs identified are able to implement activities necessary for alignment with recommendations from the PAG and/or National Youth Sports Strategy.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 182/200 words maximum

ODPHP is particularly interested in working with groups with existing work in the areas of promoting physical activity and/or increasing youth sports participation. The successful partner will have strong partnerships and connections with community-based organizations such as public health organizations, non-profits, faith-based organizations, schools, and volunteer groups. The partner must also have the capacity to conduct direct outreach to community, public health, non-profit, and volunteer leaders for the purposes of promoting physical activity as an important component of disease prevention and health promotion activities. The partner will also have the capacity to successfully interact with consumer audiences of community-based organizations for the purpose of evaluating efforts by these organizations to promote the Move Your Way campaign and the PAG. The partner will have the capacity to successfully develop and disseminate communication products and educational materials using existing outreach channels (e.g., listservs, news publications, social media). The successful partner will have the organizational capacity to be responsive to ODPHP in a timely manner. The partner should also have the capacity to plan and implement national-level events for the purpose on convening public health, non-profit, and volunteer leaders of community-based organizations to build capacity for promoting physical activity and youth sports participation.

13 Applicant Program Experience:* 108/200 words maximum

The successful partner will have extensive experience promoting community health initiatives through broad-based coalitions. The partner must demonstrate the ability to conduct a rigorous evaluation of community health initiatives through qualitative and quantitative methods to collect and analyze feedback from consumer audiences of community-based organizations. The partner must demonstrate experience working with public health, non-profit, and volunteer leaders of community-based organizations in providing technical assistance and capacity building related to community health activities. The partner should have experience promoting federal initiatives and evaluating the effectiveness of their promotional efforts. The partner should also have experience with integrating federal initiatives into tools and resources (e.g., website platforms, programs, outreach activities) and maximizing their accessibility to community-based organizations across the country.

COLLABORATIVE WORK

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

As part of this project, the partner may collaborate with any community health organizations or institutions that also have a focus on health promotion and disease prevention initiatives. The organization will collaborate with both community-based organizations and their partners, including but not limited to faith-based organizations, community health centers, schools, recreational facilities, youth sports leagues, and volunteer organizations.

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

There is no expectation for subcontractual work.

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

Briefly describe how. : * 67/200 words maximum

The CBA will benefit the U.S. Department of Health and Human Services by increasing the agency's capacity for encouraging Americans to meet the recommendations in the PAG. This priority is reflected in Healthy People 2020 objectives which set targets for the percentage of adults and adolescents that meet the recommendations from the PAG. Healthy People objectives are also used by state and local governmental public health agencies to track public health priorities

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 21/100 words maximum

A final budget for this project should be approved by the Office of Disease Prevention and Health Promotion prior to implementation.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand 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

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Dissemination of Culturally Appropriate Brain Health Messages to Urban AI/AN Persons

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 C

6 Description of the Target Population:* 15/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

American Indians and Alaska Natives living in urban areas of the U.S.

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)
$80,000 (Whole numbers only)
○Funded ○Unfunded

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 : * 135/150 words maximum

The Alzheimer's Disease and Healthy Aging Program(AD+HAP) proposes to work with a national partner to disseminate culturally-appropriate brain health messages to urban AI/AN persons based on CDC's Healthy Brain Initiative Indian Country Road Map and other brain-health related products of the AD+HAP. It is expected that the organization will work with AD+HAP staff to adapt existing information on brain health for cultural appropriateness, such as infographics, fact sheets, and other media, to enhance their acceptance among urban AI/AN persons. The grantee will use their established dissemination channels to reach urban AI/AN persons with these co-developed communication products. AD+HAP staff will provide specific information on AI/AN persons from the Behavioral Risk Factor Surveillance System (BRFSS) and other data sources as is technically feasible to be included in communication products to be disseminated to this population.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Communication and Information Technology	Adapt and disseminate information on brain health to urban AI/AN persons Review existing materials, edit existing information for cultural appropriateness, incorporate specific AI/AN data where possible, disseminate materials through media channels	Review of existing brain health products Editing of communication products for cultural appropriateness and inclusion of AI/AN-specific information where feasible. Development of dissemination plan. Evaluation of dissemination activitivies	AI/AN-specific communication products about brain health	By end of budget period, new brain health communication products targeting urban AI/AN persons will have been developed and disseminated	Percentage of urban AI/AN persons who have been exposed to messaging about brain health

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 85/200 words maximum

The applicant organization should be able to provide support for the health needs of AI/AN persons living in urban areas. There should be a strong infrastructure in place to carry out activities and initiatives to accomplish programmatic goals. They should have the appropriate technological capacity to disseminate reports, conference calls, and conduct outreach through the internet and various types of social media. In addition to organizational capacity, their leadership should have appropriate experience and skills to carry out programmatic activities aimed at urban AI/AN persons.

13	Applicant Program Experience:* 69/200 words maximum
	The applicant should have prior experience in administering programs in the area of urban Indian Education and Research. The applicant should be able to demonstrate their ability to provide technical assistance, capacity building, outreach, and education to the federally-funded Urban Indian Health Programs. Further, they should have an established delivery system for communication and have the capacity and experience to deliver technical support to Urban Indian Health Centers.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 29/200 words maximum
	The acitvities will be carried out in close collaboration with the CDC Alzheimer's Disease and Healthy Aging Program, and 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 dissiminated 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: 20/100 words maximum
	Cost will include staffing support including coordinators, writer/editors, web page development, and providing full open access to 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.

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

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Division of Oral Health: Medical-Dental Integration Support

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

3 Division, office, or unit:*
Division of Oral 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 C

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Pediatric healthcare clinicians

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)
○Funded ○Unfunded

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
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- ☐ **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 : * 131/150 words maximum

Recipient will work with pediatric and/or obstetric medical offices to pilot and evaluate strategies to integrate effective oral health promoting activities into medical care practice settings. Recipient may partner with another organization to meet this request. Recipient will research existing literature to identify opportunities for increasing medical-dental integration in these environments. Through engagement with identified medical offices, awardee will test one or more strategies to improve medical-dental integration. In project year 1, awardee will provide a descriptive report of strategies that were identified, planned, and initiated in medical settings. The awardee will provide evaluation results describing the process of implementing oral health promotion integration efforts in pediatric and/or obstetric medical settings, as well as longer-term outcome evaluation plans for each proposed strategy, to be conducted in year 2. Year 2 will also include promotion of promising practices to other pediatric and/or obstetric medical offices.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastructure	• Identify pediatric and/or obstetric medical offices to test strategies to integrate oral health	• Recipient will identify and implement a system to solicit participation of pediatric and/or obstetric medical offices	• Participating pediatric and/or obstetric offices will be identified	• By the end of year 1, an agreed upon number of pediatric and/or obstetric offices will be participating in a pilot to integrate oral health into their medical care practices	• At least X% of pediatric and/or obstetric medical offices that participated in a pilot project agree to continue strategies that integrate oral health-promoting strategies into their medical practices
	Program and Services	• Conduct literature review of medical-dental integration in pediatric and/or obstetric medical settings. • Conduct process evaluationon implementatiof activities • Develop plans for evaluating outcomes	• Recipient will research existing literature focused on medical-dental integration efforts • Recipient will create process and outcome evaluation plans • Process evaluation will be conducted	• Findings of literature review will be summarized and presented to DOH • Evaluation results reflecting the implementation process in pediatric and/or obstetric offices will be provided • Evaluation plan for longer-term assessment of impact will be provided	• By the end of year 1, intervention strategies will be identified and implemented, informed by findings of a literature review • By the end of year 1, process evaluation will have been implemented	• At least X% of participating pediatric and/or obstetric medical offices will be incorporating into their practices oral health prevention strategies based on findings from a literature review • All medical offices participating in the pilot will participate in the process evaluation

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12	Applicant Organizational Capacity:* 74/200 words maximum
	Recipient should have the ability to conduct or contract -for services to conduct a literature review and develop and implement an evaluation plan. Recipient should have a staff person dedicated to providing oversight of this project. Recipient should have direct access to the target audience (pediatric and/or obstetric medical offices) to enlist them into participating in pilot projects to integrate oral health improving strategies into their clinical services. Access to dental offices for building collaborative relationships will also be beneficial.
13	Applicant Program Experience:* 43/200 words maximum
	Recipient should have knowledge of effective interventions to promote oral health among women who are pregnant and small children. Recipient should have knowledge of pediatric and/or obstetric medical practices /offices and knowledge in how to identify promising opportunities for integration of successful oral health promotion strategies
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 31/200 words maximum
	Recipient may collaborate with another organization if needed to reach either or both of the desired target audiences (pediatric and obstetric offices).
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum
	Recipient would be allowed to subcontract the conduct of a literature review of published efforts to integrate oral health promotion strategies into pediatric and/or obstetric medical settings. Recipient would also be allowed to subcontract development and potentially execution of evaluation efforts.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 58/200 words maximum
	This project is expected to identify promising practices for integrating oral health promotion efforts into pediatric and/or obstetric medical offices. Once identified, state and local health departments can play a role in promoting promising practices to clinical settings throughout their state. Additionally, promising practices could be implemented in locally- and state-run clinical settings.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 46/100 words maximum
	Recipient may use funds to subcontract work as described above. Recipient may provide participating medical offices with a stipend to engage in the pilot study. Recipient is also authorized to support promotional efforts including but not limited to printing pre-existing materials (e.g., waiting room posters) to support participating medical offices.
	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: 03/28/2019 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

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Establishment of a Public Health Surveillance System for New Fathers in the Perinatal Period

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 C

6 Description of the Target Population:* 20/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

National network of disability member university centers in every state and territory, as well as key public health partners.

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)
○Funded ○Unfunded

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
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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
- ☑ 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

Fathers play a key role in the health and development of their children. However, little is known about the health, behaviors, and experiences of fathers and their influence on both pregnancy and birth outcomes. Currently, fathers are underrepresented in existing surveillance systems. We propose implementation and expansion of a surveillance system that adapts methodology from CDC's Pregnancy Risk Assessment Monitoring System (PRAMS) to assess new fathers' experiences, behaviors and attitudes before, during and shortly after pregnancy. Establishment of such a system would collect valuable information on fathers' health, behaviors and experiences during the perinatal period. The applicant would provide technical assistance to PRAMS site(s) on integration and implementation of a fatherhood surveillance system into their regular PRAMS operations. Implementation of such a system would provide population-based estimates for new fathers during the perinatal period, which may better inform efforts to improve the health and well-being of fathers and their families.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems	**Existing Site:** • Continued implementation of a surveillance system for new fathers in a PRAMS site with experience piloting such a system • **New Sites:** • Initiation of a surveillance system for new fathers in at least two additional PRAMS sites.	**Existing Site:** • Maintain collection of data from new fathers on their health, behaviors, and experiences before, during, and shortly after pregnancy in at least three PRAMS sites. **New Sites:** • Increase collection of data from new fathers on their health, behaviors, and experiences before, during, and shortly after pregnancy in at least three PRAMS sites.		**Existing Site:** • Continued implementation of an existing surveillance system for new fathers in one existing PRAMS site **New Sites:** • Initiation of a surveillance system for new fathers in at least two additional PRAMS sites.	

