FY 2020 (Year 3) CIO Project Plans
CDC-RFA-OT18-18030301SUPP20
Tribal Public Health Capacity-Building and Quality Improvement

Geographic Category C Eligible:
Accelerating Public Health Data Modernization in Tribal Jurisdictions

Geographic Category B and C Eligible:
Strengthening Vaccine Confidence through Communication, Education, and Outreach

Geographic Category A, B, and C Eligible:
Building Capacity for Surveillance and Prevention of Adverse Childhood Experiences (ACEs)
Building Capacity for Tribal Suicide Prevention Through Program Implementation and Evaluation
Supporting Environmental Health Response, Recovery, Mitigation, and Other Expenses Related to Declared 2018/2019 Disasters

Geographic Category C Eligible:
Accelerating Public Health Data Modernization in Tribal Jurisdictions

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

FY 2020 (Year 3) CIO Project Plan
CDC-RFA-OT18-1803
Tribal Public Health Capacity-Building and Quality Improvement

Project Plan Instructions

Please complete this form for new projects and potential new projects to fund through the 25 Tribal Recipients. New projects can expand on, scale up, or combine existing projects. Please be sure to note this in the additional remarks section at the end of this form. You can edit and save a draft of your plan by clicking the "Save and Close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the NOFO.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

Note: If you plan to continue multi-year projects at the current or reduced level, you do not need to complete this form.

GENERAL INFORMATION

1 Project Title* Accelerating Public Health Data Modernization in Tribal Jurisdictions

Please do not use all capital letters 7/15 words maximum

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:* Name of individual serving as Technical Monitor (TM) for the project.
Vernellia Johnson

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

CIO POC email address:*
hft9@cdc.gov

CIO POC phone number:*
404-498-2466

5 Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:* Category C

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

6 Description of the Target Population:* (13/25 words maximum)
Tribal public health departments and workforce segments across tribal public health departments

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: August 31, 2020 – August 30, 2021

7 Proposed Project Funding Amount:* (12-month budget period)
$1,000,000 (Whole numbers only)

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire remaining period of performance (3 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description (Narrative)*– Provide a description of the project and include a narrative of the **purpose**, **proposed activities**, **expected outputs**, **expected outcomes, and approximate number of awards**.
721/1,000 words maximum

In response to a new FY2020 Congressional appropriation, this funding opportunity will support tribal jurisdictions in developing and deploying world-class data and analytic capacity that scale rapidly in emergencies, provide forecasting capability to identify emerging threats, and ensure bidirectional information flow with health information systems. The work focuses on accelerating modernization and interoperability through enhancements in data sharing, quality, management, and use. This work will improve the translation of data into information to inform public health action and improve health outcomes.

The approach includes:

1. Augmenting workforce development and capacity;
2. Support for specific enhancements in public health data and health information systems and processes that complement but do not duplicate those funded by existing cooperative agreements; and
3. Facilitating use of shared services across public health.

This project supports tribal jurisdictions to maintain, improve, and modernize the approach to acquire, manage, and use data for public health action to more effectively detect, respond, prevent, and control diseases and conditions to protect the public health and safety.

Background & overview:
Public health relies on timely, accurate information to make prompt and insight-driven decisions to inform programs, policies, and investments. These decisions require robust data and health information systems and data science talent and infrastructure. To advance public health and enable timely and accurate exchange of data for programs at all levels of government for all diseases and conditions, the public health community must modernize its data systems, enhance its workforce, and implement technologies to better protect the public's health.

This funding opportunity supports tribal jurisdictions to develop and deploy world-class data and analytical capabilities that scale rapidly in emergencies, provide predictive ability to identify emerging threats, reduce burden on health care and public health partners reporting data, and ensure bidirectional information flow, while enhancing data sharing at all levels. This effort also aims to accelerate modernization for data, workforce, and data and health information systems infrastructure through the use of shared services offered via CDC or partner organizations. These improved capabilities will allow public health to be nimbler in preventing, detecting, and responding to both known and emerging threats.

