CDC-RFA-OT18-18020201SUPP19

FY19 CIO Project Plans

Category A

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

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

Project Plan Instructions

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

GENERAL INFORMATION

1 Project Title (Please do not use all caps):* 13/15 words maximum
A pilot project to build capacity for comprehensive state suicide and opioid overdose prevention

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division of Violence Prevention

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

State health departments

PROJECT FUNDING

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

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

8 Expected Length of Project:*

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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

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

Project Purpose : * 137/150 words maximum

The purpose of the proposed project is two-fold. The recipient will:

- Provide capacity-building assistance (CBA) to one state health department (SDH) with a high burden of suicide and opioid overdose deaths and high readiness for comprehensive action (called Track 1—See section 15). Specifically, the recipient will help strengthen the SHD's capability to carry out essential public health functions related to the planning, implementation, and evaluation of a comprehensive approach to suicide prevention that simultaneously addresses opioid overdoses.
- Work in coordination with the Track 1 state to raise the capacity of two additional SHDs (Track 2), with a high burden of suicide and opioid overdoses and moderate readiness for comprehensive action.

The CBA provided to the 3 state health departments will be used as a case study for future activities designed to build HD capacity to develop comprehensive action.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastructure	**1. Secure support for comprehensive suicide and opioid overdose prevention among public health leadership (Tracks 1 & 2).** **2. Secure strategic staffing and funding to support sustainable comprehensive suicide and opioid overdose prevention (Tracks 1 & 2).** **3. Provide technical assistance in coordination with Track 1 state to support Track 2 states in securing leadership, staffing and funding support needed for comprehensive suicide and opioid overdose prevention.**			**Improved operational capacity to evaluate, manage, and improve public health systems.**	

		Conversations with leadership scheduled. Increased support for comprehensive suicide and opioid overdose prevention among state and local public health leaders. Identify staffing needs for coordinating and carrying out project activities. Identify funding streams (beyond funding through this pilot project) identified for sustaining comprehensive suicide and opioid overdoes prevention. Track 1 state and Track 2 states develop a mutually agreed upon technical assistance plan for strengthening public health systems infrastructure.	State and local leaders participate in planning meetings. State and local leaders receive regular updates on project progress. State and local leaders participate in planning meetings. State and local leaders receive regular updates on project progress. Staff hired and retained to oversee, coordinate, and carry out project activities. Additional funding streams identified for sustaining comprehensive suicide and opioid overdoes prevention. Public health systems infrastructure technical assistance plan developed.		Lessons learned and other steps/tips documented for Track 2. State and local leaders demonstrate endorsement and support for comprehensive suicide and opioid overdose prevention through at least 2 public endorsement activities (e.g. support stated in presentations/speeches, press releases/media outreach, letters of support to key partners/funders, integration of suicide and opoioid prevention priorities into state strategic plans, etc.) . Funding secured and/or applied for to sustain staff needed to oversee, coordinate, and carry out comprehensive suicide and opioid overdose prevention past the current funding period. Lessons learned and other steps/tips documented for Track 2. Track 2 states secure leadership, staffing, and funding support (as described above). Lessons learned and other steps/tips documented for all states in the future.
Data and Information Systems	4. Build capacity for improved data and information systems. 5. Test syndromic surveillance for nonfatal suicide and opioid overdoses (Track 1). 6. Assure data systems (not including syndromic surveillance) per data plan above, implemented for collection of morbidity and mortality data related to fatal and nonfatal suicide and opoioid overdoses and related risk and protective factors (Track 1 & 2). 7. Ensure data is used to describe the problem of suicide and opioid overdose in the state, inform and refine prevention action, and track prevention impact (Track 1 & 2). 8. Provide technical assistance and support to Track 2 states in building capacity for improved data and information systems (Track 1).	Develop a comprehensive data systems plan for measuring morbidity, mortality, and risk and protective factors linked to suicide and opioid overdoses. Technical assistance received for final steps necessary to implement and test syndromic surveillance. Technical assistance received related to which data systems to use for data collection. Data systems needed for morbidity, mortality, and related risk and protective factor data identified (e.g. NVDRS, syndromic surveillance, hospital discharge data, surveys). Receive technical assistance for development of problem statement and what to include. Develop a data use and dissemination plan outlining how data will support planning, implementation, and evaluation of comprehensive suicide and opioid overdose prevention. Track 1 state and Track 2 states develop a mutually agreed upon data technical assistance plan.	Comprehensive data systems plan developed. Syndromic surveillance system tested and implemented. Data systems needed for morbidity, mortality, and related risk and protective factor data implemented. Problem statement completed. Data use and dissemination plan developed. Data Technical assistance plan developed.	State demonstrates capacity to collect, edit, manage, and analyze surveillance information from multiple data sources such as death certificates, medical examiner or coroner records, and hospital data. Improved capacity for using data and information systems to conduct public health monitoring and surveillance. Increased capability to use data to inform decision-making and support evidence-based practices and policies.	

					At least one comprehensive data report generated for each local community engaging in the state's comprehensive suicide and opioid overdose prevention approach. **Lessons learned and other steps/tips documented for all states in the future.** **Syndromic surveillance reports generated monthly for all local communities participating in comprehensive suicide and opioid overdose prevention activities.** **Steps and lessons learned documented and shared with Track 2 states.** **At least one data report on all key morbidity, mortality, and related risk and protective factor indicators developed for all local communities participating in comprehensive suicide and opioid overdose prevention activities.** **Problem statement included in strategic agenda, implementation, and evaluation plans (see more below).** **Data integrated into planning, implementation, and evaluation plans and updated at least once before the end of the project period.** **Track 2 states develop data and information systems for comprehensive suicide and opioid overdose prevention (as described above).** **Lessons learned developed.**
Partnerships	**9. Develop and maintain strategic partnerships to implement and sustain comprehensive suicide and opioid overdose prevention (Tracks 1 & 2).** **10. Create a shared agenda with goals and objectives (Tracks 1 and 2).** **11. Develop and maintain a process for ongoing partner collaboration, communication, and shared learning (Tracks 1 and 2).** **12. Provide technical assistance and support to Track 2 states in developing and maintaining strategic partnerships, creating a strategic agenda, and developing/maintaining partner collaboration and communication. (Track 1).**	**Partners identified at the state and local level that represent multiple sectors (public and private), areas of expertise (including suicide prevention and opioid overdose prevention), and authorities/ responsibilities (including data access/improvement, program implementation, and evaluation).** **Partners convene and agree upon a shared agenda, goals, and objectives for comprehensive suicide and opioid overdose prevention (feeds into creation of implementation and evaluation plans outlined under "programs and services" (NOTE: Travel costs for at least 1 representative from each partner group to attend this convening should be reflected in the budget).** **State and local partners agree upon a mutually beneficial structure and process for maintaining collaboration, communication, and for sharing lessons learned.** **Track 1 state and Track 2 states develop a mutually agreed upon partnership technical assistance plan.**	**Partner/Coalition member list created.** **Shared agenda, goals, and objectives developed.** **Communication and shared learning plan developed.** **Calendar of regular ongoing meetings created.** **Lessons learned documented.** **Partnership Technical assistance plan developed.**	**Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision with goals and objectives achieved.** **Partner buy-in and engagement received and maintained.** **Strengthened capability to respond to public health priorities collaboratively and strategically.** **Strong state and local partnership coordination and engagement. Shared learning drives program responsiveness and improvement.** **Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision with goals and objectives achieved.**	**At least 80% of partners participate in 70% or more of coalition meetings and events.** **Shared agenda, goals, and objectives endorsed by all key partners and leaders.** **At least 80% of partners participate in 50% or more of coalition meetings and events.** **At least 80% of partners indicate that they feel adequately informed of comprehensive suicide and opioid prevention activities occurring across the state.** **At least 3 major program improvements result from partner communication and shared learning.** **Track 2 states develop and maintaining strategic partnerships, create a strategic agenda, and develop/maintain partner collaboration and communication (as described above).** **Lessons learned documented.**

	Program and Services	**13. Assess suicide and opioid prevention programming and services in the state and identify gaps (Track 1 & 2).** **14. Select multiple strategies for implementation from CDC Suicide Prevention Technical Package (Track 1).** **15. Develop an implemention plan for implementing a comprehensive approach to suicide and opioid overdose prevention.** **16. Develop an evalaution plan for evaluating a comprehensive approach to suicide and opioid overdose prevention.** **17. Provide technical assistance and support to Track 2 states in the development of implementation and evaluation plans for a comprehensive approach to suicide and opioid overdose prevention (Track 1).**	**Suicide and opioid preventon programming/services assessment conducted.** **Partners convene and decide upon which strategies will be prioritized for implementation.** **State and local partners engage in a collaborative process to develop a comprehensive suicide and opioid overdose prevention plan (based upon shared agenda mentioned above).** **State and local partners engage in a collaborative process to develop an evaluation plan to track implementation, lessons learned, and impact of comprehensive suicide and opioid overdose prevention plan.** **Track 1 state and Track 2 states develop a mutually agreed upon technical assistance plan for the development of implementation and evaluation plans.**	**Suicide and opioid overdose prevention assessment report created with gaps in programs, practices, and policies identified.** **Priority strategies for implementation identified.** **Comprehensive suicide and opioid overdose implementation prevention plan developed.** **Comprehensive suicide and opioid overdose evaluation plan developed.** **Implementation and Evaluation technical assistance plan developed.**	**Improved capacity to identify, prioritize, and customize relevant programs and services to address suicide and opioid overdose prevention.** **Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs.** **Increased capacity to monitor and evaluate implementation, lessons learned, and impact of comprehensive suicide and opioid overdose prevention.**	**Findings from suicide and opioid overdose prevention assessment report integrated into implementation plan.** **Priority strategies for implementation integrated into implementation plan (below).** **Partners agree to implement at least 80% of comprehensive suicide and opioid overdose strategic plan activities.** **Data sources/systems identified for tracking implementation, lessons learned, and impact of all key strategies and activities listed in implementation plan.** **Track 2 states develop implementation and evaluation plans (as described above)** **Lessons learned documented.**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 143/200 words maximum

The recipient should have documented success providing capacity-building assistance in service to strengthening infrastructure and improving performance of state health departments (SHDs) and their abilities to plan, implement, and evaluate statewide comprehensive injury prevention (e.g. suicide and opioid overdose) action. This includes supporting and guiding multi-sectoral partnerships (e.g. vital statistics, youth serving organizations, local health departments, health care providers, academic institutions) and multi-component strategies targeting individual, family/relationship, community, and societal audiences. More specifically, recipients must have experience providing technical assistance, training, information sharing, and materials development (including documentation and reporting of best practices and lessons learned) as appropriate to improve SHDs' capacity related to 1) public health systems infrastructure such as operations (e.g. planning), 2) improved collection, management, interpretation, and dissemination of data (e.g. morbidity/mortality surveillance, including syndromic surveillance to guide decision-making, 3) establishment and maintainence of multi-sectoral results-driven partnerships, and 4) selection of multi-component evidence-based strategies and approaches (programs, practices, policies) for implementation and evaluation of comprehensive prevention (e.g. suicide).

13 Applicant Program Experience:* 165/200 words maximum

The recipient should have experience providing technical assistance, training, and leadership to strengthen and maintain the capacity of state health departments to build multi-sectoral partnerships, plan, implement, and evaluate comprehensive prevention strategies and approaches with a focus on injury prevention, intentional and/or unintentional. Recipient should have an understanding of recent trends in fatal and nonfatal suicide and opioid overdoses. Knowledge of evidence-based public health strategies and approaches for comprehensive suicide prevention such as those laid out in CDC's, *Preventing Suicide: Policy, Programs, and Practices for Suicide Prevention* (https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf) and the National Action Alliance for Suicide Prevention's, *Transforming Communities: Key Elements for Implementation of Comprehensive Community-based Suicide Prevention*, https://theactionalliance.org/sites/default/files/transformingcommunitiespaper.pdf is required. Knowledge of CDC's, *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*, https://www.cdc.gov/violenceprevention/pub/connecting_dots.html, is necessary. While opioid overdose prevention is not specifically highlighted in this publication, the concept of overlapping risk and protective factors applies. Finally, the recipient should be aware of CDC's work in opioid overdose prevention, https://www.cdc.gov/drugoverdose/index.html .

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 195/200 words maximum

The proposed project plan and its activities will require several layers of collaboration:

Recipient & 3 SHDs

- The recipient of this funding will subcontract with three SHDs to enhance their capability for planning, implementation and evaluation of a comprehensive approach to suicide prevention that simultaneously addresses opioid overdose deaths.

SHDs & their pre-existing advisory groups/coalitions

- Track 1 and Track 2 SHDs (as described in Section 15) will already have broad-based support for suicide prevention and a history of collaborative planning for comprehensive suicide prevention. Collaborative partnerships (e.g. coalitions, advisory groups) may include state and local entities, private sector, community-based organizations, researchers, data providers, people with lived experience, and survivors of suicide loss, among others.

Because SHDs will also address opioid overdoses, existing partnerships will need to expand to include appropriate representation from the substance abuse field (including state/local, public/private sector partners).

Recipient & Track 1 State

- The recipient will collaborate with the Track 1 state to provide CBA to Track 2 states. This may include, for example, the recipient providing ongoing monitoring and documentation of Track 1 activities/lessons learned that can benefit Track 2 states and contribute to best practices for other states in the future.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 177/200 words maximum

The recipient will subcontract with three SHDs (called Tracks 1 & 2). SHDs on both tracks will have a high burden (i.e. combination of high rates and/or counts) of suicide and opioid deaths but varying levels of *readiness* for comprehensive action defined by, at a minimum:

1. Available staffing to carry out activities (present in Tracks 1, 2)
2. Available years of data from the National Violent Death Reporting System
   - Track 1: Three to five
   - Track 2: Two
3. Surveillance of nonfatal self-harm and opioid overdoses:
   - Track 1: Uses syndromic surveillance
   - Track 2: Uses other data sources
4. Broad-based support for suicide prevention (Tracks 1, 2)
5. A history of collaborative planning for comprehensive suicide prevention (Tracks 1, 2)
6. Number of ongoing evidence-based suicide prevention activities
   - Track 1: Two activities
   - Track 2: One activity
7. Capacity to identify high burden areas of the state
   - Track 1: High
   - Track 2: Needs guidance
8. Familiarity with CDC's technical package for suicide prevention and Transforming Communities (Tracks 1, 2)

Presence of a **Core State Violence and Injury Prevention Program in the state,** and collaboration with an Injury Control Research Center (Tracks 1, 2)

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

Briefly describe how. : * 157/200 words maximum

Suicide and opioid overdose deaths are two public health challenges of our time taking over 85,000 lives per year. Rates of suicide have increased by 33% between 1999 and 2017 and the number of opioid overdoses was six times higher in 2017 than in 1999. There is an urgent need for state health departments and their partners to address these preventable deaths and their shared risk and protective factors. This project establishes comprehensive public health action to address these injuries. Such comprehensive action has proven effective previously in the United States Air Force where a 33% relative risk reduction in suicide mortality was observed (Knox, Kerry L., et al. "Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study." *Bmj* 327.7428 (2003): 1376). Additionally, the CDC technical package provides policies, programs, and practices with the best available evidence to reduce suicide and suicide risk (Stone, Deborah M., et al. "Preventing suicide: a technical package of policies, programs, and practice." (2017)).

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 58/100 words maximum

Total costs to implement and evaluate the comprehensive approach to suicide prevention in one state health department and to increase readiness in two others are estimated at $2 million ($1 million for the Track 1 state and $500,000 each for two track 2 states). Funds will cover funding recipient capacity-building assistance and subcontracted project personnel, fringe benefits, supplies, travel, communications, and indirect 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: 03/14/2019 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

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):* 14/15 words maximum
Advancing Health in All Policies among Local Health Departments through capacity building and technical assistance

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

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 A

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

Local health departments, local health officials and their staff, and EH professionals at the local level.

PROJECT FUNDING

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

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

○ 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
- [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
- [ ] 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
- [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
- [ ] 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 : * 123/150 words maximum

LHDs are well-positioned to lead efforts to embed health considerations into policymaking across sectors. Increased coordination can lead to improved government efficiency, shared goals across sectors, and better infrastructure to support county, city and regional agencies. Associated health outcomes can then be improved, as health is more consistently considered in the decisions that influence these issues but are made across sectors, jurisdictions and levels within and outside government. Through technical evaluation of the impact of implementing HIAP strategies, the best strategies and soltions can be identified, new relationships built, and processes implemented that work to address complex environmental health and health equity issues. Eventually, these approaches, tactics and strategies will become embedded into the day to day process ultimately improving our communities' health.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Communication and Informatic	Maintain regular communication activities to enhance best practices around HiAP initiatives at LHDs At least 2 conference presentations	◦ List of conferences attended and presentation titles and slides or poster. ◦ Up to three LHD HiAP blog posts. ◦ List of all tools and resources either updated or added to the Environmental Health in All Policies Toolkit. ◦ Emails sent to the HiAP	confernece presentations summary of communcaition materials dissemianted developed materials	**Improved communication and information technology capacity to inform the public efficiently and effectively**	Increased awareness of trends and challenges experienced by local health departments implementing HiAP initiatives, as documented by the technical assistance webinars, evaualtion findings and post-webinar evaluations. Increased knowledge of how the technical assistance webinar series motivated the LHDs to provide programs, policies, and services. Increased knowledge of the successes and opportunities for improvement for the HiAP program, as documented by the technical assistance webinars and post-webinar evaluation results

			email list. • List of HiAP-related environmental health communications. • **# of abstracts submitted**			
	Program and Services					
		Develop and implement a monthly HiAP technical assistance webinar series for local health officials using the Adobe Connect platform.	◦ List of webinar topics and speakers. ◦ List of NACCHO webinar promotional activities. ◦ List of partner promotional activities. ◦ Technical assistance webinar recordings and list of webinar participants. ◦ Post-webinar evaluations.	**10 monthly HiAP calls** **Platform for peer networking** **Summary of lessons learned/improvements to the HIAP evaluation tool/guidance**	• Increased capacity among LHDs to improve policies, programs and services. • Increased access to tools and resources among LHDs that can assist in the delivery of public health programs, products, and services.	Enhanced HiAP learning opportunities for LHDs and other segments of the public health workforce as measured by the number of presentations, blog posts, policy statements, and tools and resources made available through the Environmental Health in All Policies Toolkit.
		Further refine previously developed HiAP evaluation tool/guidance and develop associated materials to facilitate local level evaluation or demonstrated ROI of HiAP work		**Additional eval tools** **Evaluation plan for assessing systems change resulting from HIAP implementation**	**Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs.**	
		Develop methodology, evaluation plan, and associated materials to evaluate systems/policy changes, impact and/or ROI resulting from implementation of HiAP strategies	• Methodology for refining existing eval tool/guidance • List of materials referenced • List of potential data sources and collection strategy for policy evaluation • Matrix of evaluation questions, data sources, data collection method, time line and draft instruments • # of case studies, and interviews conducted to garner feedback on the utility of the HiAP evaluation tool • # of references accessed and list of models used to develop HiAP policy impact evaluation	**Summary of Initial implementation of evaluation plan** **Developed evaluation plan tools/instruments**		

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 122/200 words maximum

Applicant organizations must demonstrate:

- Sufficient capability and capacity to carry out activities proposed.
- Capacity and infrastructure to effectively and efficiently collaborate with local health departments, local environmental health professionals and other environmental health organizations.
- Staff capacity and experience to develop RFPs, evaluation study designs and provide LHDs technical assistance.
- Experience providing a LHD technical assistance program on HiAP
- Capacity to develop local health department identified tools/resources, facilitate discussions in a collaborative environment or workgroup, and carry out the annual work plan.
- Evidence of past success in carrying out activities of similar size and scope.