		Existing Site: • Development of a model protocol, procedures, and recommendation for other PRAMS sites regarding establishing a surveillance system for new fathers • Continued data collection • Produce a report summarizing findings **New Sites:** • Identification of at least two additional PRAMS sites to implement a surveillance system for new fathers. • Development of a site-specific protocol (including operations and plans for implementation) for a surveillance system for new fathers. • Train state PRAMS staff to operate a surveillance system for new fathers • Set-up data collection system • Initiate data collection • Produce a report summarizing findings to date	**Existing Site:** • 100% of existing PRAMS sites with experience conducting surveillance systems for new fathers will develop a model protocol, maintain data collection activities, and produce a report summarizing findings **New Sites:** • 100% of newly identified PRAMS sites will develop site specific protocols, set-up data collection systems, train staff, begin data collection, and produce a report summarizing findings to date

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 92/200 words maximum

The applicant should demonstrate the following organizational capacity:

- Exhibit strong leadership in the field of public health and a history of successful collaboration with university centers, particularly in the development and implementation of public health surveillance activities.
- Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects.

13 Applicant Program Experience:* 33/200 words maximum

The applicant should demonstrate the following program experience:

- Collaboration with university centers and academic partners to facilitate the establishment of a population-based surveillance system for new fathers with state health departments.

COLLABORATIVE WORK

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

The applicant should demonstrate evidence of previous experience working with university centers and academic partners to establish a surveillance system for new fathers at a state health department.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 87/200 words maximum

The applicant will be expected to subcontract the work to a qualified, experienced entity that has demonstrated expertise in fatherhood and experience with implementation of a public health surveillance system for new fathers during the perinatal period. The selection of this organization will be subject to CDC approval. The amount of the funding contract for the first year should be approximately $260,000-$270,000 to be allocated to project activities. The subcontract period of performance will be one year and may be extended pending the availability of funds.

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

Briefly describe how. : * 71/200 words maximum

	Expanding public health surveillance during the perinatal period to include new fathers will benefit governmental public health agencies by building capacity and expanding knowledge on strategies to address adverse pregnancy outcomes, Improve health equity and reduce disparities, Implementation of such a system would provide population-based estimates on the health and behaviors of fathers surrounding pregnancy, which may inform efforts to improve the health and well-being of fathers and their families.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 29/100 words maximum
	The applicant is expected to use the funds to focus on improving public health surveillance of new fathers during the perinatal period. Funds will go towards that end.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand 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

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Evaluation of venous thromboembolism prevention practices in US hospitals and risk assessment as a performance measure

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 C

6 Description of the Target Population:* 26/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

National network of disabilities centers with the capacity to improve the care and health outcomes associated with VTE by strengthening and enhancing systems and/or applicable organizations.

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)
○Funded ○Unfunded

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).

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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 : * 121/150 words maximum

Hospital-associated venous thromboembolism (HA-VTE) is often preventable but VTE prevention strategies are not applied systematically across U.S. hospitals systems. An evaluation of the extent to which U.S. hospitals utilize VTE risk assessment is needed to better understand the landscape around VTE prevention practices to reduce the incidence and burden of VTE. Since 2010, The Joint Commission has been the measure steward for a set of six chart-abstracted VTE performance measures. All six of the VTE performance measures address the initiation of prophylaxis in a limited timeframe; the measures do not assess the patient's level of VTE risk or appropriateness of prophylaxis. The overall purpose this project is to support a framework for improving VTE prevention through evaluation of current VTE prevention practices in U.S. hospitals and VTE risk assessment as a performance measure.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems			• To produce a questionnaire containing key parameters of VTE prevention practice efforts including risk assessment and thromboprophylaxis (Yr 1) • To determine the sampling methods and identify a nationally representative sample of U.S. based hospitals; the sampling strategy w ensure that hosptial with certain characterists are included in the final sample (e.g. hospita of various sizes, with general medical/surgical, an located in diverse geographic areas) such that appropriat	• Improved understanding of U.S. hospital based VTE prevention practices that include risk assessment and thromboprophylaxis (Yr1). • Improved understanding of the utility and capacity for hospitals to track VTE risk assessment as a performance measure (Yr2-3)	

- To develop a hospital questionnaire in collaboration with CDC that captures information on current VTE prevention practices occurring at the medical and surgical unit/wards within U.S. hospitals and factors that might be barriers to implementation of VTE prevention practices and to work with CDC to obtain OMB approval for the questionnaire, as needed (Yr1)
- To develop a sample selection strategy and methodology in collaboration with CDC and to select a nationally representative sample of U.S based hospitals. Sample selection will likely include stratification on certain hospital characteristics and sample weighting to account for over-sampling of certain hospital types. (Yr1)
- To develop a project protocol, implement the project, and manage the data – recruit selected hospitals to participate, develop a data collection platform, develop methods to track hospital participation and follow-up with non-responders, collect the VTE prevention practice questionnaire data from selected hospitals, mange the data received, and perform quality control/ quality assurance checks on all project steps. (Yr1)
- To analyze the VTE prevention practice questionnaire data and work with CDC to prepare for publication a manuscript describing the findings. (Yr2-3)
- To explore how VTE prevention practice analysis might be used in the development of one or more hospital performance measures related to VTE risk assessment. (Yr2)

- To maintain a sample of of 9 or less U.S. based hospitals to pilot the questionnaire, revise as needed, and test the electronic platform. (Yr1)
- To increase the sampling to at least a representative sample of US hospitals with medical/surgical units to conduct the questionnaire.(Yr1)
- To maintain an analytic plan that accounts for all variables of data collection. (Yr2)
- To increase coordination of efforts to review the gaps in the current measurement and evaluate the need for at least one VTE risk assessment performance measure including specific elements to be measured, definitions, data sources, scope, inclusions, and exclusions. (Yr2)

subgroup estimates can be derived from data analysis. (Yr 1)
- To identify appropriate respondents within the hospitals sampled, determine recruitment approach to be used to contact respondents, conduct questionnaire refinement (e.g. pretest, pilot), prepare all project materials (e.g. cover letters) and processes (e.g. mode of initial contact, mechanism for follow-up of non-responders, mechanism for respondent tracking). This information will also be included in the OMB submission. (Yr1)
- To produce the US based hospital questionnaire data collection and management plan, accompanying data collection instruction manuals, copy of final analytic dataset, documentation for analytic dataset including code books, detailed quality control and data cleaning description, and any other materials necessary to fully understand the data - The recipient shall develop electronic versions of the questionnaire on an appropriate platform, test and finalize the questionnaire, prepare for implementation in the field such as developing electronic respondent and data collection tracking systems, develop quality assurance methods for questionnaire data collection, data entry and management, and data analysis. The recipient shall ensure compliance with all CDC required security provisions. (Yr1)
- To produce an accurate database for analysis, conduct appropriate data cleaning, and develop a report on the VTE prevention practice questionnaire project that includes background, methods, results, and tables with descriptive and final analytic data and statistics to be used for manuscript preparation and publication. (Yr 2-3)
- To produce an evaluation of possible VTE risk assessment

- A final questionnaire and protocol that meet all of CDC a priori objectives (Yr1)
- A final sample of respondents from all hospitals with medical/surgical units and includes appropriate representation of hospitals with various characteristics (agreed upon by CDC and grantee during planning stage of project) (Yr1)
- A final sample size demonstrated to be sufficient for analyses of primary research objectives. (Yr1)
- Response rate to invitation is 70% or higher.(Yr1)
- Questionnaire completion rate among respondents is 80% or higher.(Yr1)
- A fiinal analytic dataset developed and provided to CDC along with all accompanying documentation on coding and quality control.(Yr2-3)
- Consultation with at least one VTE partner organization on the evaluation of VTE risk assessment as a performance measure. (Yr2)

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12	Applicant Organizational Capacity:* 28/200 words maximum
	The recipient (or subcontractor) shall demonstrate an ability to influence healthcare quality and safety. They shall have substantial experience in health services research, survey methodology, performance measurement, and biostatistics training.
13	Applicant Program Experience:* 106/200 words maximum
	The recipient (or demonstrate access to individuals with such expertise, e.g. through subcontract) shall provide examples of completed survey research with large national samples of U.S. hospital utilization. The recipient shall demonstrate extensive experience in evidence-based measure development (identification, specification, testing, implementation, promotion, and maintenance of scientifically valid, evidence-based performance measures across a continuum of care), with examples of implementation in use in quality improvement initiatives or public reporting or endorsement. The recipient shall have knowledge of electronic measure architecture standards (e.g. eMeasure specification). The recipient shall demonstrate knowledge of VTE and hospital associated-VTE in particular, and provide examples of work done in VTE-related projects.

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 88/200 words maximum
	CDC staff will work collaborativley on questionnaire development, determining appropriate sampling methodology, recruitment, data collection methodologies and other project implementation methods, data analysis, and development of manuscripts and presentations. CDC will facilitate OMB approval of the questionnaire. CDC staff will also participate in meetings relevant to performance measure exploration. CDC staff will include individuals in the Division of Blood Disorders. The primary paper will be led by CDC. All results and associated presentations, abstracts, reports and manuscripts will include relevant CDC staff and will require CDC scientific clearance before publication/presentation.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 96/200 words maximum
	Subcontractor work is recommended, if necessary, to complete any expected outputs. A subcontractor should have substantial health services research, performance measurement and/or biostatistics training and experience such as: provide examples of completed survey research with large national samples of U.S. hospital utilization; demonstrated experience in evidence-based measure development (identification, specification, testing, implementation, promotion, and maintenance of scientifically valid, evidence-based performance measures across a continuum of care), with examples of implementation in use in quality improvement initiatives or public reporting or endorsement; demonstrated ability to influence healthcare quality and safety; knowledge of electronic measure architecture standards (e.g. eMeasure specification); and examples of work done in VTE-related projects.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 75/200 words maximum
	An assessment of the extent to which U.S. hospitals currently utilize VTE risk assessment is needed to better understand the landscape around VTE prevention practices. These data will be valuable in developing strategies to to reduce the incidence and burden of HA-VTE. Outcomes from this project will inform potential work in performance measurement in tracking VTE prevention practices and also provide information on potential barriers to implementing systematic VTE prevention pratices.

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 17/100 words maximum
	Funds may be used for: Salaries and wages Fringe benefits Consultant costs Supplies Travel Other categories (meetings) Total direct costs Total indirect costs Contractual costs

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand 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: 03/26/2019 Y u will be d rected to a c nfirm tion screen up n successful save or subm ssion.

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

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Expanding clear messaging with nontraditional partners to support chronic disease prevention

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

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 C

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community-based organizations

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)
○Funded ○Unfunded

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
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PROJECT DETAILS

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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 : * 37/150 words maximum

The purpose of this project is to expand the reach to nongovernmental and private organizations using clear, consistent messaging in the appropriate modality in order for them to engage in improving population health status, particularly as it relates to chronic disease.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Communication and Information Technology	**Identification and validation of clear, consistent messaging to engage a) partners and b) their populations of interest to strengthen chronic disease efforts**	**# and percentage of responses to draft messaging that are positive**	**Separate distinct messages for the right mode of delivery to audiences**	**Feedback on specific messages to both populations as well as mode of delivery**	**Minimum of 3 messages total to partners and to populations with positive responses to message and mode.**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 47/200 words maximum

Demonstrated record of successful partnership development and interactions with nongovernmental and private organizations that contribute to improving population health status as well as within the governmental public health community. Ability to tailor strategies to meet diverse population needs of local communities.