Activity 1: Augment workforce development and capacity

As data modernization efforts facilitate increasing availability of more comprehensive, data, the public health workforce must have the capability to use these data. Strong data science, informatics, and information technology capabilities are needed to effectively acquire, manage, and use data, and to translate data into actionable information for public health decision making.

example:

- Online Courses
- Collaboration with academic institutions
- Collaboration with other AI/AN data-related activities
- Costs for staff to be trained at in-person courses
- Participation in peer-to-peer learning

Activity 2: Specific enhancements in public health data and health information systems
Applicants may request support for targeted enhancements that enable interoperability and data exchange between tribal public health and their partners in state and local public health departments and clinical care. Supported enhancements could be projects that can demonstrate more, better, and faster data exchange with clear public health uses, including the acquisition of new data sources to improve surveillance, situational awareness, and response, for example:

- Tools or equipment to improve public health data collection or exchange
- Establishment or strengthening of data linkages with state, local and other tribal public health departments, or with Tribal Epi Centers
- Leverage existing state health department systems or tools that could be shared with tribal jurisdictions to improve connectivity and data exchange with the state public health systems
- Improve flow of laboratory data from important clinical and laboratory partners, including taking advantage of existing electronic laboratory reporting (ELR) at state health departments
- Improve exchange and data quality of death records with state government
- Leverage OT18-1802 AI/AN activities that may complement workforce development with tools and/or training

Activity 3: Employ shared services to improve data quality, exchange and management
Improving data quality, exchange, management, and use will require modernizing data and health information systems. Applicants may request support to employ shared services to promote the use of data standards and system interoperability, enable better and timely exchange and use of data, and allocate resources more efficiently. The shared services may be offered via CDC or other partners, or the applicant could scale-up a service for shared use within and across tribes. The project could involve a proposal to implement a shared service that is currently not in use at the that would address a critical gap.

Applicants are encouraged to request support for shared services, for example:

- Web-based data collection and survey tools
- Data exchange and interoperability services
- Analysis and visualization services
- Peer-to-peer technical assistance supported by other organizations

10	Approximate Number of Awards:* 15

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

11	Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one):*
	○ **Tribal Public Health Systems Infrastructure:** Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement

- ○ **Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
- ◉ **Tribal Data and Information Systems:** Activities to increase the use of data and information systems
- ○ **Tribal Public Health Programs and Services:** Activities to strengthen the ability to meet public health needs in a comprehensive manner
- ○ **Tribal Public Health Resources and Communication:** Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
- ○ **Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

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

Short-Term

- ☑ Increased implementation of tools and processes that build operational capacity and effectiveness
- ☑ Increased use of core and discipline-specific public health competencies among public health workers
- ☑ Improved collection, maintenance, interpretation, and dissemination of tribal health data
- ☐ Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
- ☐ Development of culturally relevant public health resources and communication tools
- ☐ Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

Intermediate

- ☑ Increased use of nationally established standards, such as those for public health department accreditation
- ☑ Increased number of qualified public health workers
- ☐ Implementation of culturally practice-based evidence programs and services
- ☐ Increased coordination of multi-sector partnerships to generate collective public health impact

13 Recipient Organizational Capacity:* 96/200 words maximum
Include skills, technology, organization reach, and infrastructure.

Competitive applicants must have responsibility for the health of the population they serve, a demonstrated ability to execute public health priorities for their jurisdiction, authority to collect public health data, and infrastructure to carry out the proposed activities.

Successful applicants must have a demonstrated core organizational capacity to effectively execute the activities outlined by the award. Applicants must demonstrate relevant experience and technical capacity to implement the activities and achieve the project outcomes, experience and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes with clearly defined staff roles.

14 Recipient Program Experience:* 31/200 words maximum
Include content expertise and target population relationship.

Strong data science, informatics, and information technology capabilities are needed to effectively acquire, manage, and use data, and to translate data into actionable information for public health decision making.

COLLABORATIVE WORK

15 Expectations for Collaboration, if applicable: 45/200 words maximum

Applicants are encouraged to collaborate with existing and new partners, including state health departments and CDC-funded partners under OT18-1802, to advance the proposed projects described within the application to advance core elements of their data and health information systems infrastructure and processes.