The organization must implement work activities and meet specified objectives with defined deliverables in a time-oriented manner as identified in the work plan.

13 Applicant Program Experience:* 141/200 words maximum

Applicants should have demonstrated program expertise in the following capacities:

- Extensive environmental health and health in all policies subject matter expertise, with specific experience supporting local departments
- Experience scoping, developing and implementing a request for technical assistance process which results in demonstrated environmental public health impact
- Experience scoping, developing and implementing a policy impact evaluation
- Experience implementing a technical assistance program to LHDs, including staff experience in serving in a project officer role for local health department projects and providing technical assistance
- Experience in developing training and tools/resources for local health leadership and local EH professionals.
- Existing mechanism and infrastructure to communicate and reach local health departments.
- Experience in supporting groups of local health staff and EH professional in particular, creating a culture of collaboration and supporting successful change management, leadership buy-in and norm shifting activities among local health agencies leadership and staff

COLLABORATIVE WORK

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

- Applicants are expected to collaborate with CDC, other cross-sector associations and organizations which support EH professionals at the state, local and/or territorial level
- CDC may also seek collaboration among funded partners to foster information sharing, strategic planning and coordination, cross-promotion and potential joint convening.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 89/200 words maximum

- Applicants are expected to collaborate with CDC, other cross-sector associations and organizations which support EH professionals at the state, local and/or territorial level
- CDC may also seek collaboration among funded partners to foster information sharing, strategic planning and coordination, cross-promotion and potential joint convening.

It may be necessary to undertake subcontracts to best serve the technical needs of local health departments. Selecting the subcontractors will occur in consultation with CDC.

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

Briefly describe how. : * 39/200 words maximum

Materials and webinars developed may be useful for local health departments, local health officials and their staff, and EH professionals at the local level along with inform CDC programming, resrouce development and priorities and/or needs for future investment.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 81/100 words maximum

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

Applicants must provide an itemized budget with the following headers:
• Salaries and wages
• Fringe benefits
• Consultant costs
• Equipment
• Supplies
• Travel – Specify the number and organizational affiliations of all meeting participants the applicant organization intends to travel to the meeting
• Other categories
• Direct 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.

Fina

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

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):* 12/15 words maximum
Bridging preparedness, infectious disease, maternal-child health and birth defects within cities and counties

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):*

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 A

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

Local health departments

PROJECT FUNDING

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

7 Proposed Project Funding Amount:* (11-month budget period)
$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 : * 100/150 words maximum

Purpose is to (1) work within the existing infrastructures of public health agencies to develop organizational connections between public health preparedness, infectious disease and maternal and child health and birth defects surveillance programs to protect vulnerable populations, including pregnant women, their infants and their families at the city and county level; and (2) support public health and clinical care partnerships at the city and county level with pediatric, obstetric and other healthcare provider community leaders and relevant maternal-child health stakeholders to increase the jurisdiction's ability to protect, respond and support pregnant women, infants and children (and their families) from emerging and known threats.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastru	Convene workgroup to facilitate collaborative thinking and planning to identify variations, gaps and promising practices in coordinating response and surveillance among preparedness, infectious disease and maternal and child health and birth defects programs Convene and design tools to support city and county health departments with forming clinical and public health partnerships with pediatric, obstetric and other relevant maternal-child and birth defects stakeholders. Parternships may consider strategies to addresss physician outreach and education, community outreach and education, laboratory testing, and referral to services issues for pregnant women, infants and children in preparing for	Quantity and quality of workgroup plans Quality of partnership design and inclusivity of clinical and maternal-child and birth defects stakeholders at the local level	Workgroup proceedings Draft pragmatic tools to support public health, clinical and maternal-child and birth defects stakeholder engagement at the local level	First year workgroup proceedings summary First year - draft tools Timeline for second year activities Preliminary understanding of gaps and promising practices to link preparedness, infectious disease, maternal-infant, and birth defects for city and county public health responses	Executable roadmap to support city and county leadership with coordinating preparedness, infectious disease, maternal and child health and birth defects to effectively respond to threats to pregnant women, infants and children Increased city and county capability to rapidly engage critical public health, clinical, maternal-child and birth defects partners to respond to threats to pregnant women, infants and children

and responding to a public health threat.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 54/200 words maximum

The partner organization is expected to have access to a network of city and county public health health leaders and capability to convene a stakeholder workgroup. Partner has demonstrated ability to work with across city and county program leadership in preparedness, infectious disease, maternal and child health and birth defects to develop public health and clinical partnerships.

13 Applicant Program Experience:* 44/200 words maximum

Experience working with city and county leadership and defining public health problems in an actionable manner

Demononstrated experience in developing partnership tools that can be implemented by city and county health departments

Experience working with diverse stakeholders at the city and county levels

COLLABORATIVE WORK

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

Partner is expected to collaborate with CDC, state, territorial and local public health officials, clinical organizations, and other relevant partners

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

Governmental public health agencies will ultimately benefit from integrating preparedness, infectious disease, maternal and infant health and birth defects program response efforts internally and forming external clinical and maternal-child partnerships to protect pregnant women, infants and children.

BUDGET INSTRUCTIONS

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

Funds are authorized for general budget categories, such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and indirect costs. Funds may not be used for capital expenditures, such as construction or renovation. Funds may not be used for reimbursement of clinical services. Funds for conferences and workshops, such as registration, per diem travel, room rental, audio/visual and related expenses are allowed. Funds may not be used for food and beverage services, with the exception of travel-related per diem for grantees, consultants, contracts and sub-contracts.

CIO CERTIFICATION

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

Fina

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

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):* 12/15 words maximum
Bridging preparedness, infectious disease, maternal-child health and birth defects within states and territories

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 A

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

State and territorial health departments

PROJECT FUNDING

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

7 Proposed Project Funding Amount:* (11-month budget period)
$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 : * 83/150 words maximum

Purpose is to (1) work within the existing infrastructures of public health agencies to develop internal organizational connections between public health preparedness, infectious disease and maternal and child health and birth defects surveillance programs to protect vulnerable populations, including pregnant women, their infants and their families; and (2) provide state and territorial recommendations for enhancing surveillance of emerging threats and their effects on pregnant women, infants and children that range from generalized recommendations as well as specific strategies targeted to individual jurisdictions with unique consderations.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastru	Convene workgroup to facilitate collaborative thinking and planning to identify variations, gaps and promising practices in coordinating response and surveillance among preparedness, infectious disease and maternal and child health and birth defects programs Provide state and territorial public health subject matter experts to consult with CDC and other relevant partners on processes to integrate maternal-infant longitudinal surveillance and birth defects surveillance into health department response	Quantity and quality of workgroup plans Receipt of potential subject matter experts for consideration	Workgroup proceedings Draft roadmap Individual subject matter experts indentified for each topics area of interest within 6 months into the project.	First year workgroup proceedings summary First year - draft roadmap Timeline for second year activities Preliminary understanding of surveillance systems, gaps and promising practices to link preparedness, infectious disease, maternal-infant, and birth defects for state and territorial public health responses	Executable roadmap to help state and territorial leadership to integrate preparedness, infectious disease, maternal and child health and birth defects to effectively respond Increased state and territorial capability to rapidly respond to threats to pregnant women, infants and children through integrated approaches, including surveillance

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 60/200 words maximum

The partner organization is expected to have access to a network of state and territorial health leaders and capability to convene a stakeholder workgroup. Partner has demonstrated ability to work with across state and territorial program leadership in preparedness, infectious disease, maternal and child health and birth defects to develop and deliver executable roadmaps and relevant tools for implementation at the state and territorial levels.

13 Applicant Program Experience:* 43/200 words maximum

Experience working with state and territorial leadership and defining public health problems in an actionable manner

Demononstrated experience in developing executable roadmaps that can be implemented by state and territorial health departments

Experience working with state and territorial surveillance system leadership and relevant stakeholders

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 organizations, and other relevant partners

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 31/200 words maximum

Subcontract work should address gaps in experience or capacity. The applicant should demonstrate the ability to identify subawardees or subcontractors, with appropriate qualifications and to effectively collaborate with these groups.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 30/200 words maximum

Governmental public health agencies will ultimately benefit from integrating preparedness, infectious disease, maternal and infant health and birth defects surveillance capabilities to protect pregnant women, infants and children.

BUDGET INSTRUCTIONS

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

Funds are authorized for general budget categories, such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and indirect costs. Funds may not be used for capital expenditures, such as construction or renovation. Funds may not be used for reimbursement of clinical services. Funds for conferences and workshops, such as registration, per diem travel, room rental, audio/visual and related expenses are allowed. Funds may not be used for food and beverage services, with the exception of travel-related per diem for grantees, consultants, contracts and sub-contracts.

CIO CERTIFICATION

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

Fina

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

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):* 7/15 words maximum
Building Capacity of Tribes to Support Smoking Cessation

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 A

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

American Indian/Alaska Natives, tribes and tribal 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).

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

Project Purpose : * 150/150 words maximum

This project will increase the capacity of tribes and tribal organizations (tribes) to implement proven, population-level strategies to increase quit attempts and quitting among American Indians. American Indian/Alaska Natives (AI/AN) have the highest prevalence of cigarette smoking among all racial/ethnic groups in the US, yet their quitting rates are low compared to other groups. The recipient will provide 5 - 10 sub-awards to tribes to increase quit attempts and quitting. Participating tribes will adopt Clearway Minnesota's traditional tobacco media materials and/or Tips® ads featuring AI/AN participants to promote available cessation resources and expand their reach. The recipient will work directly with tribes to: (1) promote 1-800-QUIT-NOW and/or a tribal health system or IHS cessation program that provides evidence-based cessation counseling and FDA approved medications; (2) work with tribal health care facilities/health systems (IHS and compacted) to adopt evidence-based and evidence-informed systems changes to increase quitting and quit attempts (e.g., screening and meaningful referrals, pharmacy cessation programs, medication management).

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastru	Assess tobacco use burden and readiness to advance systems changes to promote cessation among tribes/tribal organizations and identify 5- 10 tribes and tribal organizations to participate in this project as sub-awardees. Provide training (web-based or in person) to sub-awardees on best practices for cessation treatment and health systems change; to include implementation strategies and peer-to-peer learning from tribal health systems with successful cessation programs Sub-awardees will develop and implement detailed action plans that outline	Increase subawardee knowledge and understanding of evidence-based cessation and health systems strategies as demonstratef by knowledge checks. 100% of funded tribes will participate in training. 100% of funded sub-awardees will complete an action plan to work with health system. Documentation of progress on sub-awardee action plans.	Various modalities and mechanisms for providing training, technical assistance, peer-to-peer learning and coaching; Sub-awards to 5 - 10 tribes/tribal organizations to participate in project. Documentation that 100% of funded sub-awardees attended training Action plans developed Documentation of technical assistance provided Recipient evaluation plan and reports	Improved capacity, delivery, and evaluation of proven tobacco use and dependence treatment by sub-awardee tribal health systems	Increase the number of sub-awardee adopted cessation/ treatment of tobacco use and dependence strategies into routine clinical care Increase the percentage of patients screened for tobacco use in each sub-awardee identified health system. Increase the percentage of patients receiving evidence based tobacco use and dependence treatment in each sub-awardee identified health system. Assess sub-awardee tobacco

		specific evidence-based systems changes. Provide ongoing technical assistance and coaching to sub-awardees implementing systems change strategies Recipient will develop evaluation plan; and evaluate systems change initiatives				use and burden and readiness to implement media strategies to promote cessation among tribes and tribal organizations.
	Communication and Informatic	Assess sub-awardee tobacco use and burden and readiness to implement media strategies to promote cessation among tribes and tribal organizations. Provide training (web-based or in person) to sub-awardees on best practices for media campaigns to promote quit attempts and quitting. Training will emphasize the importance of traditional tobacco to American Indian culture. Sub-awardees will develop detailed action plans that outline the campaign materials they plan to adopt, promotion and dissemination plans, and the cessation service they will promote Provide ongoing technical assistance and training to sub-awardees on implementing and evaluating media strategies Recipient will develop evaluation plan; and evaluate media initiative	Increase the number of modalities and mechanisms for providing training, technical assistance, peer-to-peer learning and coaching; 100% of funded tribes will participate in training. 100% of funded sub-awardees will complete an action plan 100% of funded subawardeed will select Tips®, Clearway Minnesota's traditional tobacco media materials, or both, as their media materials.	Evaluation plan and reports Action plans Documentation of activities to promote 1-800-QUIT NOW, tribal health system cessation program, or Indian Helath Service cessation program.	Increased promotion of evidence based cessation services	Increased AI/AN calls to 1-800-QUIT-NOW Increased referrals to tribal health system or IHS cessation program

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 160/200 words maximum

The recipient should have the ability to reach and engage tribes and tribal organizations across the U.S. and be a trusted source of training and technical assistance for American Indian and Alaska Native populations. The recipient should have a strong understanding of the role of traditional tobacco in American Indian culture, and how traditional or sacred tobacco differes from commercial tobacco. The recipient should have meaningful experience in providing program development and assessment, project management, and training and technical assistance to tribal communities and health systems. Recipient organization should be very well acquainted with existing CDC cessation resources, including *Tips*® and Million Hearts® materials and how the strategic use and/or adaptation of these materials can promote quit attempts, quitting, and improve tribal health systems' delivery of cessation services. Recipient organization should be very well acquainted with Clearway Minnesota's traditional tobacco media materials, and how the strategic use and/or adaption of these materials can promote quit attempts and quitting.

13 Applicant Program Experience:* 107/200 words maximum

The recipient organization should have prior experience conducting training and technical assistance to implement evidence based interventions in tribal health facilities. The recipient organization should have demonstrated expertise in implementing public health strategies in tribal health settings. Public health strategies include the use of communications/educational materials to encourage and promote tobacco cessation as well as the implementation of evidence-based systems changes to increase quit attempts and quitting. Recipient organization must have data management and analysis experience, or capacity to subcontract for this expertise, and be able to monitor tobacco use rates and/or other data in the selected tribes and tribal organizations to evaluate implementation of the selected interventions

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 44/200 words maximum
	The recipient organization will be required to collaborate with tribes, tribal organizations and tribal health systems that are willing to improve their capacity to implement media strategies to promote quit attempts and quitting and provide evidence-based tobacco cessation services.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 75/200 words maximum
	The recipient will provide sub-awards to tribes and/or tribal organizations to work with selected health systems to implement strategies to increase quitting and quit attempts. Each sub-awardee will also be expected to work on implementing media strategies to promote evidence based cessation services and health systems improvements. When selecting sub-awardees, the recipient should assesss tobacco use burden and readiness to advance media strategies and systems changes to promote cessation among tribes/tribal organizations.
16	Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No Briefly describe how. : * 32/200 words maximum
	The systems change work could benefit some Indian Health System facilities by improving systems and health outcomes for patients who quit using tobacco products.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 43/100 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.

Fina

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

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):* 13/15 words maximum
Case Study: Evaluating opioid crisis response and building capacity to address adverse childhood experience

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 A

6 Description of the Target Population:* 9/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Local health departments and local jurisdictions

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)
$1,400,000 (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 : * 148/150 words maximum

To advance and evaluate comprehensive local interventions that address opioid overdose and adverse childhood experiences (ACEs), using Huntington, West Virginia (WV) as a case study. Evaluate the impact of the community-wide response to the opioid crisis, identify current activities and capacity to address and incorporate ACEs prevention into the opioid response, determine how the successes and challenges experienced by Huntington can be applied to other communities. Goals include:
· Build capacity to evaluate the impact of a community-wide opioid response, in collaboration with community partners, using both qualitative and quantitative approaches.
· Build local capacity around community level needs assessment on ACE prevention activities within the community. Examine local public health burden, needs, and capabilities. Engage local sites in any necessary action plans.
· Identify potential interventions and facilitators and barriers to implementation of opioid overdose and ACE prevention at the community level.
· Develop communication materials that can be used by other communities

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastru	Provide technical assistance on evaluation and needs assessment Explore data trends and have discussions to explore the drivers and measures to reduce these trends. Engage with leadership across a range of prevention, treatment and recovery, harm reduction, services, education, healthcare, etc. Provdie public health systems infrastructure technical assistance where necessary	Build evaluation expertise	Local leaders participate in meetings and discussions Community leaders receive regular updates on needs assessment and evaluation capacity building activities and outcomes Provide public health systems infrastructure technical assistance where necessary Share evaluation outcomes and needs assessments with other communities	Improved operational capacity to evaluate, manage, and improve public health systems and community implementation of policies and programs Improved operational capacity to evaluate, using qualitative and quantitative approaches, complex and multifaceted programs and policies that are impacting substance use and overdose rates within the community Increased use of data for local decision-making Increase in number of overdose survivors linked to treatment and recovery services	Operational changes implemented to increase access and use of information on rates of opioid overdoses Increase in guideline concordant care in clinical practices

	Partnerships	Convene partners Facilitate discussions among partners, including partners that have historically not interacted	Number of engagements (calls, meetings, emails)	Partner action plan	Increased diversity of stakeholders Strengthened communication and action between stakeholders Increase community and mentoring between localities	Events held to convene stakeholders Communities and localities where mentoring exists
	Laws and Policies	Support policy tracking activities to capture policy changes over time that might be tied to social norms change and health outcomes	Scan of policies	Messaging to policymakers about findings and partnerships	Increased awareness of policy and decision makers Increased use of laws and policies to inform local decision-making	Number of policy makers that use reports/findings
	Program and Services	Provide TA on evaluation activities that increase the understanding of the problem and the impact of communities' comprehensive prevention efforts have on key outcomes (e.g., ACEs, opioids, and risk and protective factors)	Strategies identified for effective community-level cross-sector response to opioids and ACEs	Materials and tools for communities to use to communicate what is being leveraged at the community level, and how is that transferable to other communities	Improved understanding of how to replicate in other communities Increased awareness of key factors to community level success Increased capacity of localities to plan and implement strategies Increase in use of promising or evidence-based interventions at the local level	Barriers identified Strategies employed to address barriers Interventions implemented to prevent ACEs

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 146/200 words maximum

Must have adequate staffing and organizational capacity to work in a community and be able to build out a suite of tools and resources for broader dissemination to other communities.