13 Applicant Program Experience:* 48/200 words maximum

Familiarity with or access to SMEs on chronic disease prevention; experience in crafting messages and identifying the appropriate venues/modalitites that achieve desired results for broad spectrum of audiences.

COLLABORATIVE WORK

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

	Collaborations are critical, from initiation to completion.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	unknown
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 41/200 words maximum **In order to support expansion of efforts to decrease chronic disease rates and utilize the power of nongovernmental organizations, consistent messaging is essential, so that partners and governmental public health are giving the same expectations to potential participants in programs.**
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
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National Partnership Branch
Final

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CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Exploring Ethical Issues in Social Media and Online Research

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

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 C

6 Description of the Target Population:* 24/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery systems and handle important ethical issues.

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)
○Funded ○Unfunded

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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):*

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- ☑ **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
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- ☑ 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
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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

Public health practitioners are increasingly using novel online data sources, such as social media, for public health surveillance, research, and programmatic work. However, little guidance exists on best-practices related to ethical conduct of such work. This project aims to host a meeting of ethicists, individuals analyzing online data for public health, and technology companies to share opportunities, challenges, and best practices related to use of novel online data sources. The meeting will only gather individual perspectives and will not involve consensus building. Participants will discuss:

- Key advances in health promotion that are possible using online data; identify opportunities in injury and violence prevention
- The different types of online data and unique ethical considerations
- Ethical issues faced when using online data and standards for protecting privacy, and best practices for online health interventions
- Emerging knowledge of best practices in research using web and social media data
- Next steps on documenting opportunities, challenges, and best practices

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Data and Information Systems	Holding a meeting of ethicists, individuals using online data for health research, and technology companies to explore current challenges and best practices for such work	Successful identification of meeting participants, in particular from those from industry	Meeting of ethicists, individuals using online data for health research, and technology companies	Holding a meeting of ethicists, individuals using online data for health research, and technology companies	Improved understanding and documentation of best practices related to use of online data
Communication and Information Technology		Work with CDC to determine what information is already available in this space and who are the main communicators	Printing and preparing meeting materials Written transcript of participant comments from meeting Coordination of up to 3 follow-up group phone calls or online meetings to provide continued reflection on meeting	follow-up group calls or online meetings	Strategies on communicating with public health practitioners on this topic

		Preparing for the meeting by facilitating production of information packets and other meeting materials · Helping to co-facilitate such a meeting with CDC staff · Utilizing a transcriptionist/editor to record information shared in the meeting and to produce meeting notes · Coordinating 2-3 following phone/web meetings among participants as needed				
	Partnerships	A convening of diverse representatives including ethicists, individuals analyzing online data for public health, and technology companies is beneficial. Activities of the selected partner include: · Working with CDC subject matter experts to identify approximately 15-18 ideal participants to share their experiences and lessons learned at such a meeting · Managing meeting logistics, including booking and paying participant travel and per diem, for an approximate 1.5 days meeting in Atlanta, GA ·	Successful identification of meeting participants Management of meeting and travel logistics Payment of travel and per diem for participants Facilitation of meeting and documentation of experiences	Work on all travel logistics, coordination, and payment of travel and per diem for approximately 15-18 U.S. based travelers. May assist with providing meeting and logistics information for additional travelers that organizations may send. Co-facilitation of meeting with CDC lead	Attendance of partners	Improved understanding of partners capacity and needs in this space Discussion of opportunities, challenges, and best practices for public health practitioners and partners in analyzing and using online data, such as social media, for health and public health surveillance, research, and prevention work Documentation of experiences and reflections from participants to help inform continued conversation by public health practitioners

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 56/200 words maximum

The partner must have experience convening both large and small meetings including nationally recognized academic and industry researchers. The organization should have experience representing the public health community broadly (researchers, practitioners, academics) and have wide distribution channels to help disseminate findings to a broad membership group of public health academic researchers and practitioners.

13 Applicant Program Experience:* 42/200 words maximum

The partner organization should have the ability to connect with and convene top public health researchers, ethicists, and private industry, and represent a broad membership base of public health individuals (researchers, practitioners, academics). Experience leading dissemination channels such as academic publishing venues is also valuable.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 49/200 words maximum

Partner will work with CDC scientists to select the ideal representatives for the meeting as well as prepare for the meeting with agenda setting, thinking about ice-breakers, prompts, and how to move the dialogue, and facilitate the meeting by bringing a broad public health lense and acting as an impartial convener.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 61/200 words maximum

The partner may want to subcontract with a travel agency to help with travel logistics. Additionally subcontracting could also be done with a transcriptionist who has experience with scientific experts, and can provide both a detail transcription of the meeting, and also a high level overview that can be shared with meeting participants.

Subcontractors should provide Curriculum Vitae or Résumés.

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

Briefly describe how. : * 89/200 words maximum

Experiences presented at this meeting will inform federal, state, and local public health agencies who are interested in using novel data sources for public health work. It will also help inform and build capacity with the broader public health field on opportunities and challenges in this space.The ability to analyze online data, such as social media, can help improve health and public health surveillance, research, and prevention work. This convening will provide documentation of experiences and reflections from participants to help inform continued conversation by public health practitioners.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 85/100 words maximum
	Budget should be used to bring together a group of individuals to include ethicists, individuals analyzing online data for public health, and technology companies to share opportunities, challenges, and best practices related to use of novel online data sources. The partner will need to provide travel (including flights, per diem, hotel, and transportation for the participants, and may subcontract out a transcriptionist (cost based on years of experience), and potentially shuttle transportation. We do not anticipate expenses around equipment.
	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

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Implementing office-based opioid use disorder treatment with medication assisted treatment

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

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 C

6 Description of the Target Population:* 22/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community-based organizations that can assist primary care providers in implementing buprenorphine prescribing for opioid use disorder in a rural outpatient clinic

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)
○Funded ○Unfunded

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

While the number of DATA 2000 waivered providers is expanding, waivered providers may still refrain from treating individuals with opioid use disorder. Reasons include difficulties with operationalizing medication-assisted treatmeant (MAT) in already busy clinical settings and limited experience working with individuals who have a substance use disorder. Implementation challenges include care coordination, access to counseling services, billing procedures, drug testing procedures and policy, patient panel capacity, staff capacity, and space.

The purpose of this project is to assist clinical providers in implementing MAT in their rural outpatient clinic and linking individuals with opioid use disorder to care. The funded organization would provide consultation personnel to MAT-waivered providers to assist in starting outpatient clinic-based treatment with buprenorphine for opioid use disorder including assisting with clinical, linkage, and implementation questions.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Partnerships	• Develop a pool of consultants with experience implementing MAT who can guide waivered outpatient providers	• Number of consultants available	Development of an available cohort of consultants to assist outpatient providers implementing burprenorphine prescribing for opioid use disorder	Improved provider capacity to prescribe buprenorphine for opioid use disorder in outpatient clinic settings	Number of providers assisted who are actively prescribing buprenorphine for opioid use disorder
Program and Services	• Remotely consult or send consultants to clinics to guide MAT implementation • Provide consultants that can answer clinical questions via telephone or email consultation	• Number of consultants deployed for MAT implementation • Number of clinical consultations	Development of an available cohort of consultants to assist outpatient providers implementing burprenorphine prescribing for opioid use disorder	Improved provider capacity to prescribe buprenorphine for opioid use disorder in outpatient clinic settings	Number of providers assisted who are actively prescribing buprenorphine for opioid use disorder

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 102/200 words maximum

The recipient program will have experience assisting providers to implement buprenorphine prescribing for treatment of opioid use disorder in a rural primary care outpatient setting. The organization can

- Identify a pool of consultants with expertise in this area who can guide primary care providers both clinically and with MAT implementation.
- Identify providers who are waivered and not prescribing buprenorphine to assist in MAT implementation in their rural clinics.
- Develop a platform for notifying clinical providers (PAs, NPs, Physicians) of service availability.
- Develop a mechanism for linking individuals with opioid use disorder to care

13 Applicant Program Experience:* 134/200 words maximum

The organization has experience doing the following:

a. Providing on-the-ground personnel to facilitate MAT (specifically buprenorphine) implementation with an understanding of each state's laws.

b. Assisting providers with patient selection criteria

c. Assisting providers in understanding what to do in a patient's initial visit

d. Assisting providers in understanding what to do in patient maintenance visits

e. Assisting providers in understanding strategies to minimize diversion

f. Providing examples of treatment agreements and informed consent

g. Facilitating implementation of clinic processes including

i. Financial planning

ii. Staffing

iii. Patient flow

iv. Coding and billing

v. Lab and drug screening

vi. Prior authorization

vii. PDMP checks

viii. Care coordination

ix. Counseling coordination

x. Treatment planning

xi. Staff training

xii. After-hours and out of office coverage

xiii. Referral policy

xiv. Confidentiality policy

xv. Quality metrics

xvi. Supervision of NPs and PAs

h. Assisting providers with MAT-related clinical questions

i. Assisting providers with linking individuals with opioid use disorder to care.

COLLABORATIVE WORK

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

The organization is expected to collaborate with state health departments and the state behavioral health authorities to coordinate work in this area.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 20/200 words maximum

Work may be subcontracted to an organization who has expertise in outpatient clinic implementation of buprenorphine prescribing for opioiod use disorder.

16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 38/200 words maximum There is a demonstrated gap in opioid use disorder treatment availability. Government public health agencies are seeking strategies to implement MAT in outpatient settings to improve treatment access. This strategy will facilitate expansion of treatment availablilty.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 27/100 words maximum Funds can be used for personnel, travel, and equipment as long as this funding will enable consultants to assist clinical providers in the indicated areas.
	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: 03/26/2019 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

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Improving HPV vaccination coverage for healthcare systems and 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):*

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 C

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

Hospital Systems (such as acute care hospitals, primary care networks, medical practices & ambulatory care centers under a parent holding company)

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)
$950,000 (Whole numbers only)
○Funded ○Unfunded

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 : * 81/150 words maximum

HPV vaccination rates remain low. This project will work with healthcare systems, hospitals systems and primary care organizations to increase HPV vaccination rates. Through education and training opportunities that reach providers and stakeholders, the project will increase knowledge and confidence of providers to making an effective recommendation to patients, increasing access to vaccination opportunities and increasing the use of evidence-based quality improvement strategies. It will also provide support to coalitions and states to continue promoting vaccine uptake and share best practices.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Program and Services	A1:Educate providers, key staff, decision makers that influence the uptake of HPV vaccine A2: Address geographic and gender disparities for HPV vaccination through strategic partnerships A3: Engage hospital-based and integrated delivery systems (IDS) and payors to make HPV vaccination a priority A4: Implement evidence-based quality improvement activities A5: Provide technical assistance (TA) to HPV coalitions and state level partnerships A6: Identify and share best practices with relevant stakeholders	PM1: To increase the educational opportunities for providers, key staff and decision makers about HPV vaccine and related cancers PM2:To decrease disparities for HPV vaccination uptake PM3: To increase the prioritization of HPV vaccine in health systems PM4: To increase the implementation of quality improvement activities PM5: To increase the ability of HPV coalitions and state level partnerships to promote HPV vaccination PM6: To increase the promotion of best practices with vaccination stakeholders	O1: # of educational opportunities provided O2: # of strategic partnerships that are addressing disparities O3: # of hospital-based, ISD and payors prioritizing HPV vaccinations O4: # of quality improvement activities O5: # of TA and training opportunities developed and implemented O6: # of best practices identified, shared and promoted	BP1: Increased knowledge of HPV vaccine BP2: Decreased geographic and gender disparities BP3: Increased prioritization of HPV within hospital systems and ISD and payors BP4: Increased uptake of evidence based quality improvement activities to increase vaccination rates BP5: Increased ability of HPV coalitions and state level partnerships to promote and influence HPV vaccination uptake BP6: Increased identification and promotion of best practices	OM1: Increase the knowledge of providers, key staff, decision makers about HPV vaccination OM2: Decrease in the HPV vaccination rate geographic and gender disparity OM3: Increase the % of hospital-based, ISD and payors that make vaccination a priority OM4: Increase the % of quality improvement activities implemented OM5: Increase in the % capacity of HPV coalitions and state level partnerships to promote vaccinations OM6: Increase in the # of best practices identified Increase in sharing of best practices