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

N/A

17 Will the proposed capacity-building and quality improvement go towards tribal public health departments?* ◉ Yes ○ No

Briefly describe how. : * 43/200 words maximum

This project will support tribal jurisdictions to maintain, improve, and modernize the approach to acquire, manage, and use data for public health action to more effectively detect, respond, prevent, and control diseases and conditions to protect public health and safety.

BUDGET INSTRUCTIONS

18 Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 16/100 words maximum

	No additional requirements *Funding will support 10-15 awards with a floor of $50,000 and a ceiling of $250,000.

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

Submission Date: 02/21/2020

You will be directed to a confirmation screen upon successful save or submission.

Geographic Category B and C Eligible:

Strengthening Vaccine Confidence through Communication, Education, and Outreach

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

FY 2020 (Year 3) CIO Project Plan
CDC-RFA-OT18-1803
Tribal Public Health Capacity-Building and Quality Improvement

Project Plan Instructions

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GENERAL INFORMATION

1 Project Title* Strengthening Vaccine Confidence through Communication, Education, and Outreach

Please do not use all capital letters 7/15 words maximum

2 CIO* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

3 Division, office, or unit* Immunization Services Division

4 CIO Point of Contact (POC) name:* Name of individual serving as Technical Monitor (TM) for the project.
Jillian Doss-Walker; Achal Bhatt; Denise Rogers

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

CIO POC email address:*
gvc4@cdc.gov (Jillian); zgv8@cdc.gov (Achal); dqr2@cdc.gov (Denise)

CIO POC phone number:*
505-203-1351 (Jillian); 404.639.8588 (Achal); 404-639-8313 (Denise)

5 Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:*
Categories B and C

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

6 Description of the Target Population:* (16/25 words maximum)

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

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: August 31, 2020 – August 30, 2021

7 Proposed Project Funding Amount:* (12-month budget period)
$150,000 (Whole numbers only)

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire remaining period of performance (3 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description (Narrative)*– Provide a description of the project and include a narrative of the **purpose**, **proposed activities**, **expected outputs**, **expected outcomes, and approximate number of awards**.
297/1,000 words maximum

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

Specific Aims

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

10 Approximate Number of Awards:* 2

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

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

- ○ **Tribal Public Health Systems Infrastructure:** Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
- ○ **Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
- ○ **Tribal Data and Information Systems:** Activities to increase the use of data and information systems
- ◉ **Tribal Public Health Programs and Services:** Activities to strengthen the ability to meet public health needs in a comprehensive manner
- ○ **Tribal Public Health Resources and Communication:** Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
- ○ **Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

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

Short-Term

- ☐ Increased implementation of tools and processes that build operational capacity and effectiveness
- ☐ Increased use of core and discipline-specific public health competencies among public health workers
- ☐ Improved collection, maintenance, interpretation, and dissemination of tribal health data
- ☑ Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
- ☑ Development of culturally relevant public health resources and communication tools
- ☑ Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

Intermediate

- ☐ Increased use of nationally established standards, such as those for public health department accreditation
- ☐ Increased number of qualified public health workers
- ☑ Implementation of culturally practice-based evidence programs and services
- ☑ Increased coordination of multi-sector partnerships to generate collective public health impact

13 Recipient Organizational Capacity:* 175/200 words maximum
Include skills, technology, organization reach, and infrastructure.

The recipient should be a regional tribally designated organization located in either Category B, HHS Region 5 and/or Category C, HHS Region 9 or 10. The recipient should provide evidence of sufficient organizational capacity to manage and implement objectives. If additional staff or partners are needed to achieve the objectives, provide a statement to explain how and when essential staff will be hired. The recipient must be able to demonstrate expertise in childhood immunizations/vaccine-preventable diseases and prior experience identifying and addressing barriers to vaccine up-take among AI/AN children and reducing vaccine hesitancy in AI/AN communities. Recipient should provide evidence of strong partnerships with IHS/Tribal/Urban health facilities and medical providers who serve AI/AN communities, Indian Health Service area office, Tribal Epidemiology Centers (if applicable), and other tribes and tribal organizations in their HHS region, as well as collaboration with state and local departments of health. These collaborations will be critical to achieving program objectives including recruitment of pilot sites, education, training, and development of culturally-appropriate educational materials. Recipient should have capability to assess acceptability of culturally appropriate education materials and improvements in vaccination coverage among AI/AN children.