Be able to provide evaluation technical assistance on

- Mixed methods evaluation to examine implementation, outcomes, and economics
- Tracking inputs, activities, and outputs
  - Number of trainings, educational activities, etc.
  - Fidelity to implementation, inputs and activities
  - Exposure to messages, training, education, etc.
  - System dynamics, linkages, and relationships
- Measuring behavior and attitudinal changes
  - Knowledge, attitudes, beliefs, intentions (KABI) among youth about opioids, substance use, and addiction
  - KABI among adults and parents about opioids, substance use, and addiction
  - KABI among providers about opioids, pain, addiction, MAT
- Measuring outcomes
- Qualitative component focusing on barriers and facilitators, champions, experiences of key stakeholders
  - Combination of key informant interviews and focus groups
- Economic impacts and cost-benefit analysis
- Sustainability and financing assessment
- Demonstrated experience with rural opioid and substance use issues

13 Applicant Program Experience:* 53/200 words maximum

Applicant should have experience with all facets of local public health capacities, practices, and opportunities to address major public health epidemics. The applicant must have an understanding of the opioid epidemic and prevention of adverse childhood experiences, in particular in rural areas. Experience with multi-sectorial partnerships is necessary, as well as strong linkages to community health leaders.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 113/200 words maximum

It is recommended the recipient collaborate with an organization on evaluation activities related opioid overdose and substance use, as well as ACEs needs assessment activities. Collaboration with an organization experienced in the opioid epidemic that delivers reliable data and performs rigorous analysis is also recommended. The recipient should consider organizations that have experience working in West Virginia and other rural areas, especially on issues such as dealing with the opioid crisis and substance use. The recipient and its collaborators will be expected to engage with local health departments and the community at large, across various stakeholders, including law enforcement, hospital systems, opioid treatment and recovery services, harm reduction groups, social services, education, etc. The recipient is expected to work closely with CDC subject matter experts.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 46/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 76/200 words maximum

The recipient may subcontract with an organization with to conduct evaluations and technical assistance activities. Criteria to consider include level of evaluation expertise, technical assistance experience, and familiarity with the opioid epidemic. It is recommended the organization has an existing relationship with the community to maximize capacity building efforts.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 108/200 words maximum

This CBA will benefit government public health agencies – esspecially at the local level – by increasing capacity to implement a comprehensive evaluation of a community-wide opioid overdose response, and a needs assessment on ACE prevention by:

-Increasing local health department and community awareness of evidence-based or promising opioid and ACE prevention strategies.

-Increasing resources and tools to inform implementation, evaluation, and the advancement of evidence-based or promising interventions related to substance use, overdose and ACs.

-Increasing local health departments' ability to convene diverse stakeholders and build multi-sector partnerships

-Strengtehening the local health departments' capacity to collect, analyze, and translate data into impactful action

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 26/100 words maximum

Subcontracts and travel may be included in the budget, as appropriate. Funds should be used facilitate and coordinate project, and to carry out evaluation and assessment 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.

Fina

Submission Date: 04/17/2019 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

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):* 9/15 words maximum
Case Study: Understanding reasons behind declining rates of opioid overdose

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 A

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

Local health departments and local jurisdictions

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 : * 127/150 words maximum

Five counties in Southeastern Kentucky (KY) have reported a downward trend of opioid overdoses, while rates continued to rise in the state of KY as a whole during the same time frame. Rate also continued to rise in the Appalachian regions of OH, PA and WV, even as Appalachian KY rates declined. Using existing data from southeastern KY, conduct analyses of qualitative and quantitative data to assess and understand reasons behind declining rates of opioid overdoses to build local health departments' opioid response capacity.

By the end of the project, local health departments and local jurisdictions will be able to:

- Better understand opioid overdose rates
- Identify potential interventions, as well as facilitators and barriers to implementation, particularly in rural communities
- Share findings through messaging and communication materials

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems	Conduct analyses of data available from southeastern Kentucky to understand reasons behind declining rates of opioid overdoses Explore opioid trends in 5 KY counties where the rate decreased by 20 or more points: - Johnson County, KY - Clay County, KY - Floyd County, KY - Carter County, KY - Powell County, KY Explore opportunities to link available community resources and other evidence-based tools (e.g. treatment facilities, SSPs, etc.)	Increase in the number of linked resources available in communities Identification of factors contributing to data suppression at the county level	Dissemination of best practices with other LHDs and communities Report of findings to share with LHDs and community stakeholders	LHDs and community stakeholders have better understanding of trends Improved opioid response data management	LHDs and jurisdictions report implementing best practices Increased use of linked resources by LHDs and jurisdictions

		Examine data suppression at the county level--especially in rural areas (~75% of counties are reported)				
	Laws and Policies	Evaluate existing laws and policies, assess policy overlays (e.g. PDMP laws)	# of policy overlays identified	Environmental scan of related laws or policies	Improved understanding of laws and policies related to opioid response	# of laws and policies evaluated to assist opioid response
	Program and Services	In a report identify potential interventions, barriers and facilitators and ones that might be applicable to other communities	# of interventions identified # of barriers identified # of facilitators identified	Success stories to share, guidance documents and communication best practices	Improved understanding of how to replicate in other local jurisdictions and communities Improved knowledge of effective strategies to reduce barriers	# of local health departments that implement recommended intervention(s)

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 18/200 words maximum

Must have adequate staffing and organizational capacity to work in a community, and have experience with local health departments.

13 Applicant Program Experience:* 47/200 words maximum

Applicant should have experience with all facets of local public health capacities, practices, and opportunities to address major public health epidemics. The applicant must have an understanding of the opioid epidemic in particular in rural areas. Experience with multi-sectorial partnerships is necessary, as well as strong linkages to community health leaders

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 33/200 words maximum

It is recommended the recipient collaborate with an organization with experience in the opioid epidemic that delivers reliable data and performs rigorous analysis. The recipient is expected to work closely with CDC subject matter experts.

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

The recipient may subcontract with an organization to provide technical assistance and analysis. The organization is expected to demonstrate ability to provide methodological rigor to data analyses performed.

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

Briefly describe how. : * 22/200 words maximum

This CBA will benefit government public health agencies – esspecially at the local level – by increasing capacity to analyze unique trends

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 32/100 words maximum

Subcontracts and travel may be included in the budget, as appropriate. Funds should be used to facilitate and coordinate project, and to develop a dissemination plan of findings.

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.

Fina

Submission Date: 04/17/2019

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

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):* 7/15 words maximum
CDC's National Neurological Conditions Surveillance System Partner Collaboration

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES

3 Division, office, or unit:*
Office Of The Director

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

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 A

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

Public Health departments at the state level

PROJECT FUNDING

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

7 Proposed Project Funding Amount:* (11-month budget period)
$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 : * 42/150 words maximum

Engage representatives of diverse partner organizations to identify accurate and comprehensive data to improve research and health care. Informal discussions will provide a foundation for developing a National Neurological Conditions Surveillance System (NNCSS) to build capacity within state health departments.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastru	Summary of the various neurological systems for MS and PD	Summarize knowledge on case definitions for MS and PD	Differentiate the use of the various neurological conditions supporting MS and PD	Better understand challenges and information needs specific to MS and PD	Improved estimates of incidence and prevalence
Data and Information Systems	Calculate incidence and prevalence of data for MS and PD	Articulate options to improve estimates for MS and PD	Identify and summarize existing data that can be used to calculate incidence and prevalence (i.e., data already in-house or easily obtained)	Prepare explanation of options to calculate incidence and prevalence for discussion with stakeholders	Continued innovation in surveillance for neurological conditions
Communication and Informatic	Articulate options to improve data estimates for MS and PD	Partners engagement discussing the various surveillance systems that report MS and PD	Strengthened collaboration among partner organizations (government and nongovernment) to support NNCSS	Partner organizations and public use estimates to improve awareness and enhanced coordination between critical stakeholders	Recommend immediate and longer-term activities based on achievements and challenges
Partnerships	Convene a meeting with key neurological disorder stakeholders to engage key organizations, hear their perspectives and experiences, and discuss methods for exploring and expanding key	Public Health partners will meet for 1 day to identify gaps and explore approaches for building a new surveillance system	Collaborate with partner organizations to identify successful approaches of effective surveillance systems	Provide recommendations from information sharing to form a summary for next steps that would expand reach, engagement of partners, and opportunities to strengthen critical data	Partner organizations and public use estimates to improve awareness.

		exploring and expanding key data			critical data	
	Program and Services	Capture lessons learned to support work on MS and PD	Document and explain work completed and products delivered	Expanded Data Hub utility for public health surveillance	Summarize previous work on incidence and revalence	Disseminate work completed via appropriate channels

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 39/200 words maximum

- Applicant must have the necessary organizational capacity to support collaboration among partner organizations supporting the NNCSS.
- Applicant provides evidence of relevant experience and capacity supporting (management, administrative, and technical) to implement the activities and achieve the project outcomes.

13 Applicant Program Experience:* 33/200 words maximum

- Applicant must have expertise in meeting planning, workgroup coordination, and facilitation.
- Applicant must have expertise in surveillance systems, preferavly systems supporting MS and PD.
- Applicant demonstrates familiarity with integration of public health and healthcare.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 39/200 words maximum

CSELS Office of the Director staff will be involved in overall strategic direction of this project. In addition to subject matter expertise, staff will assist to ensure the project remains on-time and within scope. CSELS anticipates monthly or bi-weekly calls with the awardee.

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

None

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 67/200 words maximum

This project will help better understand challenges and information needs for MS and PD and expand Data Hub utility for public health surveillance. It will also expand cross-functional collaboration under the Public Health Surveillance Strategy. This project will expand and improve the application of processes and models to provide disease-specific surveillance information, support continued innovation in surveillance of neurological conditions for public health.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 2/100 words maximum

N/A

CIO CERTIFICATION

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

Fina

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

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):* 6/15 words maximum
Customized leadership development for territorial health officials

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of Insular Affairs

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 A

6 Description of the Target Population:* 13/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Territorial health departments; Health officials from Territorial and Freely Associated States (FAS)

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

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

Intermediate

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

PROJECT DETAILS

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

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

Project Purpose : * 57/150 words maximum

Assess individual health official leadership styles and competencies (using proven methods and tools) to develop customized technical assistance and training plans that will lead to improved leadership (mission setting, strategic planning, resource allocation and priority setting, and team work) that improves support for management staff over fiscal, grants, prevention and clinical programs and services, policy, communication and community partnerships and education.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Leadership and Workforce Dev	Administer leadership assessment methods and tools to assess individual leadership styles and practices using proven methods such as 360, Myers Briggs, or a combination of these and other methods and tools. Conduct employee survey to understand key concerns and recommended changes in leadership and management practices.	First year, out of 8 territorial health ministers, secretaries or directors, at least 4 will have completed assessments and 4 corresponding jurisdictions will have 4 surveys administered on workplace culture, workplace support needed and suggested recommendations for improvement.	Customized technical assistance and training plan with learning support that includes coaching, recommended courses, peer to peer exchange, ongoing feedback, identification of performance measures and outcome goals, etc	Improved operational capacity to evaluate, manage, and improve public health systems Improved leadership capacity to identify and prioritize public health needs	Implemented a minimal 4 changes in leadership or management practice that directly correlate with suggested changes to the workplace culture or norms and that can be measured by a follow-up employee survey. Increase of 10 or more percentage points in the employee survey indicating positive progress or improvements.
Program and Services	To be determined and developed from customized technical assistance and training plans	To be determined and developed from customized technical assistance and training plans	To be determined and developed from customized technical assistance and training plans	Strengthened capability to respond to public health priorities collaboratively and strategically Strengthened capability of public health workforce to deliver essential public health services	To be determined and developed from customized technical assistance and training plans

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 99/200 words maximum

Recipients of capacity-building assistance will be the public health departments of the 8 territories and freely associated states. They are in need of leadership capacity strengthening. Often USAPI HD health officials are appointed with minimal leadership capacity and often do not receive personalized leadership development and assessments to improve leadership and management practices as well as the health department work environment/morale and program productivity . Assessing trainings in the continental US are hard to access due to poor internet connectivity and extreme distance/cost from many training sites. Applicant must demonstrate capacity to successfully deliver remote learning and trainings.

13 Applicant Program Experience:* 19/200 words maximum

The applicant must demonstrate experience providing training and other remote support to improve leadership capacity in the territories and FAS.

COLLABORATIVE WORK

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

SMEs from CDC and partner organizations will collaborate to provide technical assistance, training and educational opportunities to health officials and within U.S. territories and FAS.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 42/200 words maximum

Subcontractors may be selected based on their knowledge and familiarity with Island culture and technological constraints, as well as their ability to support customized leadership development and operate internet-based trainings in low-connectivity environments and low resource areas.

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

Briefly describe how. : * 37/200 words maximum

By helping the FAS and territories increase their leadership capacity, greater proficiencies in program and grants management will be impacted and this will help make sure federal dollars are spent more effectively and with greater transparency.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 2/100 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.

Fina

Submission Date: 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

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):* 8/15 words maximum
Developing the capacity to support older adult fall prevention.

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 A

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

Local health departments.

PROJECT FUNDING

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

7 Proposed Project Funding Amount:* (11-month budget period)
$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 : * 144/150 words maximum

Older adult falls are the leading cause of injury-related deaths and emergency department visits. To address this issue, CDC encourages members of the health care team to screen, assess, and intervene to reduce their older patient's fall risk. T he Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative gives healthcare providers tools and resources they can use to screen older patients for fall risk, assess their modifiable risk factors, and tools on how to intervene to reduce risk using effective intervention.

However, not all older adults talk to their healthcare providers about falls and those who do may not comply with their provider's fall prevention care plan.

Therefore CDC would like to help local health departments develop their capacity to identify older adults at risk for falls and their capacity to partner with community resources (e.g. first responders) that could help older adults follow through with their fall prevention care plan.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Data and Information Systems	· Describe the burden of falls within the local area. · Determine information on the community resources/partners who could educate and support older adults reduce their fall risk.	· Identify data sources that could address burden · Identify of community resources/partners who could support older adults falls prevention.	· Summarized findings · Tools and resources for local health departments.	· Improved understanding of how local health departments can support clinical fall prevention efforts. · Improved partnerships that will facilitate effective interventions	· Be able to describe local falls burden.
Partnerships	· Engage with identified community resource/partners from different geographic regions and those who serve urban, rural and suburban communities	· Establish relationships community resource/partner		· Improved understanding of how local health departments can support clinical fall prevention efforts. · Improved partnerships that will facilitate effective interventions	· Be able to recommend the types of community resources/partners that can help local health departments could work with to reduce older adult falls

communities.

· Identify community resource/partner's ability to conduct evidence based clinical call prevention.

falls.

	Program and Services	· Develop tools and resources for local health departments so that they can engage, train, and employ identified community resources/partners to help reduce older adults' fall risk. · Summarize opportunities for reimbursement or sustainability of the partnership overtime.	Determine needs	· Improved understanding of how local health departments can support clinical fall prevention efforts. · Improved partnerships that will facilitate effective interventions	· Describe the characteristics of and best practices in working with community resources/partners to support clinical fall prevention.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 32/200 words maximum

Applicant must have adequate staffing and organizational capacity to work in public health settings, work in communities and with partners, implement needs assessments and interpret both qualitative and quantitative data.

13 Applicant Program Experience:* 56/200 words maximum

The applicant should have scientific and program expertise that can evaluate and outline effective public health action through community partnerships. Applicant should have experience working with CDC, and local health departments, which includes a variety of training and technical assistance to these kinds of audiences. Some expertise in injury prevention and fall prevention is desirable.

COLLABORATIVE WORK

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

Grantee is expected to work with CDC and local partners to establish best practices for results driven partnerships aimed at clinically preventing older adult falls.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 33/200 words maximum

As required, the applicant may wish to draw upon subcontractors who can support the range technical assistance activities that may not reside within the applicant's own organizational structure.

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

Briefly describe how. : * 65/200 words maximum

The CBA will provide tailored support and resources to local health departments to address the serious public health threat posed by older adult falls. This CBA will assist local health departments in addressing both the local burden falls have on older adults residing in the community and how results driven partnerships could improve the effectiveness of evidence based fall prevention activities.

BUDGET INSTRUCTIONS

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

Travel may be included in the budget plan, as partner engagement is an important element of the 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.

Fina

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

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):* 8/15 words maximum
Environment and Public Health Nexus: US EPA-States Collaborative Pilots

2 CIO:*
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 A

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

Target population is state environmental agencies and state public and environmental health agencies.

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)
$25,000 (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

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 : * 143/150 words maximum

Goals: Mission of US EPA is to protect the environment and human health, and at its core is a public health agency. Healthy people and communities cannot exist without healthy, functioning ecosystems.

EPA ORD in cooperation with the Environmental Council of States (ECOS, the national association of state environmental agency leaders) with its research arm, the Environmental Research Institute of the States (ERIS), and the Recipient seek to partner in advancing scientific approaches, interagency collaborations, and data sharing to facilitate state-level analyses of available blood lead and environmental lead exposure data towards identifying high lead exposure locations and key drivers at finer scales. ECOS and expected partners would provide assistance and serve as liaisons to their state agency members in convening informational webinar and conference call discussions, identifying potential data sources, and assisting with communicating to states and public on project outcomes.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems	The identification of suitable data to advance the use of mapping tools and creation of maps to identify high exposure communities or locations and disparities for prioritization efforts to reduce children's blood lead levels.	Maintain/list existing blood lead resources/data to share with partners.	Information webinars/discussions among interested state officials on better understanding of models to map areas of high blood lead levels.	Increased accessibility of available blood lead and environmental lead exposure data.	Improved quality of data that is available for information on blood lead and environmental lead levels.
	Partnerships	Collaborate to share, compile and assess existing blood lead and environmental lead exposure data, and identify gaps.	Convene calls and/or webinars with partners to discuss progress on data sharing and model development.	Models of how to best communicate at the state and community levels the results of these improved mapping efforts.	Greater public health and environmental partnerships with states and their communities.	Increased understanding of state officials and the public of drivers of blood lead levels and opportunities for reducing environmental lead exposures.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 35/200 words maximum

The successful recipient should represent state public and environmental health agencies in the United States as well as influence public health policy to ensure excellent state-based public health programs to improve the nation's health.

13 Applicant Program Experience:* 28/200 words maximum

Ideally, the recipient would have experience working with state public health (organizations, contacts, etc.), blood lead level analysis, and related processes, etc.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 105/200 words maximum

To successfully complete these pilot efforts, EPA expects to collaborate with partners that reach states in order to establish and maintain diverse public health and environmental partnerships for meaningful cooperation and collaborative achievement. Effective communications on progress and achievement is expected for this collaborative effort, including informal periodic progress reports. Progress reports should include description of work performed, meetings and deliverables during the time period, problems identified, work planned for the next 6 months and expected deliverables, as well as a summary of hours and dollars used cumulative. Progress reports should be sent via email to the EPA POC/Technical Monitor Lisa Matthews.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 7/200 words maximum

Not applicable

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 32/200 words maximum

This project aims to enhance data sharing between states and EPA to better understand blood lead levels and the key drivers by collaborating on state-level analyses of available blood lead and environmental lead exposure data.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 26/100 words maximum

Funds are to support personnel costs, webinar hosting costs and conference calls with states. Any travel should be requested and approved in advance.

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.