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 48/200 words maximum

	Applicant must have demonstrated capacity to reach healthcare systems and providers that vaccinate for HPV with educational and quality improvement activities. Have knowledge and capacity to conduct immunization quality improvement activities with health systems, hospital systems and primary healthcare systems and providers.
13	Applicant Program Experience:* 48/200 words maximum
	Applicant must have experience with: 1) collaborating with healthcare systems and providers that vaccinate, 2) providing educational and training materials to increase immunization rates (recommendations, quality improvement tools, etc.), 3) implementing quality improvement vaccination projects in health systems, and 4) working with coalitions to promote HPV vaccination uptake.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 2/200 words maximum
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/S
16	Will the proposed CBA benefit governmental public health agencies?* ○Yes ◉No
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 4/100 words maximum
	No specific instructions
	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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CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
International Workforce Development in Birth Defects and Disabilities Surveillance and Prevention

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 C

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

Maternal and child health professionals

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)
$45,000 (Whole numbers only)
○Funded ○Unfunded

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

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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 : * 35/150 words maximum

The goal of this program is to provide resource support to develop the international public health workforce supporting birth defects surveillance to accelerate efforts for birth defects prevention and care, including prenatal, newborn, child, adolescent and adult care.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Leadership and Workforce Development	• Forming an inclusive planning committee, comprised of CDC and international stakeholders for ICBD 2019 conference • Complete co-sponsorship agreement	Committee formed. Cosponsorship agreement form signed. Seek abstracts and presenters on topics decided by the committee.	conference is co-sponsored. Sessions are developed and delivered to support workforce development.	Same as outputs	Develop international birth defects surveillance capacity to advance care of those affected and to strengthen services available to these families.
	Data and Information Systems	• Birth defect surveillances topic sessions at ICBD • Addressing maternal and newborn health in humanitarian settings for improving birth outcomes	Sessions developed and abstracted received.	Sessions are developed and delivered to support birth defects surveillance.	Same as outputs.	Develop international birth defects surveillance capacity to advance care of those affected and to strengthen services available to these families.
	Program and Services		Sessions developed and abstracted received.	Sessions are developed and delivered to support sessions on life course approaches, education of health care workers and reducing exposures.	Same as outputs	Increase capacity of health care professionals to support maternal and child health and improve health outcomes.

- Include conference topics and sessions on life course approaches for the prevention of birth defects, stillbirths and preterm birth by addressing lifesty;e, infections and nutrition.
- Education of healthcare workers for improving the quality of maternal and newborn health services
- Reducing exposure to harmful and teratogenic substances, including alcohol, drugs and medications for improving birth outcomes

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 63/200 words maximum

Organization works to improve the health of babies byr preventing birth defects, premature birth and infant mortality. Organization with membership comprised of maternal and child health staff from majority of U.S. states, territories, domestic and international organizations, and families. Organization has established capacity to conduct international conferences on birth defects and maternal and child health associated topics.

13 Applicant Program Experience:* 53/200 words maximum

Demonstrated ability to organize an international conference on birth defects, maternal and child health and has worked across the world in developing nations across multiple continents. Demonstrated ability to foster networks among developing and industrialized country experts and to create opportunities for sharing ideas, programs and best practices.

COLLABORATIVE WORK

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

Plan and coordinate with CDC and international partners.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum

Subcontract work is possible over the entire project period. For any gaps in capacity or experience, the applicant should demonstrate their ability to identify and collaborate with qualified subawardees or subcontractors.

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

Briefly describe how. : * 31/200 words maximum

As expertise in birth defects surveillance increases, the mission of CDC/NCBDDD is supported by providing critical data to save babies through birth defects prevention and research and helping children live to the fullest.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 86/100 words maximum

	Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs. Funds may not be used for capital expenditures such as construction and renovations. Funds may not be used for clinical care. Funds for conducting conferences and workshops such as registration, travel, per diem, room rental, audio-visual and related expenses are allowed. Except for travel related per diem expenses of grantee, consultants, contracts, and subcontracts/subawardees, funds may not be used for other food and beverage expenses
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand 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

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Professional Development for Primary Care (Brain Health, including Alzheimer's disease and other dementias)

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 C

6 Description of the Target Population:* 12/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Preventive medicine physicians

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)
$125,000 (Whole numbers only)
○Funded ○Unfunded

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 : * 89/150 words maximum

CDC proposes to work with a leading national medical organization to increase the reach and uptake of a previously developed continuing education course in ACPM's Lifestyle Medicine Course on brain health suitable for physicians and other health care providers. The capacity for health care providers to provide assessment, diagnosis, and referrals varies widely within each state and across the nation. The course is intended to increase awareness of the importance of brain health, including Alzheimer's disease and other dementias and to increase the number of physicians/health care professionals taking action to assess and diagnose patients.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastructure	Develop materials, outreach and education avenues to promote ACPM's Lifestyle Medicine Course on Brain Health and other related topics Collaborate with CDC and other partners to 1. Design a comprehensive approach to promoting the course and knowledge about brain health 2. Develop Action plan and timeline	Knowledge assessment Action Plan developed Evaluation Plan Developed	Posters, flyers, notepads, seminars, webinars and other methods deemed effective in reaching and achieving the intended results in the target population	By the end of the budget period, applicant will provide an evaluation report that decribes approach, results, and lessons learned in executing the program strategies	Increased number of providers taking the course. Increased number of providers engaged in using the principles in the course for interactions with their patients

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 200/200 words maximum

Applicant should have the organizational capacity to work with those in preventive medicine, including health care providers in direct contact with patients and teaching faculty. The applicant should have the technicolgical capacity to develop, disseminate reports, training, webinars and outreach through avenues as the internet and social media, as well as direct contact with providers, described above. Additioally

• substantial authority or influence in the U.S. medical community;

• capacity to coordinate with other physician and health care professional member organizations to expand the potential reach of this work;

• capacity to substantially increase the number of physicians and health care professionals providing assessment, diagnosis and referral to patients with suspected cognitive decline to appropriate care and community support.

• ready access to an existing network of physicians and health care professionals;

• capacity to reach, engage, and activate large numbers (>1,000) of physicians and health care professionals throughout the U.S. efficiently and effectively through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.);

• access to professionally trained staff, members with adequate skills, including experience to understand and successfully carry out the work described

• disseminate & build upon existing curriculums developed for physicians by CDC on the importance of blood pressure management for brain health

13 Applicant Program Experience:* 120/200 words maximum

Successful applicants should have prior experience and demonstrated success in:

• engaging and activating large numbers (>1,000) of physicians/health care professionals throughout the U.S. through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.);

• influencing change in physician behaviors/care practices;

• coordinating/collaborating with other physician/health care professional member organizations to advance mutual goals;

• producing effective, high quality, scientifically accurate educational tools/resources for use by physicians/health care professionals;

• developing and disseminating continuing education courses related to brain health;

• planning, implementing, and evaluating the outcome of interventions or demonstration projects targeting specific health care issues/needs; and

• serving as a recognized leader for professional, multi-disciplinary education, collaboration, and communication in the areas of preventive medicine and public health

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 103/200 words maximum

In partnership with CDC's Alzheimer's Disease and Healthy Aging Program, the applicant will:

1. Increase physician's/health care professionals' awareness of brain health, including Alzheimer's disease and other dementias, as a serious health condition and to increase the number of physicians/health care professionals taking action to assess and diagnose patients.

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

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

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

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

Briefly describe how. : * 30/200 words maximum

The materials created by this project are instrumental in enabling physicians and other health care providers to better serve their members and to provide essential public health services

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 58/100 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, developing and producing written and electronic educational materials. Other expenses may be allowed upon consultation with CDC and creation of final work plan.

	CIO CERTIFICATION
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Final

Submission Date: 03/14/2019 Y u will be d rected to a c nfirm tion screen up n successful save or subm ssion.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Promoting HIV, Viral Hepatitis, STDs, and LTBI Screening in Hospitals, Health Systems, and Other Healthcare Settings

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 C

6 Description of the Target Population:* 17/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
US hospitals and health systesms, and health care providers, including physicians

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)
○Funded ○Unfunded

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 : * 137/150 words maximum

CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) prioritizes cost-effective, scalable programs to decrease incidence, morbidity and mortality, and health disparities for HIV, viral hepatitis, STDs, and tuberculosis. These infections result in high personal, societal, and economic costs. Routine and risk-based screening for these infections in healthcare settings is a cost-effective strategy to reduce incidence, morbidity, and mortality associated with these infections.

The primary goal of this project is to build capacity within the health care system to identify persons with undiagnosed HIV, viral hepatitis, STDs, and latent TB infection (LTBI) through routine and risk based screening. Persons aware of their infection can be linked to necessary medical care to improve their lives and reduce the risk of transmission to others. Therefore, a secondary goal is to increase linkage to care and appropriate treatment for persons diagnosed with one of these infections.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Program and Services	(1) Identify best practices (2) Develop and package strategies and tools that support implementation, scale up, and sustainability of a routine and risk-based screening program for HIV, viral hepatitis, STDs, and LTBI in healthcare settings. (3) Disseminate packaged products to end users - Activities should support translating routine and risk-based screening recommendations from CDC and USPSTF with fidelity. - Activities for any continuing funded years will focus on refining activities from year 1 and piloting implementation and application of outputs from year 1.	(1) Identification of models policies, protocols, standards, practices (2) Guide developed to initiate and implement screening programs that fit within existing clinical and technical workflows (3) Templates and artifacts that optimize workflow integration	(1) Model policies, protocols, standards, and practices (2) Step-by-step guides to initiate and implement screening programs that fit within existing clinical and technical workflows (3) Templates and artifacts that optimize workflow integration (e.g., those that incorporate screening-related clinical decision support within electronic medical records systems)	(1) Increased availability of tools to support expanded, integrated routine and risk-based screening in healthcare settings (2) Expanded implementation of routine and risk-based screening in healthcare settings	(1) Number of tools available to support expanded, integrated screening (2) Number of health care settings implementing CDC and USPSTF screening recommendations with fidelity

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 194/200 words maximum

The applicant should have detailed understanding of at least 1 of the target populations, and development of and modifications to clinical workflows. The applicant should have a general understanding of CDC recommendations for screening for HIV, viral hepatitis, STDs, and latent TB infection, as well as applicable US Preventive Services Task Force recommendations. The applicant should have the capacity to identify model programs that implement these screening recommendations, distill scalable elements of these models, and translate those model elements into strategies and tools that can be disseminated and implemented at scale while allowing for customization to local operational context and workflows. Given the centrality of electronic health records (EHRs) to healthcare, applicant should have the experience and skills to leverage EHRs and other health information technology to support best practice implementation.