14 Recipient Program Experience:* 119/200 words maximum
Include content expertise and target population relationship.

	The recipient program should show strong partnerships with IHS/Tribal/Urban healthcare facilities and medical providers that serve AI/AN communities. They should have existing collaborations with the Indian Health Service Area Office, Tribal Epidemiology Center (if applicable), and CSTLTS Office of Tribal Affairs Strategic Alliances (OTASA) partners who have knowledge of the immunization vaccination rates and vaccine refusals among AI/AN children through the medical record system and data collection systems in their respective area. They should also have experience with clinical knowledge of vaccines and the ACIP/CDC recommended vaccine schedule, program evaluation, biostatistics/data analysis, physician education and training, community engagement, communication, and development of educational materials. In addition, previous experience identifying barriers or challenges to childhood immunizations among AI/AN communities to determine the culturally appropriate education and training needs and materials to be developed.
	COLLABORATIVE WORK
15	Expectations for Collaboration, if applicable: 113/200 words maximum
	The recipient will be expected to collaborate with IHS/Tribal/Urban facilities and medical providers that serve AI/AN communities in their region (HHS region 5, 9, 10), the IHS area office, Tribal Epi Center (if applicable), CSTLTS Office of Tribal Affairs Strategic Alliances (OTASA) partners, tribes, and tribal organizations, as well as collaboration with state and local departments of health to identify and develop culturally appropriate and sensitive communication messages to address vaccine hesitancy and strengthen uptake of childhood immunizations. They will collaborate to develop culturally and socially acceptable messages to be included in educational materials that can be utilized by community members and other health care organizations serving tribes and develop relevant education and training for clinical providers addressing childhood immunizations and communication.
16	Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable: 20/200 words maximum
	Sub-awards or subcontracts are permissible as long as the objective is within the scope of the activities supported in the workplan.
17	Will the proposed capacity-building and quality improvement go towards tribal public health departments?* (•) Yes ( ) No Briefly describe how. : * 44/200 words maximum The proposed project is meant to reduce vaccine hesitancy among AI/AN communities and increase childhood vaccine uptake. The training and educational materials developed will strengthen the ability to meet public health needs in a comprehensive manner and protect AI/AN children from vaccine-preventable diseases.
	BUDGET INSTRUCTIONS
18	Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 94/100 words maximum
	Funds can be utilized for the hiring of necessary personnel, the creation and dissemination of educational materials, travel, meeting supplies, printing, recruitment of pilot sites, and convening of meetings related to the development of the educational materials and provider training. Additional personnel may be required, and funds can be used to hire personnel with expertise in developing cultural educational materials and messaging, developing communication training skills for providers and evaluation of the project. *Funding will support 1-2 awards with a floor of $75,000 and a ceiling of $150,000 each, per year for 2 or more years. Future funding is not guaranteed.
	CIO CERTIFICATION
19	I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.*

Submission Date: 02/14/2020

You will be directed to a confirmation screen upon successful save or submission.

Geographic Category A, B, and C Eligible:

Building Capacity for Surveillance and Prevention of Adverse Childhood Experiences (ACEs)
Building Capacity for Tribal Suicide Prevention Through Program Implementation and Evaluation
Supporting Environmental Health Response, Recovery, Mitigation, and Other Expenses Related to Declared 2018/2019 Disasters

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

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CDC-RFA-OT18-1803
Tribal Public Health Capacity-Building and Quality Improvement

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Note: If you plan to continue multi-year projects at the current or reduced level, you do not need to complete this form.