Fina

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

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):* 6/15 words maximum
Exploring Funding Streams, Processes, and Financial Requirements

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Division of Performance Improvement and Field Services

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Local health departments

PROJECT FUNDING

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

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

○ 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 : * 80/150 words maximum

The funded national partner will collaborate with CSTLTS to explore the processes and requirements related to funding investments. Using a small number of examples of CDC cooperative agreements, the awardee will work with a small number of sites to map and examine the requirements related to funding from the federal, state, and local governmental levels. The end product will be an analysis regarding the requirements that are included in funding streams that reach local or NGO levels and recommendations for addressing any potential issues found.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastru	1. Develop and implement a plan to analyze funding as it flows from the federal to state to local and possibly to subcontractor or NGO level. 2. Working with CDC, identify 2-3 CDC Cooperative agreements that could be used for the analysis and 2-3 local sites willing to participate. 3. Develop process maps for the funding and requirements for the grant and sites. 4. Examine the requirements to determine additional facilitators/barriers included as funding passes through different organizational levels.	1. At least 2-3 CDC cooperative agreements and at least 2-3 local sites will be included in the analysis. 2. Process maps for each cooperative agreement and each site will provide detail regarding the requirements from the federal, state, and local levels.	1. Map(s) of the process 2. Identification of the funding requirements included at each level 3. Analysis of the process and requirements Recommendations that address any issues identified, including barriers to flexibility or changes in funding expectations.	Improved understanding of the barriers and challenges associated with funding passing through multiple levels. Improved knowledge of opportunities for improvement as it relates to funding requirements and implementation of funding investments.	One summary report that includes an analysis and recommendations

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 45/200 words maximum

Applicant should have in-depth knowledge of and experience working with health department leadership across the nation. The applicant also should have demonstrated proficiency in understanding the governmental public health system and the diverse types of relationships between federal, state, and local governmental agencies.

13 Applicant Program Experience:* 32/200 words maximum

Applicants should have the ability to collaborate with governmental partners at multiple levels, including federal partners, state health departments, and local health departments. They should have expertise in grant and business processes and financial administration.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 66/200 words maximum

The successful applicant will be expected to collaborate with: 1) CDC, including CSTLTS and other units of CDC that are involved in administering with Cooperative Agreements that may be the focus of the analysis; 2) local sites that are selected for the analysis; and 3) state, non-governmental partners, or subcontractees that are also part of the financial flow of funding identified through the analysis.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 74/200 words maximum

The applicant may choose to subcontract work to another organization that has expertise in public health financing and analyisis of funds, if the applicant determines it would be the more efficient and effective method for implementing the project and using the project funds. Organizations that have been involved in national projects to analyze public health funding may have opportunities to leverage existing expertise and activities; if feasible, this would be an appropriate strategy for the applicant(s) to consider.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 53/200 words maximum

This project will ideally result in an improved understanding of the requirements and challenges associated with funding as it reaches the local level. This will be used to determine opportunities to improve business processes which can strengthen the capacity of health departments to effectively utilize federal funding and achieve intended program outcomes.

BUDGET INSTRUCTIONS

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

Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.

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.

Fina

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

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

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

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):* 7/15 words maximum
Implementing Overdose Prevention Strategies at the Local Level

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

County and City Health Officials; Local Health Departments; key state or local partners in opioid overdose prevention

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)
$10,000,000 (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 purpose of the project is to increase the capacity of local health departments (LHDs) to respond effectively to the opioid overdose epidemic -- by facilitating, supporting, and providing technical assistance to the implementation of evidence-based or promising opioid overdose prevention and response strategies at the community or local level by city, county, and local health departments. A focus of **one** engagement with communities should be on interventions to eliminate and mitigate Adverse Childhood Experiences, with an aim to reduce the likelihood of developing substance use disorders among children as they grow to adulthood.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Partnerships	Advance partnerships at the local level with selected LHDs to ensure successful implementatin of strategies.	Number of partnerships collaborating on strategy-implementation	Partnership strategy; Partnerships with key partners and stakeholders across multiple sectors.	Increased number of different sector partners collaborating	Up to 50% of selected LHDs partner with other sectors to implement strategies
	Program and Services	1. Advance the implementation of opioid overdose prevention strategies (e.g. linkage to care, harm reduction, providers and health systems support, public safety partnerships, empowering individuals) domains) in 10 LHDs. 1a. With CDC, determine eligibility criteria for selection of LHDs and opioid overdose strategies. 1b. With CDC, determine criteria for stategies to be implemented 2. Provide Technical assistance and implementation guidance for successful execution of strategies. 3. Select one local health	Number of cities implementing strategies Number and type of opioid overdose prevention strategies implemented An overall technical assistance strategy developed by recipient that aligns with the needs of the LHDs. Types and number of technical assistance activities Number of meetings held with key stakeholders in various sectors for ACE local project Draft evaluation created Number of communities implementing and evaluating program	1. In collaboration with CDC, established eligiblity criteria to select 10 LHDs. 2. In collaboration with CDC, estabilised evaluation criteria and process to select evidence-based strategies. 3. Selection of 10 LHDs that will implement a program or strategy. 4. Action plans for implementation of LHDs' programs or strategies. 5. Implemetation of strategies. 6. Written program plan for ACE local project 7. Written evaluation strategy for ACE local	Increased capacity of localities to plan and implement response strategies; an Increase in the use of promising or evidence-based strategies at the local level Implementation guidance is available for the ACE local project Appropriate evaluation measures and outcomes identified Recommendations for program improvement received	Up to 10 evidence-based or best practice strategies successfully implemented through LHDs, including one focused on ACEs.

		department (with local partners) to deploy intervention to eliminate and mitigate ACEs. 3a. Select program and evaluation components 3b. Develop a manual (written) to support the implementation of program 3c. Develop & Implement evaluation of implemented program in up to 2 schools or communities 3d. Seek input from evaluators, implementers, and stakeholders to assess program implementation, 3e. Finalize program model, implementation guidance and toolkit based on implementation and evaluation.	Number of stakeholders providing feedback (by sector)	project 8. Manualized program or toolkit 9. Draft stakeholder report with recommendations for program improvement

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 65/200 words maximum

The applicant must demonstrate expereince working with and supporting local health departments. It must have adequate staffing and organizational capacity and experience to work with multiple local health departments, managing project work plans, and deliverables from multiple entities. Finally, the applicant should have the ability to provide technical assistance to local health departments on public health prevention strategy implementation at the local level.

13 Applicant Program Experience:* 54/200 words maximum

Applicant should have experience with all facets of local public health capacities, practices, and opportunities to address a major public health epidemic. Moreover, the applicant should have some understanding of the opioid epidemic and the key strategies, partners, and protocols that would be needed to better address the problem. Experience subcontracting or funding local health departments is critical.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 57/200 words maximum

To successfully implement opioid overdose prevention efforts in local communities, partnerships and collaboration with a variety of stakeholders, including law enforcement, hospital systems, opioid treatment and recovery services, as well as harm reduction groups is essential. Further, the funded recipient is expected to collaborate and coordinate with other CDC-funded partners and SMEs, where applicable, to faciliate and support technical assistance to selected LHDs.

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

The recipient is expected to sub-contract/sub-grant with up to 10 LHDs to implement evidence-based or promising strategies. Selection criteria to be determined in collaboration with CDC, but should focus on high-burden cities, counties, and local communities (e.g. death count of over 300) that have capacity and infrastructure to implement opioid overdose prevention strategies at the community-level.

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

Briefly describe how. : * 68/200 words maximum

The CBA will provide tailored support and resources to local health agencies to address the serious public health threat posed by the overdose epidemic. Through this CBA, up to 10 local health agencies will directly benefit from implementation of evidence based or promising strategies and an increased ability to advance comprehensive overdose prevention. Local governmental public health agencies will also benefit from the expertise in technical assistance provision provided by the proposed CBA.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 43/100 words maximum

The applicant will be responsible for the selection and implementation of prevention strategies with local health departments. This will require collaboration and funding to up to 10 LHDs. In addition, the applicant will be responsible for TA provision to these funded LHDs.

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.

Fina

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

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):* 15/15 words maximum
Improving Overdose Surveillance and Prevention Capacity and Readiness of Overdose Data to Action Recipients

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

The Target Population Category includes state and territorial health departments

PROJECT FUNDING

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

7 Proposed Project Funding Amount:* (11-month budget period)
$1,500,000 (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 : * 148/150 words maximum

The applicant will develop, facilitate, and deliver targeted technical assistance (TA) in support of the implementation of the Overdose Data to Action (OD2A) cooperative agreement (CDC-RFA-CE19-1904). Technical assistance will be provided to OD2A recipients through various mediums and methods, including developing training/tools/resources, supporting peer-to-peer engagement, executing educational webinars and in-person partnership meetings.

CBA support provided through this project plan will align, where applicable, with the following key goals of the overall OD2A TA Strategy:

- Systematic amplification and dissemination of CDC scientific and programmatic technical assistance to OD2A funded recipients to better equip them to address the overdose epidemic;
- Assessment and enhancement of capacity of recipients to successfully implement and evaluate surveillance and prevention activities of OD2A in coordination and collaboration with CDC and as elaborated in the Overdose Prevention Capacity Assessment Tool (OPCAT);
- Translation and dissemination of data to inform action, as well as best practices, tools and resources.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastru	Support the provision of TA and training activities to strengthen overdose surveillance and prevention readiness among OD2A-funded jurisdictions, with an emphasis on supporting lower capacity jurisdictions such as OD2A-funded Territories	Type of targeted TA strategies implemented by funded partner; Number of jurisdictions receiving targeted TA (including territories); Number of on-site jurisdiction-level partner engagement completed; Number and type of training materials disseminated	Implementation of targeted TA strategies to enhance readiness among OD2A funded jurisdictions, with emphasis on supporting lower capacity jurisdictions (i.e. up to eight intensive on-site TA visits to support jurisdiction-level partner engagements; dissemination of training materials; journey maps; SME information sharing activities; etc.)	Improved overdose surveillance and prevention readiness among OD2A-funded jurisdictions (including territories)	Increased overdose surveillance and prevention readiness in at least 50% of the jurisdictions that received targeted TA
	Leadership and Workforce Dev	Increase capacity among OD2A funded jurisdictions to address surveillance and prevention of overdoses	Number and type of strategies implemented by funded partner to foster capacity-building among OD2A-funded jurisdictions	Implementation of strategies aimed at facilitating and enhancing overdose surveillance and prevention capacity among OD2A-funded jurisdictions. (i.e. facilitate up to 8 virtual learning	Improved overdose surveillance and prevention capacity of OD2A-funded jurisdictions (including territories)	Increased overdose surveillance and prevention capacity in at least 25 % of OD2A-funded jurisdictions participating or targeted by implemented strategies

				to 8 virtual learning communities; peer networking calls; implementation of a Hub and Spoke TA model; other capacity building strategies)		
	Partnerships	Facilitate the development of key strategic partnerships to enhance the capacity of funded jurisdictions to implement and evaluate OD2A strategies and activities.	Number and type of partnership building strategies implemented by funded partner to support the effective implementation and evaluation of OD2A strategies; Number of multidisciplinary stakeholder engagements convened, including surveillance-focused partnership meeting; Number of strategies implemented that focus on enhancing state and local integration	Foster national, state and/or local level partnerships among key stakeholders that enhance capacity of funded jurisdictions to effectively implement and evaluate of OD2A strategies and activities. (i.e. convening up to four multidisciplinary stakeholder engagements, including a surveillance-focused partnership meeting; implementing strategies that foster better in-jurisdiction collaborations; implementing strategies that enhance state and local integration.)	Improved overdose surveillance and prevention capacity of OD2A-funded jurisdictions and their key stakeholders (including territories)	At least 25% of participating funded jurisdictions experience an increase in capacity due to the implementation of partnership building strategies or thorough better integration of state and local level overdose efforts
	Program and Services	Identify and share best practices that support the implementation of OD2A, including the promotion and adoption of evidence-based/informed OD2A strategies, across the OD2A recipient community	Execution of the OD2A kick-off recipient meeting with over 300 attendees in Atlanta, GA; Number of OD2A-funded jurisdictions that participate in recipient meeting; Number of meeting participants; Number and type of TA strategies implemented to facilitate identification, sharing and adoption of best practices; Number of jurisdictions that implement evidence-based/informed strategies; Number of issue briefs developed.	Convene and coordinate OD2A kick-off recipient meeting; Implementation of TA strategies that foster identification, sharing and adoption of best practices that support implementation of OD2A (i.e. issue briefs)	Improved overdose prevention and surveillance capacity of OD2A-funded jurisdictions	Successful execution of OD2A kick-off recipient meeting; 100% participation of all OD2A-funded jurisdictions in kick-off recipient meeting; at least 30 % of funded jurisdictions increased their knowledge and/or implementation of evidence-based/informed strategies or best practice

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 198/200 words maximum

The applicant should have the organizational and institutional capacity, along with the infrastructure, to identify, administer and track TA needs of state and territorial health departments related to implementation and evaluation of state-level prevention and surveillance activities associated with fatal and non-fatal overdoses. Applicant should have the capacity to solicit, direct and coordinate a wide variety of subject matter experts, national public health partners and other resources in provision of comprehensive tailored technical assistance to Overdose Data to Action (OD2A) cooperative agreement (CDC-RFA-CE19-1904) recipients. Applicant must demonstrate readiness and capacity to build, convene, and lead virtual learning communities among and across diverse sub-groups of state and territorial awardees, as well to facilitate and coordinate peer-to-peer engagement among state and territorial health departments. Applicant must demonstrate capacity to work with state and territorial health officials to identify assets and gaps in their overdose prevention and surveillance implementation strategies and use this information to identify approaches to increase state and territorial capacity and inform the development of tailored-TA strategies. Applicant must demonstrate capacity to work with state and territorial health officials to facilitate and promote state and local integration. Applicant must have demonstrated capacity to track, address, and monitor technical assistance requests. Applicant should have the capacity to coordinate logistics for large scale meetings with greater than 200 participants.

13 Applicant Program Experience:* 140/200 words maximum

The applicant should have experience delivering overdose surveillance or prevention-related technical assistance to state health and territorial departments, have comprehensive knowledge and awareness of public health programs or subject matter experts who can inform implementation and evaluation of overdose surveillance and prevention strategies and have experience outlining effective public health action through a multi-agency and multi-disciplinary approach. The applicant should also have previous experience delivering overdose or opioid overdose TA to state and territorial health departments through virtual and on-site TA mechanisms. The applicant should have experience working with state and territorial health officials to determine specific organizational capacity needs and translating needs assessment results into actionable plans, particularly around capacity building. The applicant should also have experience convening multiple agencies, facilitating state and local integration, coordinating and directing partners, managing work-groups, and facilitating peer-peer exchanges among state and territorial health departments. Applicant should have experience coordinating logistics for meetings with greater than 200 participants.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 180/200 words maximum

The applicant should collaborate with partner organizations most directly involved with informing, implementing and/or evaluating drug overdose public health prevention and surveillance strategies. All other collaborative work should only involve organizations that: (1) have experience with drug overdose public health programs and experience outlining effective public health action through a multi-agency approach; and (2) have experience bringing together stakeholders from multiple organizations and disciplines, handling logistics, coordination and follow-up of webinars, state reports and/or findings; 3) have experience with implementing, improving and evaluating overdose prevention and surveillance programs; 5) have experience with conducting capacity assessments; 5) have experience developing and/or implementing capacity building strategies; and 6) have experience coordinating logistics for large meetings with greater than 200 participants**.** The selected applicant will function as part of a network of TA partners funded to support the implementation of

OD2A strategies. As such, the selected applicant is expected to collaborate and coordinate with other CDC-funded partners and SMEs, where applicable, in the development, facilitation and delivery of targeted technical assistance to funded jurisdictions that promotes the successful implementation of OD2A strategies.

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

The applicant will subcontract with various partner organizations and subject matter experts to deliver targeted technical assistance activities (e.g. onsite TA, capacity-building webinar-delivered TA, issue briefs highlighting best practices and examples from OD2A recipients). The applicant and partners/subject matter experts will collaborate on the delivery of technical assistance webinars, peer-peer trainings, subject matter trainings, on-site technical assistance, and individual, ad-hoc TA as needed. The applicant and partners/subject matter experts will focus on increasing state and territorial overdose prevention and surveillance capacity and determining the type and scope of TA, based on current capacity level.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 156/200 words maximum

The CBA will provide tailored support and resources to state and territorial health agencies to address the serious public health threat posed by the overdose epidemic. Through this CBA state and territorial health agencies will increase their ability to advance comprehensive overdose prevention and surveillance strategies by the following outcomes:

- Increasing state and territorial health agencies' awareness of evidence-based or promising overdose prevention and surveillance strategies through peer-to-peer engagement and learning opportunities
- Increasing state and territorial health agencies' access to resources and tools that inform implementation and advancement of evidence-based or promising overdose prevention and surveillance strategies
- Strengthening state and territorial health agencies' organizational capacity to implement and evaluate comprehensive overdose prevention and surveillance strategies
- Strengthening state and territorial health agencies' ability to convene diverse stakeholders to develop a coordinated, comprehensive state response to the overdose epidemic in their state
- Strengthening state and territorial health agencies' capacity to collect, analyze, and translate overdose data into impactful public health action

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 97/100 words maximum

The applicant will be responsible for the coordination of programmatic TA resources and subject matter experts delivered to state and territorial health agencies, in collaboration with CDC. Examples of TA delivery include virtual learning communities, peer-to-peer calls, webinars, trainings, current capacity assessments, customized TA strategies and delivery for supporting high, intermediate, low capacity states. The applicant will also be responsible for coordinating logistics for the kickoff OD2A recipient meeting held in Atlanta, Georgia to include reserving hotel, meeting space, provision of written materials, agenda, signage, coordination of speakers, communication with states and on-site technical assistance during the meeting.

CIO CERTIFICATION

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

Fina

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

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):* 6/15 words maximum
Indian Country Road Map Action Institutes

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 A

6 Description of the Target Population:* 9/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Tribal leaders and health departments

PROJECT FUNDING

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

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

○ 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 : * 94/150 words maximum

The Alzheimer's Association and the Centers for Disease Control and Prevention's (CDC) Alzheimer's Disease and Healthy Aging Program have developed "The Healthy Brain Initiative's Road Map for Indian Country" (Road Map), which helps Native community leaders undertand how dementia and associated caregiving is affecting their community and then consider what approaches, including public health strategies, make sense to pursue. The Road Map offers eight public health strategies to consider as part of a holistic response to dementia. These strategies are designed to be adapted and tailored to a wide array of local priorities

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastru	Plan and organize Action Insitutes Collaborate with CDC and other partners to 1. Design a comprehensive approach to each Asction Institute 2. Develop Action plan and timeline 3. Develop agenda and approach,	1.Invite collaborating partners 2. Select facilitator	1.Invite collaborating partners 2. Select facilitator	By the end of the project period, applicant will have conducted Action Institutes, developed lessons learned, and developed a report which outlines lessons learned and recommended follow up with each action institute participant	Increased number of tribal communities engaged in using RM actions for priority setting and action

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 131/200 words maximum

This project will include the creation and execution of Road Map Action Institutes and creation of supporting materials based on the Road Map for Indian Country. Specifically, working to support for tribes and tribal organizations to include the adoption of Road Map actions in their communities. Awardee must show organizational capacity and experience in working with tribal communities and additional expertise is brain health or dementia is preferrable. Capacity is needed not only to complete project goals, but also be able to work collaboratively with multiple national and tribal partners in working toward these goals. Awardee will need to develop a comprehensive approach and dissemination strategy for selection, invitation and travel of participants (as indicated). Applicant must be able to produce materials and follow up with participants after the institute

13	Applicant Program Experience:* 68/200 words maximum
	Applicant should have proven successful ability to work and liaison with tribal elders and leaders and proven ability to mobilize these relationships to address new or emerging areas of public health in tribal populations. The applicant should also have the technicolgical capacity to conduct these action institutes allowing for remote participation (when necessary), work with other partners collaboratively, and produce guidance and direction to an audience broadly.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 55/200 words maximum
	Applicant is expected to work collaboratively with CDC and other partners, as well as tribal health leaders to reach the goals of this project. Upon award, applicant will work closely with CDC to design a project plan and supporting materials. Applicant should be open to accepting input from collaborating organizations.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	TBD
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 29/200 words maximum
	The Action Institute and materials created by this project are instrumental in enabling AI/AN leaders to better serve their members and to provide essential public health services
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 68/100 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, securing space and audiovisual equipment, producing materials, paying for travel, providing a facilitator and logistics, providing transcripts, developing the decision aid materials, conducting review and revision and pre and post Institute process improvement.
	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.