This capacity may be internal or demonstrated through partnerships and contractual mechansims with other entities. Applicant should demonstrate its capacity to oversee and manage all aspects of the project to ensure

1. Subject matter experts and CDC-recommended stakeholders are engaged
2. Appropriate communication modes are used to disseminate developed tools
3. Developed tools are available and useful to the target population and other healthcare stakeholders

13 Applicant Program Experience:* 107/200 words maximum

The applicant should have experience translating clinical recommendations for execution in healthcare systems and other healthcare settings. The applicant should also demonstrate experience working directly with healthcare systems, hospitals, or other healthcare settings to build internal capacity.

Applicant should have documented experience:

1. Translating clinical recommendations for execution in healthcare settings (e.g., hospitals, health systems, community health clinics).
2. Working directly with healthcare providers and settings to build internal capacity
3. Developing partnerships with healthcare systems organizations, and providers or their national and state representative associations to improve patient outcomes
4. Developing tools for healthcare settings and/or providers to translate clinical recommendations to practice
5. Implementing pre, post, and follow up evaluations to measure impact

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 29/200 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: 71/200 words maximum

The grantee is encouraged to subcontract with entities that can improve the delivery of the expected outputs. CDC does not encourage use of multiple subcontractors, or subcontracting to an entity that must itself subcontract with one or more additional organizations, unless the grantee can provide clear evidence that such an arrangement will yield greater product quality and completeness for the same (or an even lower) budget.

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

Briefly describe how. : * 66/200 words maximum

The model policies, protocols, standards, and practices; step-by-step guides; and templates and artifacts that optimize workflow integration can be used by state, tribal, local and territorial health departments to collaborate with healthcare systems to implement expanded, integrated routine and risk-based screening for these infections in their jurisdiction. Tools will be produced that can be adapted to the local context, but maintain fidelity to CDC's recommendations.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 0/100 words maximum

CIO CERTIFICATION

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Promoting Tobacco Use Cessation in Primary Care

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 C

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

Community Health Centers (CHCs)/Federally qualified health centers (FQHCs)

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)
○Funded ○Unfunded

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
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- ☐ 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

This project will leverage and adapt as needed existing tools and resources to support implementation of evidence-based strategies to improve the delivery of tobacco use and dependence treatment in Community Health Centers (CHCs), including Federally Qualified Health Centers (FQHCs). CDC resources for adaptation and use include Tips From Former Smokers® (*Tips*®) campaign materials and Million Hearts® tools specific to providers and health systems related to cessation. The recipient will prioritize building capacity and providing technical assistance to CHCs/FQHCs serving populations with a disproportionally high burden of tobacco use and that possess demonstrated readiness to implement activities to improve likelihood of successful outcomes. Lessons learned from pilot sites will then be shared through various communication mechansims to inform and support scaling similar health systems strategies for implementation in CHCs/FQHCs in a sustainable manner.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastructure		Increase the number of mechanisms/systems for providing technical assistance, training and any other support.		Improved operational capacity of CHC/FQHC to evaluate, manage, and improve public health systems.	Improved operational capacity of CHC/FQHC to evaluate, manage, and improve public health systems.
			Increase the number of organizational-level strategies adopted by pilot sites to integrate treatment of tobacco use and dependence into routine clinical care, including routine primary care and care for mental health and substance use disorders.		Findings of infrastructural components that contribute to improved outcomes that can be shared across other CHCs/FQHCs for additional uptake.	Findings of infrastructural components that contribute to improved outcomes that can be shared across other CHCs/FQHCs for additional uptake.
			Assessment of technological capacity within pilot sites and development of strategy and/or recommendations on how each can leverage and enhance technological solutions to integrate cessation within clinical care (e.g., EHR/HIT modificiations, use of technology such as ECHO, etc.).			

	Assess CHCs/FQHCs for tobacco use burden and institutional readiness to advance strategies for cessation intervention integration. Based on assessment, recipient will solicit and select approximately 5-10 CHCs/FQHCs as pilot sites (or as otherwise determined by recipient organization and CDC after the award is made). Once pilot sites are selected, recipient organization will assess and establish baseline from which to evaluate change following implementation. Components assessed to establish basline will include organizational capacity and infrastructure, the extent to which communications materials and resources are used in the health center setting to promote and support cessation among center patients, and the extent to which tobacco use screening and cessation treatment are integrated within the clinical activities. Identify evidence based strategies that will be implemented at each pilot site and develop an implementation plan. Provide technical assistance on health care systems change initiatives to integrate treatment of tobacco use and dependence into routine clinical care. Evaluate quality improvement initiatives.		Action plan based on assessment of each pilot site that describing current gaps and program strategies to address them through pilot project implementation. Documentation of technical assistance provided. Evaluation plan and reports. Assesesment of technological updates and/or enhancement made to better integrate tobacco use screening and cessation treatment within the clinical context.		
Leadership and Workforce Development	Provide timely, accurate, and actionable technical assistance and training to pilot site health center management and medical staff to test, implement and scale evidence-based cessation interventions.	Increase the number of mechanisms/systems for providing technical assistance, training and any other support to health care providers on evidence-based tobacco cessation strategies	Documentation of technical assistance and training provided. Curriculum, handouts and materials used, adapted, and/or developed as part of training and technical assistance delivered related to strategies.	Increased ability/capacity to conduct tobacco cessation interventions among pilot sites. Increased knowedledge of leadership and workforce components that contribute to improved outcomes related to tobacco cessation among the broader network of CHCs/FQHCs through dissemination of lessons learned following pilot implementation.	Increased knowledge and understanding among CHC/FQHC staff of delivering evidence based tobacco cessation treatement as measured by knowledge checks. Increased knowledge and understanding of evidence based tobacco cessation resources available to health care providers and health care systems.
Communication and Information Technology					

		For purposes of establishing a baseline from which to evaluate progress, assess the communications materials used within the pilot center settings. Curate communications materials that pilot sites can readily use in their healthcare settings to encourage patients to quit tobacco and to reinforce the health implications. Materials should include CDC's *Tips*® campaign resources. Identify means to educate pilot sites about materials available (e.g., a webinar, conference calls, etc.) and how materials can best be adapted so that they resonate with each site's patient population.	Increased education/ awareness among pilot site paritcipants of existing materials (including but not limited to *Tips*® resources) readily available for use in health care settings. Materials include videos that can be shown in waiting areas, posters, and educational resources directed toward provider audiences.	Action plan based on assessment of each pilot site that describes existing communications and educational resource gaps and program strategies to address them through pilot project implementation. Documentation of technical assistance provided. Evaluation plan and reports of changes implemented during pilot project period. Following pilot site implementation, convene a webinar or other broadscale communications activity to share findings and implications with a broader network of CHCs/FQHCs to encourage uptake and scale up of strategies.	Enhanced use of communications/educational materials within CHC/FQHC that encourage and promote tobacco cessation. Assessment and identification of changes implemented that contribute to improved outcomes that can be shared across other CHCs/FQHCs for additional uptake.	Increased use of communications/educational materials (including but not limited to CDC's *Tips*® resources) in CHC/FQHC settings. Increased awareness among the broader network of CHCs/FQHCs on how strategic implementation and use of communications and educational materials can support tobacco cessation in clinical settings in a sustainable manner.
	Program and Services	Identify pilot and non-pilot CHCs/FQHCs implementing strategies to improve the delivery of treatment for tobacco use and dependence. Compile best practices, successes, challenges, and lessons learned from these centers. Develop a plan to disseminate aforementioned collected best practices through various channels (e.g. reports, web content, meetings or conferences attended by community health center stakeholders, etc.) for the benefit of the broader CHC/FQHC network as well as other relevant stakeholders. Broadly disseminate resources for CHCs/FQHCs to improve the delivery of treatment for tobacco use and dependence.	Increase the number CHCs/FQHCs receiving and contributing to documents and opportunities related to sharing best practices, successes, challenges, and lessons learned from CHCs/FQHCs implementing strategies to improve the delivery of tobacco use and dependence .	Dissemination plan created and implemented for sharing information through various channels (e.g., peer-to-peer calls, webinars, list-servs, presentations, grand rounds, etc.). Development and distribution of communication materials (e.g., factsheets, success stories, etc.), developed based on findings from pilot site implementation that will facilitate uptake and implementation by the braoder network of CHCs/FQHCs of strategies to integrate treatment of tobacco use and dependence into routine clinical care, including routine primary care and care for mental health and substance use disorders.	Increased capability to implement evidence-based/informed public health programs, policies, and services to address tobacco use and dependence among the broader network of CHCs/FQHCs.	Increased knowledge and understanding of tobacco cessation strategies among pilot site CHC/FQHC staff/providers, as measured by knowledge checks. Increased knowledge of tobacco cessation strategies among the broader network of CHC/FQHC staff/providers based on dissemiatnion of findings from pilot site implementation. Increase in the number of CHCs/FQHCs adopting various change strategies to improve delivery of cessation treatment.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 177/200 words maximum
	The recipient organization should have the ability to reach and engage CHCs/FQHCs across the U.S. and be a trusted source of information and skills for that workforce. The organization should be a leader in supporting community health center operations. It must have staff with working knowledge of services delivered by FQHCs as well as the populations served by these health centers. It must have expertise and infrastructure to organize and conduct training and technical assistance in support of evidence based clinical interventions. Recipient organization should be very well acquainted with existing CDC resources, including *Tips*® and Million Hearts® materials and how the strategic use and/or adaptation of these materials can improve health centers' delivery of cessation services. To achieve success, it is essential that the recipient organization have a favorable reputation among CHCs/FQHCs and within the broader public health community. Recipient organization should have partnerships in place that would allow for dissemination of findings from the pilot implementation to the benefit of the broader network of CHCs/FQHCs to encourage uptake and scale up of activities.
13	Applicant Program Experience:* 170/200 words maximum

	The recipient organization should have prior experience conducting training and technical assistance to implement evidence based clinical interventions in federally qualified health centers. The recipient organization should have a strong grasp of the differing patient demographics served across the CHC/FQHC network and use that information to inform how and where best to implement cessation strategies in selected pilot sites as detailed within this project plan. The recipient organization should have demonstrated expertise in implementing public health strategies in the clinical setting, including but not limited to those that address chronic disease and health disparities. Public health strategies explicitly include the use of communications/educational materials directed at a patient audience to encourage and promote tobacco cessation as well as the implementation of quality improvement activities to inform clinical practice and health system operations. Recipient organization must have data management and analysis experience, or capacity to subcontract for this expertise, and be able to monitor tobacco use rates in the selected CHC/FQHC pilot sites and evaluate implementation of the selected interventions and related quality improvement initiatives.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 33/200 words maximum
	The recipient organization will be required to collaborate with community health centers that are willing to improve their capacity to provide evidence-based tobacco cessation services.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ○Yes ◉No
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 41/100 words maximum
	Recipient organization should budget for the following travel: Reverse site visit to Atlanta for 2 people for 2 days, 2 nights during the project period OSH Partners meeting in Atlanta for 1 person for 2 days, 2 nights during 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: 03/15/2019 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