GENERAL INFORMATION

1 Project Title* Building Capacity for Surveillance and Prevention of Adverse Childhood Experiences (ACEs)

Please do not use all capital letters 11/15 words maximum

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:* Name of individual serving as Technical Monitor (TM) for the project.
Phllis Hoditch Niolon

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

CIO POC email address:*
euh2@cdc.gov

CIO POC phone number:*
770-488-1362

5 Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:*
All Categories

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

6 Description of the Target Population:* (23/25 words maximum)

The purpose is to build capacity within tribal public health departments to access, collect, and analyze ACEs data and conduct prevention planning.

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: August 31, 2020 – August 30, 2021

7 Proposed Project Funding Amount:* (12-month budget period)
$180,000 (Whole numbers only)

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire remaining period of performance (3 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description (Narrative)*– Provide a description of the project and include a narrative of the **purpose**, **proposed activities**, **expected outputs**, **expected outcomes, and approximate number of awards**.
790/1,000 words maximum

American Indian/Alaska Native (AI/AN) peoples experience a disproportionate burden of ACE-associated health outcomes, including opioid misuse and overdose, suicide attempts, diabetes, and sexual assault. Adverse Childhood Experiences, or ACEs, are preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide.1,2 Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household.. Studies examining racial/ethnic differences in the US find that AI/AN peoples have significantly higher ACE scores than non-Hispanic whites. Research on ACEs among this population needs to examine both positive childhood experiences (PCEs; see Narayan, Rivera, Bernstein, Harris, & Liberman, 2018), including cultural protective factors (Henson et al., 2017), and ACEs, including better measurement among AIAN peoples of ACEs and PCEs. Measurement of ACEs among this population may also need to be expanded to include culturally specifc ACEs, such as dependence on commodity foods, death in the immediate family, boarding school attendance, measure of historical/intergenerational trauma).

The purpose of this funding is to conduct a pilot project to build capacity among tribes/tribal organizations to assess, collect, and analyze ACEs and PCEs surveillance data within their communities and to use that data to identify and plan for ACEs prevention/PCEs Promotion strategies. Project activities and expected outcomes are:

1. Identify any available sources of data on ACEs and PCEs within their community, access this data, and summarize it for use in planning prevention strategies.
2. Add ACEs and PCEs questions to existing surveillance systems with youth (ages 14-18), such as the Youth Risk Behavioral Survey (YRBS) or other similar systems. The additional questions for the youth survey include 8 core ACE questions, 3 core PCE questions, and an additional 5 ACEs or PCEs questions chosen by the funded recipient(s). Additional questions may be drawn from additional questions identified by CDC or may be culturally sensitive and adapted ACE and PCE questions.
3. Analyze ACE and PCE surveillance data and additional data sources (if available) to identify at least 1 ACE primary prevention/PCE promotion strategies and approaches that could be implemented in the community. Strategies should be drawn from CDC's ACEs prevention resource tool, Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. If the recipient identifies only one strategy, it must be a primary prevention strategy, one that aims to prevent ACEs from occurring in the first place. The final strategy, relating to lessening harms from ACEs, is not a primary prevention strategy, so this strategy should be identified only as an additional strategy to a primary prevention strategy. CDC can provide technical assistance in using data and the recipients's knowledge of specific cultural context of their tribal communities to help identify prevention strategies that will be appropriate and feasible. Recipients should develop and share a short (2 page) ACE prevention plan based on above information.
4. Provide a report to CDC (no more than 10 pages) covering: process evaluation of collecting ACE/PCE data among tribal youth (e.g., lessons learned during collection of ACE and PCE data, considerations for dissemination including parameters and information around sharing within and outside the community, relevant information for other tribes considering and/or implementing ACE and PCE surveillance, considerations for CDC to ensure a thoughtful, culturally appropriate surveillance of ACE and PCE data), identify additional potential ACE/PCE data sources, summary of findings, ACE prevention/PCEs promotion strategy(ies) identified. As applicable, a memorandum of understanding should be established between recipient and CDC to set parameters around information shared in the CDC report, particularly the summary of findings, and issues relevant to sharing/not sharing that information (e.g., may that information be shared outside the CDC internal team, how would the funded recipient like to be notified/permission granted if sharing is requested, may tribe be identified or only broad IHS region, etc.).
5. If appropriate, attend a public health conference to share information from this project with the AI/AN community (e.g., National Native Health Research Training Conference). Sample presentation topics may include: capacity building for ACE/PCE surveillance, culturally adapted ACE/PCE items, implementation of ACE/PCE survey, development of violence prevention plan related to ACEs prevention and PCE strengthening/support, or findings.