Fina

Submission Date: 04/03/2019 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

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):* 13/15 words maximum
Informing Local Leaders on Effective Policies, Practices and Systems Strategies for Addressing HIV Priorities

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

3 Division, office, or unit:*
Office of Policy, Planning and Partnerships

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

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 A

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

Local county and city health officials and their staff

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
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

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

Short-Term

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

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

Intermediate

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

PROJECT DETAILS

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

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

Project Purpose : * 132/150 words maximum

The goal of this project is to assist state and local leaders, through a collaborative learning process, to integrate promising, innovative practices for advancing efforts to prevent and treat infectious diseases within their jurisdictions. This project will compliment Y1 activities, placing a stronger emphasis on elevating CDC priorities associated with preventing new HIV infections. Y2 activities will include activities to support the "Ending the HIV Epidemic: A Plan for America," including a national kick-off meeting of key stakeholders with state and local, city, county health officials and other stakeholders, among other activities.

CDC prioritizes cost-effective, scalable programs, policies, and research to achieve the greatest impact on reducing the incidence of HIV, viral hepatitis, STDs, and tuberculosis and preventing related illness and death. These infections result in high personal, societal, and economic costs.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastru	Hold a learning collaborative planning meeting with expert stakeholders focused on HIV priorities Convene a learning collaborative with 5-8 high-burden states to integrate promising, innovative practices for preventing and treating HIV within jurisdictions	At least 5 state delegations will participate in the learning collaborative	One planning meeting with expert stakeholders One training for training participants including state executive and legislative leadership, public health officials/staff, and other stakeholders	Increased awareness among state leaders and their staff on HIV priorities and effective strategies for advancing HIV prevention and treatment activities within their jurisdictions	Number of stakeholders participating in planning meeting Number of states selected to participate in the learning collaborative project and training for their cross-sector teams
Program and Services	Develop curriculum highlighting HIV priorities, topics, and presenters for learning collaborative as well as pre-summit technical assistance strategies Develop state action plans that aim to advance state strategies related to HIV prevention and treatment	At least 5 state delegations will develop action plans to advance policies and practices to prevent new HIV infections within their jurisdictions	Curriculum highlighting HIV priorities, topics, and presenters for learning State action plans addressing HIV priorities Learning collaborative evaluation to inform on-going technical assistance support needed by states	Learning collaborative participants integrate policies and systes strategies that prevent new HIV infections within their jurisdictios	Number of strategic state action plans developed through convening Number of TA state stakeholder calls, meetings, or other stakeholder forums stemming from learning collaborative

	Identify and implement technical assistance strategies pre and post convening to assist states in formulating and implementing action plans

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12	Applicant Organizational Capacity:* 68/200 words maximum
	Applicant should have access to local, city, and county leaders and their staff, local, city, and county health departments, and other governmental entities involved in addressing HIV priorities. Applicant should have the capacity to plan, implement, and evaluate trainings on public health topics and to provide ongoing technical assistance to attendees. Applicants should have past experience in addressing public health topics that impact multiple sectors and/or settings.
13	Applicant Program Experience:* 34/200 words maximum
	An effective applicant will have knowledge of the epidemiology and social determinants of HIV burden, mortality and morbidity, expertise in collaborating with health departments and relevant community partners, and experience administering CDC funding.

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 26/200 words maximum
	It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas, particularly organizations that work with health officials.
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. : * 25/200 words maximum
	Collaborative participants will likely include representatives from public health agencies, who will benefit from shared knowledge as well as technical assistance and collaboration opportunities.

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 12/100 words maximum
	Funds may not be spent on medical equipment or medical tests.

CIO CERTIFICATION

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

Fina

Submission Date: 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

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):* 15/15 words maximum
Informing State Leaders on Effective Policies, Practices and Systems Strategies for Addressing HIV Priorities in States

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

3 Division, office, or unit:*
Office of Policy, Planning and Partnerships

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

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 A

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

State health officials and their staff

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
- ☐ **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 : * 130/150 words maximum

The goal of this project is to assist state and local leaders, through a collaborative learning process, to integrate promising, innovative practices for advancing efforts to prevent and treat infectious diseases within their jurisdictions. This project will compliment Y1 activities, placing a stronger emphasis on elevating NCHHSTP priorities associated with preventing new HIV infections. YR02 activities will include activities to support the "Ending the HIV Epidemic: A Plan for America," including a national kick-off meeting of key stakeholders with state and local, city, county health officials and other stakeholders, among other activities.

NCHHSTP prioritizes cost-effective, scalable programs, policies, and research to achieve the greatest impact on reducing the incidence of HIV, viral hepatitis, STDs, and tuberculosis and preventing related illness and death. These infections result in high personal, societal, and economic costs.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastru	Hold a learning collaborative planning meeting with expert stakeholders focused on HIV priorities Convene a learning collaborative with 5-8 high-burden states to integrate promising, innovative practices for preventing and treating HIV within jurisdictions	At least 5 state delegations will participate in the learning collaborative	One planning meeting with expert stakeholders One training for training participants including, state executive and legislative leadership, public health officials/staff, and other stake holders	Increased awareness among state leaders and their staff on HIV priorities and effective strategies for advancing HIV prevention and treatment activities within their jurisdictions	Number of stakeholders participating in planning meeting Number of states selected to participate in the learning collaborative project and training for their cross-sector teams
	Program and Services	Develop curriculum highlighting HIV priorities, topics, and presenters for learning collaborative as well as pre-summit technical assistance strategies Develop state action plans that aim to advance state strategies related to HIV prevention and treatment Identify and implement technical assistance strategies pre and post convening to	At least 5 state delegations will develop action plans to advance policies and practices to prevent new HIV infections within their jurisdictions	Curriculum highlighting HIV priorities, topics, and presenters for learning State action plans addressing HIV priorities Learning collaborative evaluation to inform on-going technical assistance support needed by states	Learning collaborative participants integrate policies and systems strategies that prevent new HIV infections within their jurisdictions	Number of strategic state action plans developed through convening Number of TA state stakeholder calls, meetings, or other stakeholder forums stemming from learning collaborative

pre and post convening to assist states in formulating and implementing action plans

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 58/200 words maximum

Applicant should have access to state leaders and their staff, state public health departments and other governmental entities involved in addressing HIV priorities. Applicant should have the capacity to plan, implement, and evaluate trainings on public health topics and to provide ongoing technical assistance to attendees. Applicants should have past experience in addressing public health topics that impact multiple sectors and/or settings.

13 Applicant Program Experience:* 31/200 words maximum

An effective applicant will have knowledge of the epidemiology and social determinants of HIV burden, mortality and morbidity, expertise in collaborating with health departments and relevant community partners, and experience administering CDC funding.

COLLABORATIVE WORK

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

It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas, particularly organizations that work with health officials.

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. : * 26/200 words maximum

Collaborative participants will likely include representatives from public health agencies, who will benefit from shared knowledge as well as technical assistance and collaboration opportunities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 12/100 words maximum

Funds may not be spent on medical equipment or medical tests.

CIO CERTIFICATION

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

Fina

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

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):* 6/15 words maximum
Innovations in upstream prevention of congenital syphilis

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

3 Division, office, or unit:*
Division Of Sexually Transmitted Disease 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 A

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

The target population includes city or county health departments.

PROJECT FUNDING

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

7 Proposed Project Funding Amount:* (11-month budget period)
$450,000 (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 : * 141/150 words maximum

Congenital syphilis rates continue to rise in the United States. While most efforts to prevent congenital syphilis focus on diagnosing and treated infected pregnant women, there are also two important upstream congenital syphilis prevention opportunities. These include preventing females of reproductive age from becoming infected or reinfected with syphilis and preventing unintended pregnancies among women with syphilis or at high risk of syphilis. The purpose of this project is to focus efforts on these two upstream prevention opportunities by supporting programmatic innovations at the county level and documenting and evaluating those innovations. Innovations may involve integrating pregnancy intention assessments or referrals to reproductive health care, improvements in case investigation and partners services, new approaches to reaching couples and men who have sex with women, or other approaches. The project will identify best practices and share those with the broader community of STD programs, including recipeints of PS19-1901 STD PCHD, CDC's flagship STD-related NOFO.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Program and Services	Develop RFP for LHDs with DSTDP Select and fund LHDs to carry out innovations Provide limited TA and evaluation support to LHD Document and evaluate innovations Create summary documents Disseminate summary documents	# of LHD funded # of LHD that carry out innovations # of LHD whose experiences are evaluated, documented, and summarized # of project dissemination products developed	4-8 LHDs carry out innovations in the follow up of women with syphilis who are not pregnant At least 6-10 unique dissemination products that summarize or synthesize results obtained	At least 50% of the STD PCHD recipient community is aware of translation products, have accessed at least some of them, and feel they learned new and usable information from those products	# of STD PCHD recipients who report being aware of new products # of STD PCHD recipients who report using the new products

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 58/200 words maximum

The recipient needs high capacity in program planning, program evaluation, and translation/dissemination, as well as a track record of collaborating successfully with local health department staff. The recipient should be able to demonstrate past experience funding local health departments and ensuring that deliverables are met for public health related projects. The recipient should be able to demonstrate a commitment to health equity

that deliverables are met for public health related projects. The recipient should be able to demonstrate a commitment to health equity.

13 Applicant Program Experience:* 79/200 words maximum

The recipient should also be able to demonstrate experience working on topics such as STDs, sexual health, reproductive health and/or family planning. The recipient should be able to demonstrate familiarity with surveillance, disease investigation, case management, linkage to care and other related activities specific to local health department programs. The recipient should be able to demonstrate experience utilizing health equity framework to address public health issues and working with a diverse set of partners/stakeholders.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 64/200 words maximum

The recipient is expected to collaborate closely with DSTDP to develop a description of what kinds of innovations will be supported and what kind of documention and evaluation to require of participating counties, including common metrics or outcomes. The recipient will have to collaborate closely with the selected local health departments to document and evaluate their experiences.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 41/200 words maximum

The recipient may opt to subcontract the program evaluation and documentation work; the subcontractor should have relevant experience working with local health departments in this way and also should have STD program experience/knowledge.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 29/200 words maximum

Local, territorial, and state health departments should benefit from this project by having more opportunities to learn about new approaches for health department responses to preventing congential syphilis.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 71/100 words maximum

Most funding will go towards the local health departments, to support implementation and participating in documentation/evaluation efforts. Some funding may be contracted to a third party to coordinate the documentation/evaluation efforts. Across budget categories, most funding will likely go towards personnel and benefits. Some funding may go towards travel to visit the each of the funded LHDs, and some may also go to basic supplies and equipment to support 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.

Fina

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

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
Maternal Mortality Review: A Potential Strategy for Optimizing Native Women's Health

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 A

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

This project will benefit Tribal health departments.

PROJECT FUNDING

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

7 Proposed Project Funding Amount:* (11-month budget period)
$170,000 (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 : * 80/150 words maximum

The Division of Reproductive Health (DRH) recognizes detailed reviews of maternal deaths as the best opportunity for improving the availability of actionable data on maternal mortality. Although progress has been made among state and local maternal mortality review committees (MMRCs), there are currently no Tribal-led MMRCs. The purpose of this project is to develop the foundation necessary for implementing Tribal Maternal Mortality Review Committees that respect Native culture and result in meaningful and effective prevention strategies for Native communities.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Partnerships	Plan and lead a meeting with participation by key Tribal health leaders from the 12 regional Tribal health organizations	Meeting participation by at least one key Tribal health leader, from each of the 12 regional Tribal health organizations	A meeting summary	A shared understanding of current data and tools, Tribal maternal health priorities, and partnerships essential for Tribal-led MMRCs	At least 70% of meeting attendees agree that the discussions increased understanding of partnerships necessary for Tribal-led MMRCs
Program and Services	Plan and lead a meeting bringing together maternal data, program and policy representatives essential to successful implementation of Tribal MMRCs	Meeting participation by at least 40 representatives of Tribal maternal data, program, and policy essential to successful implementation of Tribal MMRCs	A draft MMRC Plan, based on meeting discussions, that can inform the creation of fully sustainable Tribal Maternal Mortality Review Committees	A shared understanding of the gaps and barriers Tribal jurisdictions face in implementing MMRCS, and a draft plan for addressing identified gaps and barriers	At least 70% of meeting attendees agree that the discussions increased understanding of the role their Tribal organization /program could have in implementing Tribal-led MMRCs

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 71/200 words maximum

- A documented history of establishing effective relationships with Tribal health agencies
- Established communication lines with Area Health Boards, national Tribal organizations, and Tribes
- Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects of the fellowship program
- Appropriate information technology systems to produce required federal progress, financial and annual reports

13 Applicant Program Experience:* 47/200 words maximum

13 Applicant Program Experience:* 47/200 words maximum

- Extensive experience (30 years or more) of advising on health care and public health practice issues of American Indians and Alaska Natives
- Extensive experience delivering timely information and other services to all Tribal Governments
- Have a documented history of leading national Tribal public health programs and policy

COLLABORATIVE WORK

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

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

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

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 33/200 words maximum

The proposed CBA will benefit Tribal public health agencies. Upon completion of this project, Tribal public health agencies will have a shared understanding of partnerships and actions necessary to engage in implementing a Tribal-led MMRC.

BUDGET INSTRUCTIONS

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

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

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

CIO CERTIFICATION

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.

Fina

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

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):* 9/15 words maximum
National Leadership for Addressing Health Equity Among State Health Officers

2 CIO:*
OFFICE OF MINORITY HEALTH AND HEALTH EQUITY

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 A

6 Description of the Target Population:* 9/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

State Public Health Departments and their partnership 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)
$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 : * 86/150 words maximum

The Leadership Academy is a collaborative learning opportunity for national, state, and local leaders to share best and promising practices, foster peer-led learning, and hear from experts in the field about how to address the upstream factors to advance health equity thorough population health leadership, capacity building and policy development. The format for the Academy will consist of cross-sector panel presentations and breakout sessions to discuss the opportunities and challenges of achieving health equity. This meeting is in follow-up to the inaugural leadership academy in 2016 co-hosted by ASTHO in collaboration with CDC.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Leadership and Workforce Dev	(1) Recruiting a diverse planning committee of experts in health equity, minority health, chronic disease, and population health to advise on the development and implementation of the Leadership Academy	(1) Recruit at least 5 health equity experts to serve on planning committee.	National Leadership Academy on Health Equity meeting	(1) Improved leadership capacity to identify and prioritize public health needs (1) Increased leadership decision-making to address public health needs strategically and systematically (2) Strengthened capability of public health workforce to deliver essential public health services (4) Strengthened capability to respond to public health priorities collaboratively and strategically	(4) Increased leadership development and knowledge transfer for SOMH/HEs and SHOs
	Partnerships	(2) Hosting monthly planning calls (3) Convening the National Leadership Academy on Health Equity	(2) In order to facilitate the planning of the convening, at least one planning call should be held per month.	Final report on the leadership academy.	(2) Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health	(2) Increased adoption of the framework that enables states to support community-led, place-based collectives. (3) Establishment and maintenance of diverse public health partnerships for meaningful cooperation
	Program and Services	(4) A state health official and health equity director will participate in a webinar to discuss	(3) To promote the sharing of best practice regarding how to advance health equity, a convening of a	Development of digital outreach resources - webinars, podcasts, newsletters, website, and other	(3) Increased capability to use data to inform decision-making and support evidence-based practices and policies	(1) Increased knowledge of evidence-based population health strategies and health equity/social determinant of health-oriented

	how states can take actionable steps to advance health equity	diverse group of health equity, minority health, chronic disease, and population health experts. (4) In order to engage a wide audience of public health practioners and scholars, a regular web outreach through mechanisms such as webinars, podcasts, newsletters, website, and other forms of digital outreach.	forms of digital outreach.	and policies (5) Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs	determinant of health-oriented policies and strategies to address emerging public health issues

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 114/200 words maximum

- Background and understanding of convening large scale meeting and conferences of the type of participants that will be involved in the Health Equity Leadership Academy.
- Proven expertise needed to help design, implement, and evaluate the convening of project plan activities.
- Adequate and well trained staff with the necessary subject matter expertise.
- Have a well standing relationship with state and local health departments, offices of minority health, and other partners to be involved in the activities of the Leadership Academy
- The appropriate communications staff/team to help the overall design and marketing of the Leadership Academy

13 Applicant Program Experience:* 57/200 words maximum

It's preferred that the applicant organization have the following:

- Previous experience of convening a health equity leadershipp academy.
- Previous experience of large scale convenings on high priority public health issues.
- Strong relationships with multi-sector partners in order to work collaboratively with the CDC, state and local public health departments, tribal organizations, and offices of minority health, other partner organizations

COLLABORATIVE WORK

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

The organization should collaborate with national organizations as needed to support project plan activities for the Leadership Academy.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 4/200 words maximum

If deemed appropriate.

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

Briefly describe how. : * 30/200 words maximum

Dissemination of information, sharing of best and promising practices, and practical tools to address health disparities and advance health equity into their respective organizational frameworks across health departments and other governmental agencies.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 10/100 words maximum

Budget development must align with guidance provided in the NOFO.

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.

Fina

Submission Date: 03/13/2019 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

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):* 8/15 words maximum
NCIPC Injury and Violence Prevention Tribal Convening Sessions

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Tribal Public Health Departments and Tribal Leaders with knowledge, expertise and interest in Injury and Violence Prevention

PROJECT FUNDING

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

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

○ 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 : * 123/150 words maximum

This project will fund two sets of convening sessions to build a strategic direction and plan for 1) violence prevention (e.g., Adverse Childhood Experiences, Sexual Violence/Intimate Partner Violence, Youth Violence) and 2) injury surveillance. The violence prevention convening sessions will include three 1.5 day sessions. The injury surveillance convening sessions will include four 2 day sessions.