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Provision of Technical Assistance to Improve Insurance Coverage of Tobacco Cessation Treatments

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 C

6 Description of the Target Population:* 29/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Coalitions, patient advocacy organizations, other community-based organizations, State tobacco control programs and other state partners needing TA related to insurance coverage of cessation treatments

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)
○Funded ○Unfunded

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
- [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
- [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
- [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
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [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 : * 80/150 words maximum

This project aims to provide technical assistance to state tobacco control programs and national and state partners to improve insurance coverage of evidence-based cessation treatments to increase the number of tobacco users who attempt to quit, use cessation treatments, and succeed in quitting.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Communication and Information Technology	Disseminate best practices, accomplishments, and lessons learned on expanding insurance coverage through publications in peer-reviewed journals such as CDC's *Preventing Chronic Disease* and through mechanisms such as: presenting at national and regional meetings and conferences; conducting conference calls, workgroup meetings, discussion groups, trainings, webinars, and other activities; and by developing website content, guidance documents, case studies, scientific publications, tools, and other products.	Development of plan to compile and share best practices, accomplishments, and lessons learned in the realm of insurance coverage to support and promote tobacco cessation.	Development and distribution of relevant communications materials (e.g., factsheets, success stories, etc.), dissemination of information through scientific publications, and establishment of communications venues to facilitate learning across different stakeholders (e.g., peer-to-peer calls, standing webinars, etc.).	Dissemination of information on cessation-related insurance coverage to stakeholders. Increased availability of information and resources for cessation-related insurance coverage available within the public domain.	Increased knowledge and understanding of insurance coverage strategies that support cessation among intended stakeholder audience. Increased/improved insurance coverage strategies that support cessation.
	Program and Services					

Provide timely, accurate, and actionable technical assistance to states on working with private and public health insurance organizations to increase their coverage of comprehensive cessation treatments, including best practice identification and dissemination and strategies for coverage adoption.	Documentation of innovative products related to coverage of comprehensive cessation treatments. Development and implementation of mechanisms to provide technical assistance to state tobacco control programs and national and state partners and plan for proactive education to stakeholders on the same.	Products developed related to coverage of comprehensive cessation treatments. Technical assistance delivered related to coverage of comprehensive cessation treatments.	Increase in the number of innovative products related to coverage of comprehensive cessation treatments. Increase in provision of technical assistance to state tobacco control programs and national partners related to insurance coverage to promote and improve access to cessation treatment.	Increased knowledge and understanding of insurance coverage strategies that support cessation among intended stakeholder audience. Increased/improved insurance coverage strategies that support cessation.	

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 111/200 words maximum

Recipient organization should have strong knowledge of the efficacy of insurance strategies in increasing access to and use of tobacco cessation treatments and successful cessation. Recipient organization should have an existing relationship with state tobacco control programs as well as other state and national partners engaged in tobacco control efforts and prior experience providing these entities with technical assistance on insurance-related strategies specific to cessation and cessation insurance coverage. Recipient organization should have staff with demonstrated experience and expertise on tobacco cessation and tobacco cessation insurance coverage, including both private and public insurance. Recipient organization should already possess internal capacity to convene discussions for the provision of technical assistance.

13 Applicant Program Experience:* 89/200 words maximum

Recipient organization should have prior experience with the provision of technical assistance related to tobacco cessation interventions and cessation coverage. Recipient organization should also have experience in tracking insurance coverage of cessation treatment and assessing the efficacy of coverage strategies in increasing access to and use of cessation treatment among individuals who use tobacco. Recipient organization should have a strong grasp of state-based programmatic work related to tobacco use prevention and control, primarily in the domain of tobacco cessation and cessation coverage, including both private and public insurance.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 108/200 words maximum

Recipient organization will be required to collaborate with organizations that have a role in conducting the proposed activities and achieving the project outcomes. In particular, recipients will be required to work closely with certain national tobacco control organizations, including nongovernmental organizations as well as governmental agencies, to provide coordinated technical assistance to states and national partners on cessation activities. Recipient organization will be required to collaborate, as appropriate, with CDC programs outside of OSH that are implementing health system change and quitline strategies related to tobacco, as well as other national organizations that are providing technical assistance to states and national partners. MOUs or MOAs are not required.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

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

Briefly describe how. : * 42/200 words maximum

One of the intended and anticipated recipients for technical assistance on insurance strategies for tobacco cessation supported under this project plan are state public health agencies and the state tobacco control programs that are housed within

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 50/100 words maximum

	Recipient organization should plan and budget to travel for a reverse site visit to Atlanta for 2 days (up to two people) during the project period. Reicpient orgniazation also should also should plan and budget to travel to the OSH Partners meeting in Atlanta for 2 days (one person) during 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.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Scaling-up Quality Adolescent Reproductive Health Services in Community Health Centers (CHC)

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 C

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

Community Health Centers and their patient population

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)
○Funded ○Unfunded

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 : * 122/150 words maximum

To increase the capacity of a state primary health care association to implement enhanced Adolescent Reproductive Health (ARH) services in partner community health centers (CHCs). Recipient will compile a toolkit of existing tools and trainings, such as Teens Access and Quality Initiative tools, or develop needed trainings/tools. The toolkit will include training modules/trainings on ARH best practices that are aligned with the latest CDC guidance including the U.S. Medical Eligibility Criteria for Contraceptive Use and Recommendations for Providing Quality Family Planning Services. The kit will consist of tools that support the implementation of youth-friendly clinical ARH best practices, including training for leadership, clinical, billing, administrative, and frontline staff, as well as quality improvement (QI) and evaluation. Training for CHCs will be facilitated by the recipient and contracted state primary care association.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastructure		Within the first 2 months of project year, at least one training and technical assistance plan created for each partner CHC pilot site to address public health infrastructure strategy. Within first 2 months of project year, 1 training evaluation instrument designed for each training to measure change related to strategy Within the project year, at least 2 toolkit evaluation acitivites undertaken (qualitative or quantitative) to evaluate the tools disseminated	Draft quality toolkit pilot implementation plan Pilot test report Completed/finalized toolkit addressing strategy to include: • quality improvement and evaluation metrics and instruments • templates • tools • training modules and other training resources • guidelines, observation tools, procedures, guidance and advanced training listings • job aids • position descriptions Trainings conducted Training evaluation results reports Scale-up plan	Established CHC infrastructure to support staff to implement and sustain best practices and culturally competent care Improved capacity of leadership, management, and fiscal staff to develop system to procure and stock all contraceptive methods and maximize diverse payment options to reduce burden of contraception cost to patient and health center Improved CHC staff capacity to conduct and sustain evaluation and continuous quality improvement	

		Partner with CHC pilot sites demonstrating leadership commitment, competent staff and supportive infrastructure Develop and pilot, refine ARH kit with tools to support PH systems infrastructure: • template for documenting vision and structure for ARH improvement as a QI initiative • templates for communication, quality improvement, and staff training/coaching work plans and timelines • metrics and instruments to evaluate quality of implementation and outcomes • tools to support enhanced adolescent visit workflow • sample position descriptions, performance review templates, and hiring practice guidelines for hiring competent staff • training modules, plan templates for procurement and stocking contraceptive methods and maximizing diverse payment options				• Increased number of CHCs by at least two that have pre-tested/piloted the toolkit Among pilot sitess: • At least 2 policies or procedures created or refined to address infrastructure to support implementation and sustainment of best practices • 20% increase in CHC staff reporting using tools for ARH services • 20% increase in of CHC staff completed trainings • 20% increase in percent relevant staff trained in procurement, stocking, and payment option training
	Program and Services	Conduct training and technical assistance on ARH clinical best practices that is included as part of the toolkit Develop, pilot, and refine ARH kit with tools to support Program and Services: • instrument to assess organizational needs and assets for implementing ARH best practices • ARH core training modules, websites, curricula, and other resources to build staff capacity • job aids to support staff to implement best practices • health center tools to support trained staff, e.g., mentoring guidelines, observation/ feedback tools, huddle procedures, staff meetings templates, supervision guidance, listings of advanced training options	Within the project year, increase, by at least 4, in number of trainings addressing strategy provided to CHC staff Within first 3 months of project year, at least 4 tools addressing strategy disseminated to pilot CHC sites	Draft quality toolkit pilot implementation plan Pilot test report Completed/finalized toolkit addressing strategy to include: • templates • tools • training modules and other training resources • guidelines, observation tools, procedures, guidance and advanced training listings • job aids Trainings conducted Training evaluation results reports Scale-up plan	Improved health center staff knowledge, skills, and attitudes related to ARH best practices, including RH screening and patient-centered counseling Increased staff capacity to deliver culturally and linguistically competent care Improved staff knowledge and attitudes toward quality improvement and organizational change methodology Increased provider knowledge, skills, and comfort in providing all contraceptive methods and services, including LARC insertion and removal	20% increase in percent of staff with improved knowledge, skills, and attitudes related to ARH best practices 20% increase in percent of staff with knowledge and skills to deliver culturally competent care 20% increase in percent of staff with improved knowledge and attitudes toward quality improvement and organizational change methodology 20% increase in percent of CHC clinical providers with increased knowledge, skills, and comfort in providing all contraceptive methods and services, including LARC insertion and removal

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
12	Applicant Organizational Capacity:* 56/200 words maximum

The applicant must demonstrate the following organizational capacity:

- Have a documented history of positive and productive collaboration with state primary care associations in supporting community health centers to implement and scale up quality improvement initiatives.
- Have documented history of supporting QI initiatives related to reproductive health clinical best practices.
- Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects.

13 Applicant Program Experience:* 58/200 words maximum

The applicant must demonstrate the following program experience:

- Extensive experience of collaborating with state primary care associations to implement and sustain clinical care innovation and quality improvement initiatives among community health centers
- Experience in developing partnerships that foster buy-in and a sense of ownership among all involved stakeholders, e.g., state primary care association leadership and staff, CHC leadership and staff, and CHC patients.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 127/200 words maximum

This project requires increased collaboration between national, state, and community-level primary care health centers to address ARH services and prevention of unintended pregnancy. The recipient will be expected to collaborate with and support the state primary care association to create training modules, conduct trainings, provide technical assistance, and create tools to support the implementation of ARH toolkit to enhance ARH clinical best practice implementation. The recipient should support a strong partnership between the state primary care association and the pilot CHC sites so that the toolkit pilots can be implemented successfully. The collaboration approach should recognize that all parties: the recipient, the state primary care association and the pilot CHCs, will have important contributions in order for the pilots to be successful.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 121/200 words maximum

Recipient is expected to subcontract with a state primary care association that has the ability to provide training, TA, and a toolkit to pilot site CHCs on topics including but not limited to: evidence-based ARH clinical best practices, contraceptive procurement, stocking, and payment options to maximize reimbursement, electronic medical records, data collection, and QI processes. The state primary care association must have previous experience developing and providing ARH tools, training, and technical assistance to CHCs. The selection of this organization will be subject to CDC approval. The subcontract funding amount for the first year for project activities should be between $125,000- $150,000. The subcontract period of performance will be one year and may be extended pending the availability of funds.