Outcomes of this project are to:

1. Build capacity for ACE and PCE surveillance;
2. Build capacity to use ACE and PCE data to inform selection of appropriate ACEs prevention/PCE promotion strategies.
3. Explore the feasibility of conducting ACE and PCE surveillance among tribal youth; and
4. Share capacity building process, lessons learned, findings and information related to ACE/PCE prevention with the community, CDC, and beyond.

CDC shall be available to provide technical assistance on data analysis, violence prevention and other relevant areas.

10 Approximate Number of Awards:* 2

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

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

- ○ **Tribal Public Health Systems Infrastructure:** Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
- ○ **Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
- ◉ **Tribal Data and Information Systems:** Activities to increase the use of data and information systems
- ○ **Tribal Public Health Programs and Services:** Activities to strengthen the ability to meet public health needs in a comprehensive manner
- ○ **Tribal Public Health Resources and Communication:** Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
- ○ **Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

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

Short-Term

- ☐ Increased implementation of tools and processes that build operational capacity and effectiveness
- ☐ Increased use of core and discipline-specific public health competencies among public health workers
- ☑ Improved collection, maintenance, interpretation, and dissemination of tribal health data
- ☑ Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
- ☐ Development of culturally relevant public health resources and communication tools

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

Intermediate

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

☐ Increased number of qualified public health workers

☑ Implementation of culturally practice-based evidence programs and services

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

13	Recipient Organizational Capacity:* 49/200 words maximum Include skills, technology, organization reach, and infrastructure.
	Organizations should be prepared to: 1. Add ACEs/PCEs survey questions to an existing surveillance survey (e.g., YRBS) among tribal youth with a representative sample to make generalizations to the greater youth within the community. 2. Identify staff to support the surveying, data analysis, ACE/PCE strategies identification and plan development, and CDC report
14	Recipient Program Experience:* 25/200 words maximum Include content expertise and target population relationship.
	Past experience in surveillance among tribal youth, quantitative data analysis, and report writing are critical to success.

COLLABORATIVE WORK

15	Expectations for Collaboration, if applicable: 76/200 words maximum
	Recipient organizations may need to partner with organizations who conduct surveillance of youth (e.g., YRBS) or have other identified ACEs data in order to add ACEs/PCEs questions to surveillance survey. They may also need to partner with other entities either within or external to their tribal organization who may already be conducting ACEs prevention and PCE promotion strategies or whose cooperation may be critical to planning for and implementing ACES prevention/PCEs promotion strategies
16	Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable: 2/200 words maximum
	N/A
17	Will the proposed capacity-building and quality improvement go towards tribal public health departments?* ◉ Yes ○ No Briefly describe how. : * 73/200 words maximum Buidling capacity of tribes and tribal organizations to conduct surveillance of ACEs/PCEs and to analyze and use such data will help them better identify appropriate public health approaches to ACEs prevention/PCEs promotion, especially among youth. Public health departments benefit from better data to more cost-effectively align program resources. Ultimately this work will help tribes and tribal organization effectively prevent ACEs and promote PCEs, therby improving the public health of their communities.

BUDGET INSTRUCTIONS

18	Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 29/100 words maximum
	*Funding will support 1-2 awards with a floor of $90,000 and a ceiling of $150,000 each, per year for 2 or more years. Future funding is not guaranteed.

CIO CERTIFICATION

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

Submission Date: 02/28/2020

You will be directed to a confirmation screen upon successful save or submission.