Convenings will be used to learn and describe teachings and practices that contribute to health and wellbeing and identify way these teachings and practices align with CDC funding opportunities. We expect the support of these teachings, activities, gatherings, and practices to continue to build strength and resilience among Native peoples, and contribute to our shared goals of improving health and wellbeing among American Indians and Alaska Natives

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Data and Information Systems	-Planning and hosting one kick-off convening session, four two-day convening sessions, and one virtual convening session at project conclusion. -The kick-off session should be held either in Atlanta or virtually, and the remaining four sessions should be held in Indian Country. -For sessions held in Indian Country, with CDC, identify and gain commitment from hosting organizations (ideally Tribal Epidemiology Centers) -Selected hosting organizations should be from 4 different IHS regions. -All TECS will be invited to participate in a convening	-Provide process for host site selection for 4 sessions in Indian country -Provide final site selection listing -Submit notes for each convening session; summary draft report for CDC feedback -Submit Injury Surveillance and Prevention white paper outline and draft to CDC for feedback -Submit draft Injury Surveillance and Prevention proposed demonstration project needs to CDC for feedback	-List of host sites and related information (e.g. meeting space, hotel caccomdations, etc.) for convening sessions in Indian Country -For Kick-off session, 4 sessions and Final session, reports on each of the sessions -Development of summary CDC-cleared white paper and proposed demonstration projects that identify innovative and culturally appropriate approaches to injury surveillance and prevention that build upon strengths within Indian Country.	-Improved capacity of data and information systems to conduct public health monitoring and surveillance	-Increased understanding and documentation of tribal priorities for injury topics -Increased and documentation of regional stregnths and challenges to be addressed.

		session, with 3-4 TECS represented at each convening session in Indian Country. -Produce white paper describing tribal priorities for injury surveillance and prevention, regional strengths that can be leveraged, challenges to be considered, and a proposed injury surveillance and prevention demonstration project list. -Reports should be cleared through CDC with enough time to be presented at the final listening session. -Incorporation of feedback from final listening session into white paper and project list and resubmitted to CDC clearance.				
	Partnerships	Engage with CDC to identify public health leaders to participate in the convening sessions (note: this may be two sets of leaders depeding on expertise in either violence prevention or surveillance) -Initiate and regularly communicate with invited leaders -Identify and collaborate with CDC to choose convening session locations and facilities -Plan, organize, and host Tribal convening sessions -Develop with CDC a facilitation guide and/or agenda for each session (recipient produces first drafts) -organize and provide travel for leaders -organize and plan culturally sensitive listening sessions, including a Native Faciliator and notetaker -Preplanning activities may include conference calls, webinars, or other forms of communication to inform leaders	-Provide listing of identified public health leaders to participate in convening sessions -Provide process for providing travel arrangments for invited public health leaders -Provide draft facilitation guides and/or agendas for convening sessions	-list of identified public health leaders to participate in convening sessions -draft invitation letter for identified public health leaders -final facilitation guides and/or agendas for each session -notes from each of the convening sessions -agendas for all pre-planning activities	-Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health	-Strengthened relationships with tribal health and other native partners for addressing injury and violence prevention needs in Indian Country
	Program and Services	-Planning and hosting three 1.5 day convening sessions -1 session held in Atlanta, 2 held elsewhere -Convening sessions should include team building activities and discussion on violence prevention priorities while exploring knowledge of risk and protective factors for Adverse Childhood Experiences (ACEs), Sexual Violence/Intimate Partner Violence/Teen Dating	Provide listing of potential convening sites for selection -Provide final site listing including Atlanta, GA -Submit notes for each convening session; summary report draft for CDC feedback -Submit Violence Prevention in Indian Country report outline and draft to CDC for feedback	-List of sites and related information (e.g., meeting space, hotel accommodations, etc.) for convening sessions -1 report for each of the convening sessions -1 report: Violence Prevention in Indian Country	-Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs.	Shared priorities to guide work and ehnahce violence prevention activities in tribal communities -Increased understanding of shared tribal and public health violence prevention priorities compiled via a final report Violence Prevention in Indian Country -Discussions regarding stigma and cultural norms related to violence, how to strengthen and build partnerships -Collaboratively set research

		Violence (SV/IPV/TDV) and youth violence (YV). Sessions may also explore other violence topics such as suicide. -Sessions should also focus on how Tribes would like to partner with CDC to address ACEs, SV/IPV/TDV, YV and other violence topics. -Develop a summary report for each convening session -Develop a CDC report with CDC collaborators highlighting priorities, best practices, etc. for Violence Prevention in Indian Country		and programmatic priorities -Unify CDC Division of Violence Prevention's existing tribal-related ACEs work -Strengthen CDC's SV/IPV/TDV and youth violence prevention efforts -Build knowledge for violence prevention

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 29/200 words maximum

Recipient should be a tribal-serving organization with national representation. The organization should have the capacity to represent tribal governments and use connections to network with injury and violence prevention tribal experts.

13 Applicant Program Experience:* 55/200 words maximum

Recipient should have broad knowledge around data and information systems, violence and injury-related programs and services, and partnerships as they related to tribal governments and tribal public health. Past violence prevention work specifically around the intersection of ACEs and interpersonal forms of violence (SV/IPV/TDV/YV) and other forms of violence (e.g., suicide) is preferred.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 56/200 words maximum

Recipient is expected to collaborate with other tribal partners (e.g. Tribal Epidemiology Centers, CDC/ATSDR Tribal Advisory Committee) and other relevant partners (e.g., Tribal public health leaders and those with expertise in topic-specific areas such as youth leaders, parents of young children). Native facilitator and skilled note taker for both sets of convening sessions is recommended.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 52/200 words maximum

Native facilitator and skilled note taker (e.g. Healthy Native Communities Partnership or similar organization)

Facilitated discussion should help build trust and a welcoming, comfortable, and fun environment that encourages candid discussion by using an inclusive and respectful facilitation style that promotes connection to culture.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 29/200 words maximum

This CBA will benefit the government by strengthening partnerships with tribal public health agencies and building a collaborative injury and violence prevention agenda for American Indian/Alaska Native communities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 65/100 words maximum

Funds should be used for 1) project administration, 2) travel support for tribal public health leaders and other non-federal native participants to attend convenings, 3) meeting facilitation and note taking, 4) meeting facilities and meeting hosting costs, and 5) development and production of reports as specified earlier.

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

18	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.

Fina

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

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):* 9/15 words maximum
Opioid overdose prevention conference track for tribes and tribal organizations

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 9/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Tribal health departments and other tribal organizations, and

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

☑	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 : * 77/150 words maximum

The project will provide funding to an organization that will expand an existing national meeting/conference to include a track or topics related to opioid overdose prevention in tribal communities, and sponsor relevant partners and stakeholders to attend the conference track. Activities will include close collaboration with CDC on conference agenda, content, speakers, messaging, and evaluation. The expected output is that the conference and outcomes should include the number of conference participants,the number of topics covered, and the number of conference evaluations completed.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Leadership and Workforce Dev	**Plan and recruit relevant speakers to address opioid overdose related topics**	**# opioid overdose-related topics in the conference track**	**Agenda containing opioid overdose related topics**	**Tribal leaders will attend the opioid overdose related conference track and learn how to address it in their community**	**Increased awareness of how to address opioid overdose in their community**
Partnerships	**Promote and register tribal participants for the opioid overdose related conference track**	**# participants in the opioid overdose conference track**	**Participants attend and network at the opioid overdose related conference track.**	**Tribal participants will forge new partnerships and networks.**	**Foster increaesd collaboration among conference participants and networking**
Program and Services	**Identify and promote appropriate strategies and practices to address opioid overdose in the community**	**# of evaluations indicating intentions to implement local activities based on CDC suggested practices**	**Appropriate strategies and practices identified to address opioid overdose**	**Tribal participants will identify strategies and practices to adopt as related to opiod overdose in their community**	**Increased adoption of plans to implement of strategies and practices to reduce opioid overdose in their community**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 68/200 words maximum

The recipient organization must be a national organization that works with tribes and tribal organizations across all IHS regions. They should have a dedicated team of people who will collaborate with CDC to recruit speakers, review abstracts, and advertise the opioid overdose prevention content of a national conference. The recipient organization must have a national meeting or conference already scheduled during the project period that can have a opioid-related track added to it.

13 Applicant Program Experience:* 35/200 words maximum

Experience must include previous CDC cooperative agreements and a history of hosting conferences/meetings. Must have keen understanding of CDC's

Experience must include previous CDC cooperative agreements and a history of hosting conferences/meetings. Must have keen understanding of CDC's approach to opioid overdose prevention and CDC's Guideline for Prescribing Opioids for Chronic Pain.

COLLABORATIVE WORK

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

Organization will collaborate with CDC on setting the opioid-specific conference agenda, content, speakers, messaging, and evaluation.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 59/200 words maximum

The applicant may contract (or acquire consultant services) as needed, for conference logistics. If any subcontracting required, subcontractors must have the following areas of expertise: Experience working in health care, public health, and tribal populations. The recipient organization will ensure that any sub-contracted work that includes opioid-related content aligns with CDC expectations.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 24/200 words maximum

CDC will benefit from an ongoing partnership with tribes and tribal organizations who attend the conference. IHS will benefit from collaboration with conference attendees.

BUDGET INSTRUCTIONS

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

Funding may be used to pay honorarium, speakers fees or travel, and opioid-specific conference logistics.

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.

Fina

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

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
Pilot Projects to Build the Evidence-Base for Overdose Prevention and Response

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

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

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 13/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Local public health departments and their public safety partners in overdose prevention

PROJECT FUNDING

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

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

○ 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 : * 136/150 words maximum

The purpose of this project is to provide support to 10 pilot projects that are part of the Overdose Response Strategy (ORS), a public health/public safety partnership between CDC and 11 High Intensity Drug Trafficking Area (HIDTA) programs. Pilot projects will include a mix of currently funded projects and newly funded projects. Support will include assisting CDC with the solicitation and selection of new pilots, developing statements of work, project plans and deliverables for sites; assisting CDC with the development of evaluation plans for each site, and contractual oversight for each project (e.g., establishing contracts with local health departments or other entities, invoicing and payments, etc.). Pilot projects will address drug overdose prevention strategies that engage both local public health and public safety, and will be implemented in collaboration with the local HIDTA program.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Program and Services	1. **With CDC and HIDTA, solicit applications for newly funded pilot projects and select new sites** 2. **Establish contracts and invoicing processes with newly selected sites** 3. **Maintain contracting and invoicing processes with all or a subset of currently funded pilot projects** 4. **With CDC, develop statement of work, deliverables and invoicing schedule, work plans and evaluation plans for each site** 5. **With CDC, develop**	1. **Implementation of site selection process for new sites** 2. **Contracting and invoicing process in place for new and continuing sites** 3. **Regular check-in calls with CDC and sites** 4. **For each site, development of statement of work templates, deliverables and invoicing schedule, work and evaluation plan templates** 5. **Development of templates for final reports for sites at the end of year 2** 6. **Convening of ORS pilot sites and other local health departments that may be implementing similar projects as determined**	1. **New ORS sites selected** 2. **Contracting and invoicing process for new and continuing ORS pilot sites** 3. **Monthly calls with CDC and pilot sites** 4. **Completed statement of work, work plans and evaluation plans for each ORS site** 5. **Final reports for sites at the end of year 2** 6. **Convening of ORS pilot sites and other local health departments as necessary**	1. **Up to 10 ORS pilot sites that are developing public health response protocols that strengthen communication and action between public health, law enforcement, first responders and treatment** 2. **Increased capacity of localities to plan and implement overdose response and prevention strategies** 3. **Increased use of data for local decision-making**	1. **Up to 10 ORS pilot sites that are developing public health response protocols that strengthen communication and action between public health, law enforcement, first responders and treatment** 2. **Increased capacity of localities to plan and implement overdose response and prevention strategies** 3. **Increased use of data for local decision-making**

		and disseminate final reports for currently funded sites at the end of their second year 6. As appropriate or needed, convene and facilitate for selected sites to learn from other communities through both virtual and in-person meetings	by site needs and in consultation with CDC

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 36/200 words maximum

Must have adequate staffing, organizational capacity and experience to work in several communities at the same time, managing project work plans, deliverables and invoices from multiple entities (e.g., local health departments, hospital systems, community-based organizations)

13 Applicant Program Experience:* 67/200 words maximum

Applicant should have experience with all facets of local public health capacities, practices, and opportunities to address a major public health epidemic. Moreover, the applicant should have some understanding of the opioid epidemic and the key strategies, partners, and protocols that would be needed to better address the problem. Experience with multi-sectorial partnerships is a must, as well as strong linkages to state-level public health partners.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 41/200 words maximum

To successfully implement opioid overdose prevention efforts in local communities, partnerships and collaboration with a variety of stakeholders, including law enforcement, hospital systems, opioid treatment and recovery services, as well as harm reduction groups. The recipient will collaborate with CDC.

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. : * 57/200 words maximum

This CBA is intended to increase the ability of local health departments and their partners to respond to the overdose epidemic in their state by fostering collaboration between public health agencies and public safety agencies and to ultimately inform 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.

Fina

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

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):* 15/15 words maximum
Project Approach to the Implementation of the USVI Public Health Data Repository – Implementation and Operations

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Division of Program and Partnership Services

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Territorial health departments--USVI Public Health Stakeholders and 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)
$734,500 (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 : * 86/150 words maximum

There is a pressing, immediate need for public health planning to be driven by data and information in the USVI. The goal of this project is to establish a public health data repository to obtain, store, and analyze electionic data. Key features of the data repository include a cloud-based system with on-demand access to shared public health partner resources. The recipient will manage implementation and operations of the Public Health Data Repository pilot project to support integration of critical public health and healthcare data across various territory information systems.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastru	1. Develop standard operating procedures and data management plans for the public health data repository. • Appropriate Management staff will define "role" base access for specific staff's access to system (read, write or both). • Specific trainings will be provided to staff as defined by "role".	Number of trainings held/Number of individuals trained	Standard operating procedure (SOP) document. Data management plans	Increased use of data management plan and SOPs to guide use of the public health data repository	Number of agencies using data management plan Number of agencies using SOPs
	Data and Information Systems	1. Transition the National Electronic Disease Surveillance System (NEDSS) Base System and the Genesis vital records system data feeds to production operations. 2. Integrate data feeds from the USVI Department of Health EHR systems and two Federally Qualified Health Centers (FQHC) into the data repository.	Evaluation of progress to inform timeline	Data Base file format defined and operational	To complete data base shell for data repository	Number of data feeds moved to production operations Number of programs providing data for data base shell
	Communication and Informatic	1. Real time Data will be	Number of discussions held to	Meeting minutes	Increased use of information	Number of programs/agencies

		1. Real time Data will be available (one initial look-up) for the Health Department to provide/share with appropriate stakeholders. 2. Data will be used for Public Health Planning and the support of identified Public Health priorities. Including notifying the Public about possible disease outbreaks and seasonal trends.	Number of discussions held to assess current data needs related to public health issues	Meeting minutes Communication plans or reports	Increased use of information technology to disseminate information	Number of programs/agencies that use information technology to disseminate information
	Partnerships	1.Covene stakeholders to prioritize data sources for repository. Stakeholders will assist in determining public health priority areas/programs for inclusion in the public health data repository. Data may include de-identified, law-mandated reporting	Number of meetings held with stakeholders Number of stakeholders in attendance	MOUs developed and signed	Source data passed through data base shell and incorporated with NBS interface	Number of integrations/demonstrations of user interface

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 68/200 words maximum

The previous HIE integration project has provided the necessary infrastructure to move to the proposed next phase. The recipient must have the capacity to implement the HIE integration project:

1. By demonstrating the capacity to integrate data from multiple sources and information systems into one interoperable system.
2. By identifying/hiring qualified IT staff (or contractor).
3. By assuring leadership support (for project) from the highest level at the Health Department.

13 Applicant Program Experience:* 40/200 words maximum

- The recipient organization should have program experience in facilitating the development of data use agreements.
- The recipient organization should have mechanisms to identify and hire outside IT contractor support.
- The recipient organization should identify/support an onsite Project Manager/Point of Contact.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 25/200 words maximum

Stakeholders will include, but will not be limited to:

1. USVI Department of Health

2. CDC/CSTLTS
3. CDC/ELC

4. Organizations that work with health departments and their staff

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 70/200 words maximum

The recipient will be expected subcontract with an organization to transition from the pilot phase to production operations. The subcontractor should have knowledge of the USVI Health Department IT needs. The organization must have experience implementing a similar Public Health Data Repository and should have the infrastructure to operationalize the initial pilot implementation proposal.

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

Briefly describe how. : * 22/200 words maximum

Minimally, Public Health Planning as well as Public Health access to multiple data sources would be greatly enhanced by project execution.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 35/100 words maximum

Proposed budget to support:

- **Transition Pilot to Production Operations**
- **Implementation Plan (updated)**
- **Deployment of Initial Data Analysis Solution**
- **Deployment of Hospital Integrations**

	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.

Fina

Submission Date: 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

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):* 13/15 words maximum
Promoting and Marketing PHLP Law and Epidemic Emergency Preparedness" (LEEP) course to local jurisdictions

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of Public Health Law Services

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 27/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Local Health Departments (HDs); specifically local practitioners, leaders, gate keepers, key stakeholders and decision makers who have responsibility for responding to public health emergencies within their jurisdictions.

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)
$50,000 (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 : * 149/150 words maximum

The Public Health Law Program (PHLP) has recently developed the "Law and Epidemic Emergency Preparedness" (LEEP) course, a foundational public health law emergency preparedness course that focuses on state law, specific to the needs of state public health practitioners, facing epidemics within their jurisdictions. To significantly expand the visibility and reach of this training, the awardee will provide marketing development. . The goal of this project is to market this training to local public health constituencies as an in-person training offered by CDC as a tool to use the law to improve public health response and outcomes. Marketing responsibilities will include developing PHLP branded print materials to provide at conferences, email marketing, web design for the webpages hosting the training, and sample non-credit micro-learning modules to demonstrate the applicability of the course to preparedness stakeholders.

The purpose of this project is to create a clear marketing plan and related resources including branding materials for the Law and Epidemic Emergency Preparedness" (LEEP) course.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Leadership and Workforce Dev	The recipient will provide a fully developed marketing plan for the newly developed Law and Epidemic Emergency Preparedness" (LEEP) course to local public health decision makers who are responsible for training within their jurisdiction. The recipient will develop PHLP branding print materials to provide at conferences, email marketing, web design for the webpages hosting the training, and sample non-credit micro-learning	Marketing Plan Internet Website Design Conference workshops Display materials Conference Exhibits	Marketing and Branding materials Implementing the marketing plan at meetings, conferences, and through national organization communications with constituents.	Outputs from the project will include branded marketing material for the Law and Epidemic Emergency Preparedness" (LEEP) Course, templates for print materials, an initial set of published marketing materials, web design, and a webpage to host the training. Outputs will also include a fully developed marketing plan identifying targeted meetings, conferences, partners, key stakeholders, and collaborative	The outcome of this project will be a fully marketed Law and Epidemic Emergency Preparedness" (LEEP) Course, marketed to staff responsible for workforce development at the local level that will result in a better networked and informed STLT community related to jurisdiction based emergency preparedness and response.

		modules to demonstrate the applicability of the course to preparedness stakeholders. The recipient will also be responsible for identifying a strategy to market the Law and Epidemic Emergency Preparedness" (LEEP) course including potential conferences, meetings, collaborative organizations who will link the course to their website, and communication strategies.	organizations at the local and national levels, including a communication plan.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 91/200 words maximum

The applicant organization should have a proven track record of working on emergency response activities and planning with local jurisdictions and represent practitioners, leaders, decision makers key stakeholders, and policy anaylsts who work in public health at that jurisdictional level as well as have a demonstrated knowledge and understanding of how State and national policies impact the use of law as a tool to improve public health outcomes at the local level. The applicant organization should have a track record of convening national meetings related to emergency preparedness.