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

Briefly describe how. : * 48/200 words maximum

Indirectly, the creation of these tools and training modules could be utilized much more broadly than with just CHCs. Local and state health departments and other health centers would greatly benefit from the toolkit and could use it to expand quality ARH services in their practice settings.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 47/100 words maximum

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

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

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand 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

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Strategic Roadmap for Integration of Tobacco Use and Dependence Treatment into Clinical Care

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 C

6 Description of the Target Population:* 2/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Preventive medicine physicians

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)
○Funded ○Unfunded

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
- [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
- [ ] 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 : * 130/150 words maximum

The purpose of this project is to develop a strategic roadmap for the integration of tobacco cessation interventions into a variety of clinical settings and specialties, with particular emphasis on opportunities across the continuum of medical education (undergraduate, graduate, and continuing education) to strengthen the capacity of clinicians to effectively deliver evidence-based treatment. The goal of developing the roadmap is to have a clearly articulated set of actionable recommendations for future implementation by cross-sector stakeholders. The recipient will plan and implement a convening of experts in tobacco prevention and control, medical education, and other relevant fields (e.g, health systems change, health professional engagement, etc.) to develop the strategic roadmap, with the goal of publishing recommendations for action. The recipient will broadly disseminate these recommended action steps for partners across sectors to move toward implementation.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastructure	Conduct a literature review and landscape assessment of key strategies and best practices to integrate cessation interventions into clinical care, with particular emphasis on evidence regarding increasing clinician capacity through education and training. Gather information from key partners to identify best practices and practice-based knowledge to inform landscape assessment. Engage with identified partners (which should include, at minimum, one large in-person convening) to inform development and finalization of the strategic roadmap and implementation steps, including those related to publication, dissemination, and translation of recommended strategies into tactical steps to be implemented by cross-sector partners.	Compile and synthesize evidence, practice-based knowledge, and best practices prior to partner convening to inform development of strategic roadmap. Gather best practices and practice-based knowledge from at least 75% of engaged partners. Participation in development and review of the strategic roadmap by at least 75% of engaged partners.	Draft strategic roadmap outlining key opportunities and potential actions that could be taken by public health and/or health care to integrate the treatment of tobacco use and dependence into routine clinical care across a variety of medical settings and specialties, giving particular emphasis to opportunities across the continuum of medical education to strengthen the capacity of clinicians to effectively deliver evidence-based treatment.	Articulation of actions to integrate cessation treatment into clinical care and how to improve clinician capacity to deliver evidence-based cessation treatment. Improved leadership capacity to identify and prioritize opportunities to strategically address public health needs. Articulation, and potential development, of resources to make roadmap recommendations actionable (eg, educational resources, adaption of clinical algorithms to medical specialties and settings, quality improvement resources, etc.)	A final, publication-ready plan developed with key partners, outlining opportunities for public health and health care to improve integration of tobacco use and dependence treatment into routine clinical care, including opportunities to increase clinican capacity through education and training throughout the continuum of medical education.
	Partnerships					

		Identify partners in tobacco prevention and control, medical education, and other relevant fields (eg, health systems change, health professional engagement, etc). Develop a plan for engagement of key partners to best utilize their expertise in the development of the strategic roadmap. Plan and host a convening of key partners to formulate the strategic roadmap.	Identify about 10-15 key partners (individuals or organizations) to invite for engagement in the development of the roadmap. Participation in the convening event by at least 75% of engaged partners.	Partner engagement plan created and implemented both to inform development of the roadmap and also to actively participate in dissemination following the roadmap's release. Documentation of partner convening to include key discussions to inform strategic roadmap.	Development of a consensus-based strategic roadmap for public health and health care stakeholders to integrate tobacco use and dependence treatment into routine clinical care. Strengthened partnership within and across sectors to create a shared vision of the delivery of evidence-based tobacco cessation interventions.	Collective buy-in on the final strategic roadmap across engaged partner entities and demonstrated commitment to move forward on identified activities.
	Program and Services	Develop and implement a plan to disseminate the strategic roadmap to a broad health care and public health audience.	Conduct dissemination planning with at least 75% of engaged partners.	Dissemination plan developed and implemented.	Broad dissemination of the strategic roadmap among public health and health care professionals to improve capacity to identify and prioritize opportunities to strategically address tobacco use and dependence.	Strategic roadmap disseminated broadly by partner entities to health care and public health audiences via multiple dissemination channels.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 149/200 words maximum

The recipient should have the ability to reach and engage healthcare professionals across the U.S. in a variety of settings, including public health, and be a trusted source of information for that workforce. The recipient should represent a constituency considered to be a key audience for the proposed deliverable. The recipient should be a leader in supporting the continuum of medical education and have working knowledge of health systems change as a mechanism for promoting chronic disease prevention and management. The recipient should equally have a strong understanding of evidence-based clinical prevention and population management. The recipient should have the expertise and infrastructure to organize and conduct evidence collection and synthesis (including from stakeholder convenings) and to use said evidence to inform and develop large-scale strategic planning. To achieve success, the recipient should have a strong and longstanding reputation among healthcare providers, health systems, medical education providers, and the organizations that represent these groups.

13 Applicant Program Experience:* 78/200 words maximum

The recipient must demonstrate experience convening health care stakeholders, synthesizing expert opinion and scientific evidence, and articulating strategies to improve the delivery of clinical interventions for chronic disease prevention and management. The recipient must also demonstrate the ability to communicate to and develop resources for health care and public health audiences that translates recommended strategies into implementable activities. The recipient should have working knowledge of medical education across the continuum of learning (undergraduate, graduate, and continuing education).

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 55/200 words maximum

The recipient will be expected to collaborate with subject matter experts in the fields of medical education (undergraduate, graduate, and post-graduate) and health systems change; organizations with wide reach to clinicians of multiple specialties; and individuals and/or organizations with expertise in tobacco prevention and control.

Additionally, the recipient must collaborate closely with CDC NCCDPHP/OSH staff to finalize activities and monitor execution.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

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

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 44/100 words maximum

Recipient organization should budget for the following travel:

Reverse site visit to Atlanta for 2 people for 2 days, 2 nights during the project period.

OSH Partners meeting in Atlanta for 1 person for 2 days, 2 nights during 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: 04/03/2019 Y u will be d rected to a c nfirm tion screen up n successful save or subm ssion.

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

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Strengthening health system HPV vaccination capacity through a learning collaborative

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):*

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 C

6 Description of the Target Population:* 22/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Hospital systems (such as acute care hospitals, primary care networks, medical practices & ambulatory care centers under a parent holding company)

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)
$600,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

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- ◉ The CIO will award new funding each budget period for at least two consecutive years.
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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
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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
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- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
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- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
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- ☐ 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 : * 52/150 words maximum

HPV vaccination uptake rates remain below the HP2020 target. This project will support a 2 year learning collaborative to improve HPV vaccination rates among medical groups and integrated delivery health systems. The learning collaborative will develop and implement evidence-based strategies and interventions and monitor any increases in uptake rates. Best practices identified will be disseminated.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Program and Services	**A1: Develop a learning collaborative (LC) to advance HPV vaccination through integrated delivery systems (IDS)** **A1a: Identify and recruit a expert panel to guide LC** **A1b: Identify and recruit IDS to participate in LC** **A1c: Implement evidence based strategies (EBS) within participating IDS** **A1d: Analyze data and disseminate findings**	**PM1: To increase the % of IDS participating in an HPV LC to improve vaccination rates** **PM1a: To identify experts in immunization or adolescent and pediatric health care and population health to guide LC** **PM1b: To identify IDS to implement strategies to increase HPV vaccination rates** **PM1c: To increase the # of EBS implemented within IDS** **PM1d: To identify and disseminate strategies that increase HPV vaccination rates in IDS**	**O1: # of IDS involved in project** **O1a: List of expert panel guiding LC** **O1b:List of IDS participating in LC** **O1c: # of EBS shared and implemented within LC IDS** **O1d: # of successful strategies identified # of strategies disseminated**	**BPO1: Improved capacity within IDS to increase HPV vaccination rates and decrease missed opportunities** **BP1a: Improved capacity within the LC to identify strategies to increase vaccination rates** **BP1b: Improved capacity within IDS to participate in LC to increase HPV rates** **BP1c: Improved capacity of IDS to implemented EBS** **BP1d: Increased strategies identified for IDS to increase HPV vaccination rates**	**OM1: Increase in HPV vaccination rates within the IDS** **OM1a: Increase in identifying strategies that work for IDS** **OM1b:Increase it the % of IDS implementing EBS** **OM1c: Increase in HPV vaccination rates within LC IDS** **OM1d: Increase in sharing of best practices for IDS (including individual, population, systems and policy level changes)**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 93/200 words maximum

	Applicant must have national, regional and local reach to primary care providers and health systems who vaccinates infants, children and adolescents and have HPV vaccination and preventing HPV related cancers as an organization priority. • Have a strong membership throughout the country with staff that work with health systems and can collaborate with national organization for integrated delivery systems • Document qualified and experienced personnel with well-defined roles and responsibilities that will be working on the project • Document that organization has the ability to partner with other national member organizations that represent integrated delivery systems
13	Applicant Program Experience:* 46/200 words maximum
	Applicant must have demonstrated capacity to reach healthcare systems and providers that vaccinate for HPV. They must have experience in working with integrated delivery systems to implement programs and policies that increase adolescent vaccination educational and quality improvement activities.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 20/200 words maximum
	Collaboration with a national organization that represents integrated delivery systems and has experience with conducting a learning collaborative is expected.
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
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 4/100 words maximum
	No specific instructions.
	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

Recipient Name:

1 Project Title (Please do not use all caps):* 1/15 words maximum
Suicide Summit

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

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 C

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

Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery systems.

PROJECT FUNDING

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

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

8 Expected Length of Project:*

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- ◉ 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

- [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
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- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
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- [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
- [ ] 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
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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 : * 20/150 words maximum

This meeting will bring together experts on suicide prevention from government agencies, public health partners; and academic institutions involved in this work

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Partnerships	Gather support and energy on creating a suicide prevention action plan among the public health community.	Hold webinar and pre-summit meeting to orient participants to the summit's purpose and gather exisitng materials and ideas.	Prepared goals, exisiting materials, and action plan outline for Summit leaders to sue to facilitate Summit.	Host Suicide Summit with government leaders, key partners and researchers. Capture discussion points and content for action plan.	New national Suicide Prevention Action Plan for the nation.
Program and Services	Gather exisiting information and materials on suicide prevention.	During pre-summit meetings, request that participants send ideas and materials to central point of contact for review and cataloging.	Organized materials for use by Summit leaders and action plan drafters. Outline of action plan, cleared through partners and participants.	Draft National Suicide Action Plan to shape national agenda for program and policy related to suicide prevention.	New national Suicide Prevention Action Plan for the nation.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 59/200 words maximum

The applicant organization will need to have in-depth public health experience, especially working on suicide prevention and its related public health issues. The applicant will need to have an extensive membership (including tribal, state, and local public helath departments, academic institutions, other non-profit public health partners) to recruit experts into the Summit and action plan drafting process.

13 Applicant Program Experience:* 45/200 words maximum

Applicant will need to have extensive demonstrated experience hosting high level, facilitated meetings with government officials, including the Surgeon General and the Secretary of HHS. The applicant will need to have demonstrated experience bringing organizations of divergent opionions together to agree on challenging topics.