13 Applicant Program Experience:* 29/200 words maximum

The applicant organization should have a track record of convening national meetings related to emergency preparedness.

The applicant should have prior experience working with local practitioners and CDC.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 35/200 words maximum

As needed, the National Partner identified by CDC-PHLP to implement this project may partner or subcontract with other CDC National Partners to effectively implement the project.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 3/200 words maximum

Not expected

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

Briefly describe how. : * 28/200 words maximum

Implementing the proposed activties at the local level will result in a better networked and informed STLT community related to jurisdiction based emergency preparedness and response.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 10/100 words maximum

Awardee should work closely with CSTLTS-PHLP project technical monitor.

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.

Fina

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

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):* 14/15 words maximum
Promoting the Physical Activity Guidelines through Youth Sports at the Local or Community Level

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):*

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 A

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

Leaders at local health departments and their community partners and constituents

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 : * 150/150 words maximum

This project aims to increase awareness and dissemination of the *Physical Activity Guidelines for Americans* (PAG) with an end goal to increase the number of Americans who are meeting the PAG. We are particularly interested in youth meeting the PAG, especially through sports participation. The PAG provides information on the benefits for adults and youth engaging in regular physical activity. Currently less than 20 percent of adolescents and adults meet the PAG, providing huge opportunities across a variety of sectors to increase participation in regular physical activity. The Move Your Way communications campaign provides over 40 resources in English and Spanish to support adoption of the PAG. ODPHP is interested in partnering with organizations to support dissemination and promotion of physical activity at the local/community level by using the Move Your Way materials or by implementing strategies identified in the National Youth Sports Strategy (release planned for September).

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Communication and Informatic	Targeted messaging and delivery of materials/ resources in alignment with the Physical Activity Guidelines Move Your Way campaign and/or National Youth Sports Strategy	Increase opportunities for physical activity at the community level Increase opportunities for youth sports participation	Developing messages, resources or publications, conducting and implementing webinars, events, or meetings Dissemination through listservs, news publications, social media	Increase awareness and dissemination of messages and material related to the *Physical Activity Guidelines for Americans* (PAG) or federal physical activity initiatives	Increased adherence to the Physical Activity Guidelines for Americans Increased participation in youth sports
Partnerships	Develop additional partnerships to further expand reach and dissemination of the Physical Activity Guidelines Move Your Way campaign and/or National Youth Sports Strategy	Increase number of programs or policies disseminating physical activity messages	Conducting and implementing webinars, events, or meetings Dissemination through listservs, news publications, social media	Increase awareness and dissemination of messages and material related to the *Physical Activity Guidelines for Americans* (PAG) or federal physical activity initiatives	Increased number of organizations with physical activity messaging in alignment with the Physical Activity Guidelines or National Youth Sports Strategy

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 122/200 words maximum

The successful partner will have strong partnerships and connections with local health departments or community programs around the nation. The partner must also have capacity to conduct direct outreach and make meaningful contact with local health officials or community leaders and have interest in promoting physical activity. The partner will also have the capacity to successfully influence the target population for the purposes of integrating physical

activity into community health initiatives. The partner will also have the capacity to successfully develop and disseminate communication products and educational materials about the PAG using existing outreach channels (e.g., listservs, news publications, social media). The partner must have capacity to plan, organize, and implement a national-level meeting or event. The successful partner will have the organizational capacity to be responsive to ODPHP in a timely manner.

13 Applicant Program Experience:* 85/200 words maximum

The successful partner will have experience working with local health departments to promote community health initiatives. The partner must demonstrate experience working with local leaders 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 public health initiatives into existing public health tools and resources (e.g., website platforms, programs, communication channels, etc.) and maximizing their accessibility to local health professionals across the country.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 56/200 words maximum

As part of this project, the partner may collaborate with any public health organizations or institutions that also have a focus on health promotion and disease prevention initiatives. The organization will collaborate with local health departments and their partners, including, but not limited to, community- or faith-based organizations, community health centers and other health providers, etc.

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

There is no expectation for subcontractual work.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 121/200 words maximum

Physical activity is inherently place-based, with place driving both consumers' agency to engage in physical activity and preferences for types of physical activity. Further, through formative research with target audiences, ODPHP knows that consumers prefer to receive physical activity messages from community sources (e.g., community leaders, friends, family, health professionals, etc.) and that social aspects of engaging with community members through physical activity is highly motivating for consumers. As such, proposed activities under this project should enhance dissemination of physical activity messages through the Move Your Way campaign at the local level and leverage existing programs for physical activity to integrate messages that are consistent with PAG and other related federal initiatives such as the National Youth Sports Strategy.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 25/100 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.

Fina

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

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):* 8/15 words maximum
Public Health Associate Program (PHAP) Support and Collaboration Project

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Field Services Branch

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 A

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

Local Health Departments and secondary audience - LHD staff.

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

☐	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 : * 40/150 words maximum

The purpose of this project is to provide critical servces to PHAP to ensure the highest possible quality training experience for more than 200 associates stationed in SHD, LHD, and NGO host sites across the country and US territories.

11	Program Strategies	Activities	Process Measures		Outputs	Budget Period Outcomes	Outcome Measures
	Leadership and Workforce Dev	**Objective 1. By June 30, 2020, recipient will work provide virtual and in-person training opportunities to PHAP stakeholders located in LHDs including the Associates, staff, and host sites.** **Objective 1 activities** • Provide logistical support for up to 29 teleconference calls and webinars to include: ◦ PHAP All hands Quarterly Conference Calls ◦ PHAP Liaison Committee Quarterly Conference Calls ◦ Human Resource Office Orientation Calls ◦ PHAP Host Site Supervisor Orientation Webinars ◦ PHAP Host Site Supervisor Quarterly	Identify program Outcome 1 (for Performance Measure reporting):*	**Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources**	Conference call participant lists. LHD job postings and workforce gaps. Deliver virtual training events.	Improved public health workforce	Number of conference call participant lists. Number of LHD job posting s and workforce gaps Agendas for all virtual training events. Number of Associates hired by LHDs.

    - Quarterly Webinars
    - Monthly webinar trainings for actively enrolled associates
- Contract with trainers to deliver online and/or virtual education linked to the PHAP competencies
- Place orders through Barnes and Noble for books for PHAP Associates to supplement the curriculum

Objective 1 outputs

- Archived recordings for all webinar events
- Participant lists for all webinar events
- Contracts with identified vendors
- Copy of purchase order for books

Objective 1 outcomes

- There will be increased ability to provide distance learning and training options.
- PHAP Associates will be more educated and better prepared to deliver cross-cutting public health work in LHDs.

Objective 2: By June 30, 2020, recipient will provide support for linking graduates of PHAP with job opportunities in LHDs.

Objective 2 activities

- Provide listing of sites for Associates to search for LHD-level job postings in each state.
- Work with Big Cities Health Coalition (BCHC) Human Resource Directors to identify and disseminate current and pending job openings appropriate for PHAP graduates during the final quarter of the fellowship.

Objective 2 outputs

- List of governmental public health job sites by state
- List of job opportunities from LHDs to send to CDC PHAP staff as part of their communications to PHAP Associates

Objective 2 outcomes

- PHAP Associate will have increased opportunities to find employment at LHDs.
- LHDs will be better able to recruit trained public health workers.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 36/200 words maximum

Recipient must have the capacity and resources to train junior-level staff to carry out essential public health services and have the capability of linking PHAP Associates nearing the end of their fellowship with employment opportunities in local health departments.

13 Applicant Program Experience:* 113/200 words maximum

Recipient must experience in providing support to strengthen training delivery systems. Also, the recipient must have IT support for the workforce development webinars that target the PHAP competencies, host site webinars that train potential and existing host sites on the merits of hosting an associate, and internal PHAP staff development. Additionally, recipient will provide support for a series of in-person professional development events for PHAP Associates.

Finally, the recipient must have experience in working with the PHAP Stakeholder Engagement Workgroup (SEW), which works to refine the PHAP program and curriculum and provide a national perspective for local health departments. The recipient will recruit individual members from local health departments to participate on the SEW, as needed, to provide deeper and more specific input and perspectives into local public health practice.

COLLABORATIVE WORK

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

Recipient will collaborate with PHAP leadership at CDC on all objectives and deliverables. This will include consistent communication, project planning and development and regular feedback to ensure expectations are met.

Recipient will also draw upon the expertise of its LHD leadership through the use of workgroups and advisory committees to ensure relevance to public health practice in the development and implementation of program components.

New collaborative relationships will be created as determined by project needs.

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

Recipient may have to contract with trainers to deliver online and/or instructor led training events with the associates.

Recipient will subcontract with experts in the training and development field. These vendors will provide a series of virtual and in-person trainings for PHAP associates. The content of these trainings will be determined by PHAP staff based on curriculum needs.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 54/200 words maximum

Building capacity to deliver training to associates will benefit governemental public health agencies directly as many associates are stationed in governmental public health agencies for their 2-year training assignment during PHAP. Building the associates knowledge, skills, and abilities will translate into more prodcutive and efficient staff for the hosting governmental public health agencies.

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.

Fina

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

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
Public Health Road Map Action Institutes (HBI Partnerships to Address Dementia)

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 A

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

Leadership in State Health Departments

PROJECT FUNDING

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

7 Proposed Project Funding Amount:* (11-month budget period)
$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 : * 149/150 words maximum

The Alzheimer's Association and the Centers for Disease Control and Prevention's (CDC) Alzheimer's Disease and Healthy Aging Program have developed "The Healthy Brain Initiative's State and Local Public Health Partnerships to Address Dementia", (The 2018-2023 Road Map), which outlines how state and local public health agencies and their partners can promote cognitive functioning, address cognitive impairment for individuals living in the community, and help meet the needs of care partners.

Public health agencies and private, non-profit, and governmental partners at the national, state, and local levels are encouraged to work together on the actions that best fit their missions, needs, interests, and capabilities.

This project includes planning and conducting ten (10) regional Road Map Action Institutes. The purpose is to familiarize state leaders with the Roadmap, encourage its adoption into current state priority setting, and guide state teams in the creation of action plans for implementation in their home states.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastru	Plan and organize 10 regional Action Institutes Collaborate with CDC and other federal and non-federal partners to 1. Design a comprehensive approach to each Institute 2. Develop Action plan and timeline 3. Develop agenda and approach	1.Invite collaborating partners 2. Select facilitator	10 regional Action Institutes	By the end of year 1, applicant will have conducted several of the 10 Institutes, developed lessons learned, and scheduled the remaining Institutes	Increased number of states engaged in using RM actions for priority setting and action in their states

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 132/200 words maximum

This project will include organization of 10 regional Action Institutes and creation of supporing materials based on the 2018 Road Map, specifically, work related to the expansion of the Road map to include support for states and territories implementing the Road Map and/or materials relevant to diverse

related to the expansion of the Road Map to include support for states and territories implementing the Road Map and/or materials relevant to diverse populations, such as those most adversely affected by Alzheimer's and other Dementias as well as their caregivers. Awardee must show organizational capacity not only to complete project goals, but also be able to work collaboratively with multiple national and state partners in working toward these goals. Awardee may participate in developing a comprehensive approach and develop a dissemination strategy for selection, invitation and follow up materials. Additionally, the recipient must show previous experience in using project funding to provide travel schollarships to participating individuals.

13 Applicant Program Experience:* 86/200 words maximum

Applicant should have proven successful ability to work and liaison with senior leadership within state and territorial health departments, and proven ability to mobilize these partnerships to address new or emerging areas of public health in diverse populations. The applicant should also have the technicological capacity to conduct several large action institutes in a series, work with other national partners collaboratively, and produce guidance and direction to an audience broader than just their own membership. Knowledge and expertise with The 2018-2023 Road Map is beneficial

COLLABORATIVE WORK

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

Applicant is expected to work collaboratively with CDC and other federal partners, non governmental partners as well as state health departments and their partners to reach the goals of this project. Upon award, applicant will work closely with CDC to design a project plan and supporting materials. Applicant should be open to accepting input, funding or assistance from collaborating organizations

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

TBD

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

Briefly describe how. : * 30/200 words maximum

The Action Institute and materials created by this project are instrumental in enabling public health agencies to better serve customers and provide essential public health services to their constituents

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 74/100 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, accessing peer-reviewed journal articles and materials, securing space and audiovisual equipment, producing materials, paying for travel, providing a facilitator and logistics, providing transcripts, developing the decision aid materials, conducting review and revision and pre and post Institute process improvement.

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.

Fina

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

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):* 7/15 words maximum
Strengthening health priority reporting and interoperability across systems

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of Insular Affairs

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 A

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

Territorial Health Departments; specifically Puerto Rico Department of Health senior leadership, and program and informatics staff managing systems to analyze data for decision-making purposes.

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 : * 49/150 words maximum

Provide technical assistance and guidance in establishing a data governance board, a health profile and priorities profile, and an electronic dashboard to continously update Puerto Rico Department of Health's leadership to assist in decision making and shaping policy. Bring expertises to create interoperability amongst surveillance (NBS) and lab reporting systems (StarLIMS).

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Data and Information Systems	In 3 months, establish data governmance board to guide changes in standards and ensure interoperability across systems at the Puerto Rico Dept of Health	Convene networking sessions to establish goals and objectives Analysis of interoperability needs and priorities Vendors identified to increase interoperability amongst surveillance (NBS, rabies database) and lab reporting (StarLIMS, arboviral web portal)	Multi-sectorial data governmance board formed in 3 months Standard and interoperability needs identified Technical assistance in buidling interfaces and interoperability	Interfaces established with at least 2 public health systems Policy approved and shared with stakeholders on data sharing and interoperability	Improved capacity of data an information systems to conduct public health monitoring and surveillance
Communication and Informatic	In 6 months, analyze multiple data sets and update/share Puerto Rico's health profile and priorities for the next 10 years.	Data analyzed Dashboard created and tested Provide training and skill building sessions	Updated PR health profile and priorities one pager and elctronic dashboard	Health Profiles and Priorities approved and shared Established electronic dashboard	Strengthened capability to us communication and information technology to affect health decisions and actions

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 32/200 words maximum

Organization should have expertise in health informatics and proven experience in Puert Rico establishing health informatic systems, maximizing resources, and providing training resources and opprotunites to build skill level of staff.

13	Applicant Program Experience:* 39/200 words maximum
	Applicant should have previouse experience and esablished relationships in Puerto Rico and with the Puerto Rico Department of Health to expedite project planning, engagement, and problem solving. Provide examples of previous work and products developed in other territories.

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 24/200 words maximum
	Collaboration is expected with local vendors in Puerto Rico or national organizations with proven experience in this area of expertise in Puerto Rico.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 26/200 words maximum
	Subcontract work is expected to asses and create interfaces and interoperability amongs systems. Subcontract work is expected to analyze data and create electronic dashboards.
16	Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No Briefly describe how. : * 9/200 words maximum
	Activities benefit the Puerto Rico Dept of Health

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 24/100 words maximum
	Include budget jurstification for sub-contracts, describe budget justification for staff assigned to the project, and breakdown line items for training for PRDOH staff.

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.

Fina

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

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):* 4/15 words maximum
Strengthening USVI Communicable Disease Program

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of The Director

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 9/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Territorial health departments; USVI Territorial Health Department Program Staff

PROJECT FUNDING

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

7 Proposed Project Funding Amount:* (11-month budget period)
$400,000 (Whole numbers only)

○ 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 : * 149/150 words maximum

This project aims to revitalize the Communicable Disease Program (CDP) that has been affected by two September 2017 category 5 huriccanes impacting the USVI Department of Health (VIDOH). The CDP provides information and services to prevent, test for, and treat infectious diseases such as human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and tuberculosis (TB). Due to the extensive huriccane damage, staff and facilities have been affected. Key staff within the CDP have left VIDOH. Wih this departure, historical knowledge has been lost and large gaps in staff capabilites hav been identified. Through this project, CPD will identify and improve best-practices, develop CDP 5-year plan, provide DIS training and cross-training, use data generated to inform program decisions, train/orient on staff on diseases-specific programs, and review/revise systems that may affecing short and long-term program success. The new Commissioner of Health has been appointe and key are staff are being hired but there is a need for an aassement of the current status and targeted assistance.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastru	1. Comprehensive review/assessment of SOPs, plans, staffing patterns, clinic processes, and community engagement/outreach 2. . Develop 5-year plans for each program/clinic and a comprehensive plan for the CDP	1. comprehensive review 2. review of current status/plan	1. report 2. 5-year plan	1. STD, HIV, TB, etc. programs/clinics within the CDP have had been reviewed and recommendations are in draft 2. disseminate draft 5-year plan to stakeholders, government house, and other USVI department for review and approval	1.a comprehensive report is developed that defines current status, recommendaed actions for improvement of SOPs, etc. with a timeline to address these 2. 5-year plan is implemented and is consistent with the Healthy PEople 2030 goals
Leadership and Workforce Dev	Enhance and stregthen core, cross-cutting operational public health staff cmpetencies	training of staff, confirm dates, identify trainer, pre-post testing	skilled staff with increase core public health competencies	workforce on both St. Crox and St. Thomas are trained in the prevention and controcl of priority diseases and outbreaks, cross-cutting CDP training, and are working towareds national competency level, 80% of staff trained workforce on both islands are trainined in ethical and professional conduct, humility,	100% staff trained within of 6 months of hire, training is a routine part of the CDP 5-year plan, and 75% Staff are sustained/retained for maore than 1 year, and capacity is inceased by 75% to reach national competency 100% staff are trained on core

				flexibility, etc. - core public health maagement skills - 80% of staff trained	public health management skills
Data and Information Systems	data to inform program decision making	real time data usage	useful data	impreoved collection and cleaning of data for program planning, surveillance, and epi assessment; 75% increase in the timeliness of public health reporting	reduce the incidence, morbidity, and mortality for diseases seen in teh CDP clinics
Partnerships	key stakeholders have been engaged to ensure the correct the path forward	stakeholder engagement	stakeholder buy-in	increased sharing of expertise, lessons learned, and patients referred,50% up from baseline	increased and sustainable partnership between the USVI DOH CDP and partners for public health collaboration
Program and Services	1. support partner servicess trianing for STD/HIV fileld staff 2. enhance capacity in the impelementaion of clincial interventions (PrEP, nPEP, and expedited partner therapy) 3.Enhance providers capacity in apprporate handling of clnical data, medication, and SOPs to safegurard reources and confidentality	1. ID staff, comfirm dates, indentify Partner servieces provider 2. ID staff, comfirm dates, pre and post-test assessment, train 3. ID staff, comfirm dates, pre and post-test assessment, train	1. CDP staff (VIDOH and community based organization) sare trainined in Passport to Partner Services 2. CDP staff (VIDHO and community based organizations) are trained in clinical interventions 3. CDP staff (VIDHO and community based organizations) are trained in clinical data, resources, mediation, and SOPs to safeguard resources and confidentality and expedited partner therapy	1. 80% pf CDP staff will obtain new knowledge in clinical interventions useful in the performance of their investigation activities; 85% of CDP staff will demonstrated newly acquired skills in disease intervention and partner services 2. 80% CDP staff will obtain new knowledge in clinical interventions useful in the performance of their investigation activities and 85% will demonstrate newly acquired skills 3.75% CDP staff will obtain new knowledge in clinical SOps, performing inverstgation actitities, and 80% of trained providers will demonstrate newly acquired skills in handling clinical data and resourncs; 75% trained cllinicians will l earn new knwoledge in the implementation of expedited partner therapy	1. 25% increase in update in HIV testing among partners; 85% new cases linked to care; 90% of clients at high risk of HIv or STD are offered PrEP and/or other clinical interventions 2. 25% increase in update in HIV testing among partners; 85% new cases linked to care; 90% of clients at high risk of HIv or STD are offered PrEP and/or other clinical interventions; 3. 90% of clients at high risk of HIV and STD are offerted PrEP services; 90% clients wieth HIV are linked to care; USVI will develop SOPs to support the implemntation of expedicted partner therapy; 60% of clients with STD will be offereed expediated partner therapy

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 75/200 words maximum

The organizatoins mission is to strengthen USVI using a health systems strengthening approach driven by priorities identified collectively by empowering the USVI DOH Communicable Disease Program and other USVI DOH leadership. Initiative should include: health workforce development, surveillance and epidemiology strengthening, project planning and evaluation, health information management systems and performance improvement, strategic engagement and coordiation with othe USVI DOH and key stakeholders, health policy setting, emergency response, and strategic planning in changing times.

13 Applicant Program Experience:* 68/200 words maximum

The applicant should have proven success in collaborating on programs across multipel CDC centers simultaneoulsy, with USVI, and caribbean regional technical partners. The project is designed with lessons learned in mind, and to take advantage of resources that have not been previously available or lost due to the hurricanes, as well as link up with/support on-going efforts, and wider HHS efforts to strengthen USVI communicable disease program.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 89/200 words maximum

This program involves local level collaboration between the islands that make up the USVI. Aim is to further link this work with other activities/work being conducted by CDC or other HHS agencies (HRSA Ryan White) and to improve patient care, address lost to follow-up concerns, and improve prevenion, treatment, and care of people of the USVI. Expectations are to have a more systmatic approach to institutionalizing the recommendations of woark complete to date in a comprehensive and sustainable manner through targeted program review, training, workshops/inservices, and project planning

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. : * 29/200 words maximum This project will aim to improve the USVI DOH Communicable Disease Program capability and systems for more effecive and efficient care of patients and people who they serve.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 65/100 words maximum Funds will be used to support limited appropriate staff contributin to the project; SME consultants time to assess the current status and write a comprehensive report,, provide ongoing training and work with staff on inservice/long-term training; work with staff and stakeholder on 5-year plan; work with staff and stakeholder on patient referrals and other community outreach; travel for SME(s); other proejct expenses; and 25% indirect rate.
	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.

Fina

Submission Date: 03/17/2019 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

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):* 14/15 words maximum
Technical Assistance Toolkit for Applying a Shared Risk and Protective Factor Approach to Injury Prevention

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

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

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

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 A

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

State public health departments, particularly state injury and violence prevention 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)
$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 : * 79/150 words maximum

This project will support the development of a suite of technical assistance trainings, products, and tools focused on applying a shared risk and protective factor (SRPF) approach to injury and violence prevention in state public health departments. The development of this suite of technical assistance resources should be heavily informed by state injury and violence prevention programs that have experience applying a shared risk and protective factor approach in their public health departments, in their strategic planning processes, and with state and local partners.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Public Health Systems Infrastru	Development of technical assistance resources directed toward integrating a SRPF approach in state health department organizational policies/culture, and in state strategic plans	Improved operational capacity to evaluate, manage, and improve public health systems	At least one technical assistance resource on integrating a SRPF approach into state health department organizational structure/culture developed At least one technical assistance resource on integrating a SRPF approach into state injury and violence prevention strategic plans developed	Increased state public health infrastructure capacity to address public health needs strategically and systematically	At least one technical assistance resource on integrating a SRPF approach into state health department organizational structure/culture developed and disseminated to state public health departments in all 50 states and posted to CDC's Division of Injury Prevention TA Clearinghouse. At least one technical assistance resource on integrating a SRPF approach into state injury and violence prevention strategic plans developed and disseminated to state public health departments in all 50 states and posted to CDC's Division of Injury Prevention TA Clearinghouse.
	Leadership and Workforce Dev	Development of technical assistance resources directed toward garnering public health	Improved state health department leadership capacity to identify and prioritize public	At least one technical assistance resource on garnering public health	Increased state health department leadership decision-making to address public health needs strategically and	At least one technical assistance resource on garnering public health

		leadership support and promotion a SRPF approach to injury and violence prevention	health needs, specifically as they relate to SRPFs linked to multiple forms of injury and violence	leadership support and promotion a SRPF to injury and violence prevention developed	systematically	leadership support and promotion a SRPF to injury and violence prevention developed and disseminated to state public health departments in all 50 states and posted to CDC's Division of Injury Prevention TA Clearinghouse
			Strengthened core and discipline-specific public health competencies among state public health department workforce to improve job performance, specifically related to SRPFs linked to multiple forms of injury and violence			
	Partnerships	Development of technical assistance resources directed toward developing and maintaining partnerships in planning, implementing, and evaluating a SRPF approach to injury and violence prevention	Improved state health department capacity to establish and maintain partnerships within and across sectors to create a shared vision of health	At least one technical assistance resource directed toward developing and maintaining partnerships in planning, implementing, and evaluating a SRPF to injury and violence prevention developed	Strengthened state health department capacity to respond to public health priorities collaboratively and strategically	At least one technical assistance resource directed toward developing and maintaining partnerships in planning, implementing, and evaluating a SRPF to injury and violence prevention developed and disseminated to state public health departments in all 50 states and posted to CDC's Division of Injury Prevention TA Clearinghouse
	Program and Services	Development of technical assistance resources on programs, practices, and policies that promote a SRPF approach to injury and violence prevention	Improved state health department capacity to identify, prioritize, and customize relevant programs and services to address public health needs	At least one technical assistance resource on programs, practices, and policies that promote a SRPF approach to injury and violence prevention developed	Increased capability of state health departments to implement evidence-based/informed public health programs, policies, and services to address public health needs	At least one technical assistance resource on programs, practices, and policies that promote a SRPF approach to injury and violence prevention developed and disseminated to state public health departments in all 50 states and posted to CDC's Division of Injury Prevention TA Clearinghouse.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 77/200 words maximum

Capacity to work collaboratively with injury and violence prevention programs in state health departments especially states funded through the Core State Violence and Injury Preventiong Program (CoreSVIPP). Capacity to provide technical assistance in building public health leadership support for SRPFs linked to multiple forms of injury and violence, developing state injury and violence prevention plans, communication products, and trainings. Capacity to develop technical assistance resources in a variety of mediums (web tools/trainings, presentations, hands-on activities, policy briefs) for multiple public health and related audiences.

13 Applicant Program Experience:* 93/200 words maximum

Knowledge and expertise in injury and violence prevention programs in state health departments especially states funded through the Core State Violence and Injury Preventiong Program (CoreSVIPP). History of working with state public health officials on injury and violence prevention topics, including existing partnerships with state public health leaders, experience providing technical assistance in developing state injury and violence prevention plans, communication products, and trainings. Knowledge and expertise on SRPFs linked to multiple forms of injury and violence. Experience developing technical assistance resources in a variety of mediums (web tools/trainings, presentations, hands-on activities, policy briefs) for multiple public health and key partner audiences.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 80/200 words maximum

Recipient should plan to subcontract with at least two state public health departments on the development of technical assistance resources on applying a SRPF approach to injury and violence prevention. State health departments should have substantial input on the concept, content, format, and dissemination of technical assistance resources. Recipient should also plan to collaborate with staff from the Division of Analysis, Research, and Practice Integration in the National Center for Injury Prevention and Control on concept, content, format, and dissemination of technical assistance resources.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 29/200 words maximum

Recipient should plan to subcontract with at least two state public health departments on the development of technical assistance resources on applying a SRPF approach to injury and violence prevention.

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

Briefly describe how. : * 81/200 words maximum

Research and practice experience indicates that there are many connections between and across different forms of injury and violence. Addressing these shared risk and protective factors can help state public health departments better coordinate their prevention efforts to address injury and violence in all its forms. This technical assistance toolkit will provide state health departments with practical tools and resources necessary for integrating a shared risk and protective factor approach to injury and violence prevention to increase coordination, efficiency, and broaden impact on multiple injury and violence outcomes.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 49/100 words maximum

Recipient should plan to subcontract with at least two state public health departments on the development of technical assistance resources on applying a SRPF approach to injury and violence prevention. State health departments should have substantial input on the concept, content, format, and dissemination of technical assistance resources.

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.

Fina

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

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
Translation and dissemination of STD program experiences and best practices

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

3 Division, office, or unit:*
Division Of Sexually Transmitted Disease Prevention

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

The target population is primarily state health department staff.

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 : * 126/150 words maximum

DSTDP supports STD surveillance, prevention, and control through its flagship cooperative agreement STD PCHD PS19-1901. The purpose of this project is to strengthen implementation of STD PCHD strategies by sharing programmatic experiences, best practices, and lessons learned throughout the STD PCHD recipient community on high priority topics. In collaboration with DSTDP, the recipient will do this through the creation of a series of products based on in-depth discussions with select project areas about their experiences implementing specific approaches to priority programmatic topics, such as outbreak response, congenital syphilis prevention and response, STD surveillance, and others. Products generated from this project should include presentations, implementation guides, 2-pagers, example tools, and other formats that can be made available online. This project will complement other efforts by DSTDP to facilitate peer-to-peer exchange and technical assistance to the STD PCHD recipient community.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Program and Services	Work with DSTDP to identify high priority topics and possible project areas to work with Draft templates for various products planned Work with select project areas to draft products Work with DSTDP to disseminate products	# of project areas that collaborate # of products developed	At least 15 project areas collaborate to share programmatic experiences At least 30 new products that translate those experiences effectively and are made available to STD PCHD recipient community	At least 50% of the STD PCHD recipient community is aware of translation products, have accessed at least some of them, and feel they learned new and usable information from those products	# of STD PCHD recipients who report being aware of new products # of STD PCHD recipients who report using the new products

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 37/200 words maximum

The recipient needs high capacity in health communications, translation, and dissemination, including creative services for producing high quality communication products, as well as a track record of collaborating successfully with state health department staff.

13 Applicant Program Experience:* 55/200 words maximum

The recipient should have staff with programmatic experience in STD program operations, including STD surveillance, disease investigation and intervention, the promotion of CDC-recommended clinical preventive services, policy, and prevention, in order to facilitate a productive relationship with the areas whose experiences and lessons learned are being packaged for wider consumption.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 66/200 words maximum

The recipient is expected to collaborate closely with DSTDP to identify priority topics, models and templates for products developed, and project areas to potentially work with on the dissemination work. The recipient will have to collaborate closely with the select health departments to effectively translate their experiences into a format that is accessible and useful to other project areas.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 3/200 words maximum

None expected.

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

Briefly describe how. : * 36/200 words maximum

The primary audience for this work is health department STD programs funded through PS19-1901 STD PCHD. The project will provide them with more opportunities to learn about best practices and approaches to STD prevention and control.

BUDGET INSTRUCTIONS

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

Funding will go primarily towards personnel. Little travel is expected as part of this project, as most work will be done virtually. 1 trip to Atlanta may be merited to discuss the project and participate in an STD PCHD recipient meeting in September. Costs related to software and related supplies to support virtual communication and product development may be included.

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.

Fina

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

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
USAPI Performance Improvement Initiative

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of Insular Affairs

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 A

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

USAPI Health Department and Ministry staff responsible for management

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

☑	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 : * 37/150 words maximum

The purpose of this initiative is re-instituting efforts to build and implement a performance management system in the USAPI that would be targeted and tailored to each jurisdictions' existing level of readiness, receptivity and built on current PM/QI activities.

11

Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
Public Health Systems Infrastru	developing and implementing PM/QI plan	Completion of plan and implementation	development of 1-3 jurisdiction specific plans	Completion of at least one outcome for each plan (ex accreditation, exercise, training)	Corresponding improvement in health outcomes, fiscal efficiency (reduced C/O) or numbers trained
Leadership and Workforce Dev	leadership engagement in planning and implementation	designated responsible parties at jurisidiction level and TA providers	all required leadership identified and demonstrating ability to carry out plan	Completion of at least one outcome for each plan (ex accreditation, exercise, training)	Corresponding improvement in health outcomes, fiscal efficiency (reduced C/O) or numbers trained
Partnerships	engagement of all relevant partners including CDC, and targeted Jursidictions and outside experts	documenting which partners participated	completion of planning, meeting TA needs and plan implementation	Completion of at least one outcome for each plan (ex accreditation, exercise, training)	Corresponding improvement in health outcomes, fiscal efficiency (reduced C/O) or numbers trained
Program and Services	identification and prioritization of specific programs and services targeted for improvement	verification of identified priority programs and services in action plans	completion of planning, meeting TA needs and plan implementation	Completion of at least one outcome for each plan (ex accreditation, exercise, training)	Corresponding improvement in health outcomes, fiscal efficiency (reduced C/O) or numbers trained

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 27/200 words maximum

Applicant must have capacity to convene and facilitate appropriate partners and provide the assistance necessary to ensure development and implementaion of jurisdiction specific performanc improvement action plans.

13 Applicant Program Experience:* 16/200 words maximum

Applicant must have experience in performance management and quality improvement work with USAPI Health departments/ministries.

COLLABORATIVE WORK

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

Collaboration is expected that must include relevant representatives at USAPI health departments/ministries (including leadership as well as those responsible for plan implementaiton), CDC, national and regional organizations, and experts in PM/QI activities preferably within health agencies

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 14/200 words maximum

Subcontracted work may include hiring of expertes in PM/QI and/or public health accreditation

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 18/200 words maximum

This activity would provide much needed assistance to use PM/QI methods to improve overall Health department/ministry performance.

BUDGET INSTRUCTIONS

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

Budget $150k

- $60k for regional meeting (@15 attendees in FSM, Guam or Hawaii)
- $60k for on site TA (3 visits by OIA Pacific, ASTHO, PIHOA and other experts) to assist in carrying out jurisdiction specific plans
- $15k for contracted experts
- $15k for presentation at PIHOA meeting

CIO CERTIFICATION

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

Fina

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

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):* 13/15 words maximum
Using Law as a Tool to Improve Public Health Through Communication, Collaboration and Coordination

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of Public Health Law Services

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 31/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Local Health Departments (HDs); specifically local practitioners, stakeholders, practitioners who develop policies, provide legal assistance and implement public health laws as well as monitor or evaluate laws for their effectiveness.

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)
$220,000 (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 : * 91/150 words maximum

Purpose: The purpose of this project is to enhance communication, collaboration and coordination, and access to practical tools and resources between legal counsel, practitioners, key leaders, informants, and public health policy makers representing local HDs who are responsible for public health practices impacting service delivery or public health outcomes. This project will elicit the support of a national organization representing local leaders to identify effective strategies for reaching their constituencies to share best practices, effective legal strategies, exchange ideas impacting public health outcomes and identifying critical issues impacting public health practice.

11	Program Strategies	Activities	Process Measures	Outputs	Budget Period Outcomes	Outcome Measures
	Partnerships	Maintain regular working groups of local attorneys who can discuss public health priorities and serve as a sentinel for emerging legal issues impacting the jurisdiction especially at the local level. Convene the groups on a regular basis. In years when the Network for Public Health Law convenes the academic focused Public Health Law Conference, establish a convening of legal counsel and practitioners to identify critical issues impacting local jurisdictions relating to public health. Deliver an update session on "Key Developments in Public Health Law, Policy Development in Public Health Practice, and Improving Practice and Outcomes" and establish a conference theme and process for accepting abstracts and session proposals from local HDs for the	Monthly Calls and process calls with CDC-PHLP A meeting to convene counsel and practitioners to identify critical public health issues that law can be used to improve services or outcomes. Convening a meeting of key stakeholders, policy leaders, and national partners from the field who are focused on local HD services and implementing strategies for using the law and policy to improve public health system delivery or outcomes.	Convene regular meetings of attorneys representing local HDs by teleconference. Possibly incorporate a work group for public health legal issues at the tribal and territorial levels who interact with local jurisdictions. Convene the work groups, in-person, on an annual basis to provide sessions on Key Developments in Public Health Law. Convene a Bi-Annual meeting for attorneys, practitioners, policy makers, and key stakeholders representing local HDs in public health law. The focus of the meeting will be the dissemination of practice-based resources and information, and exchange of information at a minimum the state and local practitioner/counsel/stakeholder level (engaging tribal and territorial entities where	Enhanced communication, collaboration and coordination The outcome of this project will be a better networked and informed local HD community related to key law and policy issues impacting public health departments and how pending legislation may further impact the community.	# of Calls Depth of plans for a convening in 2021. Analysis of data from 2020 convening. Development and implementation of an abstract evaluation process

		from local HDs for the conference. In years when the Network for Public Health Law Network does not convene the academic focused Public Health Law Conference, convene a meeting of practitioners, legal counsel, key stakeholders, policy leaders, and national partners from the field who are focused on health department services and implementing strategies for using the law and policy to improve public health system delivery or outcomes. This convening should practice based and provide opportunities for the local HD and STLT community to gain knowledge and practical tools, exchange ideas, present working strategies, and directly interact with their peers to discuss using the law to improve public health outcomes.		territorial entities where possible) to facilitate the development and dissemination of practical solutions to address public health issues using laws and policies as a tool.		
	Laws and Policies	Identify key political and policy issues from federal sources that may impact local jurisdictions, demonstrate an understanding of state law and national policy impact, and establish a strategy for exchanging effective public health services at the local jurisdiction level – provide regular legislative briefings as part of the working group meetings. Provide legal and policy research on topics related to key issues identified by the work groups to better inform the work groups on options and provide information for in-depth discussions of issues at the local jurisdictional levels.	The Identification of key political and policy issues from federal sources that may impact local jurisdictions and provide regular legislative briefings as part of the working group meetings. Demonstrate a knowlege of legal and policy research on topics related to key issues identified by the attorney work groups.	The recipient will provide legislative updates for work group members to provide information on pending legislative issues that may impact public health service delivery.	Increased capacity to identify, analyze, implement, and evaluate public health services delivery, combining the science of programs and the strategies that can be implemented using law and policy as a tool.	# of analyses developed on critical issues related to public health law

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

12 Applicant Organizational Capacity:* 64/200 words maximum

The applicant organization should have a proven track record of working with local jurisdictions and represent practitioners, leaders, decision makers key stakeholders, and policy anaylsts who work in public health at that jurisdictional level as well as have a demonstrated knowledge and understanding of how State and national policies impact the use of law as a tool to improve public health outcomes at the local level.

13 Applicant Program Experience:* 13/200 words maximum

The applicant should have prior experience working with local practitioners and CDC.

COLLABORATIVE WORK

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

As needed, the National Partner identified by CDC-PHLP to implement this project may partner, collaborate or subcontract with other CDC National Partners to effectively implement the project.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 10/200 words maximum

As needed. To be determined in collaboration with CDC.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 23/200 words maximum Directly provide local HD practitioners and the STLT community with the opportunity to use law as a tool to improve public health outcomes.

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 10/100 words maximum Awardee should work closely with CSTLTS-PHLP project technical monitor.

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.

Fina

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