	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 55/200 words maximum
	This project needs to bring together the entire public health community to agree on the policy and programmatic agenda for suicide prevention. The applicant will need to have extensive contacts to recruit organizations to participate, and have in-depth understanding of the subject matter to bring together partners with diverse opinions to work together collaboratively.
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. : * 22/200 words maximum This project will help federal, tribal, state, and local public health agencies set their agendas for suicide prevention activities and efforts.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 24/100 words maximum
	Funds will be used for facilitators, meeting space, travel for partners to the meeting, and assistance with formatting and designing the action 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
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CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Supporting pediatricians to increase HPV and pediatric influenza rates

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):*

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 C

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

Pediatric and healthcare providers that vaccinate infants, children, and adolescents.

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)
$600,000 (Whole numbers only)
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8 Expected Length of Project:*

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- ◉ 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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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
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- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
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- ☑ 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 : * 85/150 words maximum

Vaccination rates for HPV and pediatric influenza remain low. Providers are the most trusted source for information when parents make a decision to vaccinate their children. Support provided through this project will support pediatric providers to increase knowledge about the vaccines and latest recommendations, to make an effective recommendation, to share best practices, and to conduct quality improvement projects to increase vaccine uptake. The awardee will work in partnership with other providers, healthcare systems, and stakeholders to reach areas that have low vaccination rates and address geographic disparities.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Program and Services		PM1: Increase in number of trainings, tools, and resources developed to meet the needs of the awardee's chapters and partners PM1:Increase in number of awardee chapters and participants participating in virtual and in-person learning opportunities and best practices PM1a: Increase in number partnerships with healthcare providers that serve rural and underserved populations PM1a: Increase in number of interdisciplinary educational activities offered PM2: Increase in number of providers and staff who received training in making an effective recommendation PM3: Increase in number of awardee chapters implementing virtual or in-person quality improvement learning communities		BPO1:Increase in the number of trainings, tools, and resources developed to meet the needs of awardee's chapters and partners BPO1a: Improved capacity to establish and maintain partnerships within and across sectors to reach rural and underserved providers with education about HPV and influenza vaccines BPO2: Increase in providers and staff that can make an effective recommendation BPO3: Increased capability to use data to inform decision-making and support evidence-based practices and policies	

	Activity 1: Education: Coordinate, conduct, assess, and evaluate educational activities focused on addressing disparities in vaccination coverage rates, particularly in areas which have the lowest HPV and pediatric influenza vaccination rates **Activity 1a: Education: Deliver interdisciplinary immunization education in collaboration with other healthcare providers to reach a variety of providers that vaccinate, including those that serve rural and underserved populations** **Activity 2: Communication: Promote strategies to increase all healthcare providers' ability to make an effective recommendation, including those aimed at various staff in within the practice** **Activity 3: Quality Improvement: Promote quality improvement projects aimed at increasing vaccination rates and decreasing missed opportunities**	O1:# of webinars/presentations and other shared learning opportunities O1a: Creation of collaboration with providers in rural areas at state and local level O1a: # of interdisciplinary educational opportunities created O1a: Development of rural and underserved immunization strategies O2: # of Provider and staff educated to make stronger recommendations for HPV and pediatric influenza vaccines O3: Development of curriculum and quality improvement modules O3: Implementation of quality improvement projects	OM1:Increase in the # of providers who receive education about HPV and pediatric influenza, particularly in rural or underserved pediatric populations OM1a: Increase in the # of partnerships with primary care providers and other immunization stakeholders that strengthen and leverage efforts to increase HPV and pediatric influenza vaccination rates OM1a: Increase in the # of HPV and pediatric influenza efforts that have been initiated as a result of provider collaborations OM2: Increase in the % of pediatric and adolescent providers who indicate that they routinely recommend HPV and pediatric influenza vaccine for their patients OM3: Increase in the vaccination rates in pediatric provider practices in the past 12 months for HPV and pediatric influenza OM3: Increase in the percentage of providers who report decreased missed opportunities rates in pediatric provider practices the past 12 months

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
12	Applicant Organizational Capacity:* 56/200 words maximum
	Applicant must represent pediatric providers and whose membership vaccinates infants, children and adolescents. • Have a strong membership throughout the country with local chapters or affiliates. • Document qualified and experienced personnel with well-defined roles and responsibilities that will be working on the project • Document that organization has the ability to partner with other healthcare providers that vaccinate.
13	Applicant Program Experience:* 38/200 words maximum
	Applicant must demonstrate success working with pediatric providers that vaccinate and the ability to reach their membership with appropriate educational and training materials to increase immunization rates (recommendations, quality improvement tools, etc.).
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 27/200 words maximum
	The applicant will work collaboratively with primary healthcare providers that vaccinate and other immunization stakeholders (chapter organization, states and local immunization programs, provider organization and other appropriate agencies) as necessary.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ○Yes ◉No
	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

Submission Date: 03/15/2019 Y u will be d rected to a c nfirm tion screen up n successful save or subm ssion.

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

Recipient Name:

1 Project Title (Please do not use all caps):* 3/15 words maximum
TB Community Engagement Network

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 C

6 Description of the Target Population:* 28/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Asian American communities at risk for latent TB infection and TB disease, and the health care agencies that serve these populations.

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)
$310,000 (Whole numbers only)
○Funded ○Unfunded

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 : * 138/150 words maximum

Eliminating tuberculosis (TB) requires expanding testing and treatment of latent TB infection (LTBI) for populations at increased risk for LTBI, including people born in or who frequently travel to countries where TB disease is common. Many of those at high risk for TB infection and TB disease receive care from private health care providers and community health centers, not state and local public health departments. The focus of this project is outreach to Asian American communities, with potential expansion to Hispanic American communities. The purpose of this 3-year activity is to develop and sustain a community engagement network to:

- Provide technical assistance and training to community engagement network members to conduct culturally competent outreach to target populations
- Build capacity to test and treat at-risk populations for LTBI
- Share strategies, materials, and lessons learned
- Engage members in implementing CDC's national LTBI campaign(s)

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Communication and Information Technology		Development of a plan to compile and share best practices, accomplishments, and lessons.	Development and distribution of relevant communications materials (e.g., factsheets, success stories, website etc.), and establishment of communications venues to facilitate learning across the network.	Dissemination of information latent TB infection to network members. Attend the National TB Conference in Atlanta.	Increase number and capacity of coalition members to deliver culturally competent educational outreach to target populations. Increased reach and exposure to CDC's national communication campaign materials for latent TB infection.

		Development a network engagement strategy to disseminate best practices, accomplishments, and lessons learned through mechanisms such as: conducting conference calls, workgroup meetings, discussion groups, trainings, webinars, and other activities; and by developing websites and/or other digital communication channels, guidance documents, case studies, tools, and other products. Assist with formative research for the latent TB infection campaign. Assist with distributing latent TB infection materials.				
	Partnerships	Development of national community engagement network of diverse organizations, including community based organizations, health centers, and other institutions at the regional, state and local levels that are geographically represented across the U.S.; are in at least different 10 states; and are actively involved in public health. These network members should actively serve the target populations, i.e., Asian Americans, most affected by latent TB infection, with potential expansions to Hispanic Americans.	Identify at least 20 partner organizations that are in at least 10 different states and include the highest TB burden states (CA, FL, NY, and TX); and are actively involved in public health. Plan an annual 2-day network meeting.	Conduct an annual 2 day network meeting. Provide mini grants to network members to enhance network activities.	Development of a community engagement network. Attend the Hep B Coalition meeting.	Increase number and capacity of coalition members to deliver culturally competent educational outreach to target populations. Increased numbers of individuals tested and treated for latent TB infection. Increased number of organizations at regional, state and local levels working together and sharing resources, strategies, and lessons learned in order to better serve the target populations. Increased capacity of network members to deliver culturally competent and appropriate educational outreach to target populations.
	Program and Services	Provide timely, accurate, and actionable technical assistance and training to network members to conduct culturally competent outreach to target populations, build capacity of network members to test and treat at-risk populations for latent TB infection, and to share strategies, materials, and lessons learned.	Development and implementation of mechanisms to provide technical assistance to network members and plan for proactive education.	Technical assistance delivered related to culturally competent outreach to target populations, and building capacity to test and treat at-risk populations for latent TB infection, activities may include, but not limited to: face-to-face and online training; technical assistance in person, by telephone, and online; peer-to-peer or expert consultation, coaching, and mentoring; as well as other efforts to increase organizational infrastructure and increase testing of the target population.	Increase in provision of technical assistance to network members related to latent TB infection.	Increased capacity of network members to deliver culturally competent and appropriate educational outreach to target populations. Increased numbers of individuals from the target populations tested and treated for latent TB infection who are unaware of their infection.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 58/200 words maximum

The recipient organization should have the capacity to lead a network of community based organizations working with Asian American communities at the regional, state, and local levels (not necessarily funded by CDC). The recipient organization should already possess internal capacity to provide technical assistance to a variety of organizations.

13 Applicant Program Experience:* 61/200 words maximum

The recipient organization should have prior experience providing capacity building assistance to community-based organizations that serve Asian American communities, developing communication and education tailored to the community, providing technical assistance, and in building coalitions and networks. The recipient organization should have a leadership role with an existing network or coalition comprised of a variety of community-based organizations and other institutions at the regional, state and local levels.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 127/200 words maximum

	Given the underlying premise of this work to build a community engagement network that serves Asian Americans, with potential expansion to include Hispanic Americans, across the United States, the collaboration envisioned would be in connecting with a variety of organizations. Other collaborations would include organizations with experience in tuberculosis and partnership building. When appropriate, the recipient organization may work with other organizations that have similar goals and objectives, including TB testing and treating activities, networking, capacity building and/or professional education and training, or who work with the same target populations. These groups can include, but are not limited to State and big city TB control programs and the CDC-funded TB Centers of Excellence for Training, Education, and Medical Consultation - https://www.cdc.gov/tb/education/tb_coe/default.htm. The recipient organization should collaborate with coalitions who are working with similar groups on different health topics.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 97/200 words maximum
	To the extent the expertise is needed to assist with the prospective scope of work, it is expected that the recipient organization carefully consider where the gaps are and the organizations best suited to address those gaps. In terms of recommended criteria for selecting subcontractors, factors to consider would include the standing and reputation of the organizations, the extent to which the organization possesses the knowledge and expertise that fills the identified gap, further expands partnership and network opportunities, and perhaps prior experience working with the organization that gives indication of utility in considering another collaborative arrangement.
16	Will the proposed CBA benefit governmental public health agencies?* ◉Yes ○No Briefly describe how. : * 21/200 words maximum Governement agencies will benefit from increased partnerships to prevent and control TB.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 95/100 words maximum
	Funds should be used to support the recipient organization's staff and programmatic activity as outlined above. Funds should be used to support the annual 2-day network meeting, including 1 to 2 people each from each network organization; sub-awarding as needed to organizations to help fill gaps in expertise or expand reach and network; sub-awarding mini-grants to assist network members as outlined above. The recipient organization should budget to travel to Atlanta for the National TB Conference (3 days, 1 to 2 people) and travel to Washington DC for the Hep B Coalition meeting (2 days, 1 to 2 people).
	CIO CERTIFICATION
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Final

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