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

FY 2020 (Year 3) CIO Project Plan
CDC-RFA-OT18-1803
Tribal Public Health Capacity-Building and Quality Improvement

Project Plan Instructions

Please complete this form for new projects and potential new projects to fund through the 25 Tribal Recipients. New projects can expand on, scale up, or combine existing projects. Please be sure to note this in the additional remarks section at the end of this form. You can edit and save a draft of your plan by clicking the "Save and Close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the NOFO.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

Note: If you plan to continue multi-year projects at the current or reduced level, you do not need to complete this form.

GENERAL INFORMATION

1 Project Title* Building Capacity for Tribal Suicide Prevention Through Program Implementation and Evaluation

Please do not use all capital letters 10/15 words maximum

2 CIO* NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit* Division of Injury Prevention

4 CIO Point of Contact (POC) name:* Name of individual serving as Technical Monitor (TM) for the project.
Audrey Aaron-Moffitt; Asha Ivey Stephenson; Alex Crosby

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

CIO POC email address:*
hin4@cdc.gov; iym9@cdc.gov;aec1@cdc.gov

CIO POC phone number:*
404-639-8088

5 Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:*
All Categories

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

6 Description of the Target Population:* (10/25 words maximum)

Workforce segments across tribal public health departments and nongovernmental components.

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: August 31, 2020 – August 30, 2021

7 Proposed Project Funding Amount:* (12-month budget period)
$530,000 (Whole numbers only)

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire remaining period of performance (3 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description (Narrative)*– Provide a description of the project and include a narrative of the **purpose**, **proposed activities**, **expected outputs**, **expected outcomes, and approximate number of awards**.
444/1,000 words maximum

American Indians and Alaska Natives (AI/AN) are at higher risk of dying by suicide compared with other Americans. In 2018, non-Hispanic AI/AN populations had a rate of suicide 60% greater than the general population. A variety of suicide prevention strategies and approaches with the best available evidence has been identified by CDC in its *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*-- https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf), yet the effectiveness of these strategies and approaches in tribal populations has not yet been demonstrated.

Recognizing that tribal populations have varied environments, governments, cultures, and capacity for public health action, the purpose of this funding opportunity is to increase capacity to adapt, implement, and evaluate suicide prevention programs in tribal populations in order to reduce suicide morbidity and mortality. Multi-sectoral partnerships are strongly encouraged (e.g., school system, business sector, criminal justice, state health departments, state Violent Death Reporting System, tribal epidemiology centers, Indian Health Service, Bureau of Indian Affairs, University) in order to leverage prevention resources and expand the reach of prevention activities.

Proposed Activities:

Tribes will be supported to:

1. Review existing data (e.g., school surveys, epidemiology reports, vital statistics, emergency department data) to a) describe the general suicide problem, b) identify a subgroup(s)/subpopulation(s) at increased risk of suicide compared to the general tribal population.
2. Inventory existing suicide prevention programs directed at this subgroup(s) and those aimed at the general population in order to identify gaps and opportunities to complement existing programs.
3. Select at least one approach from CDC's technical package (See page 12) or at least one *evidence-based* program outside of the technical package (see for example, To Live to See the Great Day that Dawns: https://store.samhsa.gov/product/To-Live-To-See-the-Great-Day-That-Dawns-Preventing-Suicide-by-American-Indian-and-Alaska-Native-Youth-and-Young-Adults/SMA10-4480, to fill identified prevention gaps and/or to complement existing programs.
4. Adapt the selected approach/program to fit the cultural context of the tribe (see for example, https://vetoviolence.cdc.gov/apps/adaptation-guidance/ or https://vetoviolence.cdc.gov/apps/violence-prevention-practice/#!/), implement, and evaluate the selected approach(es)/program(s) for impact on suicide risk and protective factors and/or suicide attempts and/or suicide
5. Disseminate results (e.g., success stories/lessons learned) to stakeholders
6. Conduct listening sessions to obtain input during the project to adapt approach/program

Expected Outputs:

- Multisectoral partnership plan (e.g., partners identified, roles/responsibilites described)
- Inventory of existing suicide prevention programs targeting identified subgroup(s) and general population
- Adaptation/program implementation and evaluation plans, including process and outcome evaluation (see for example, https://www.cdc.gov/eval/framework/index.htm)
- Quarterly reports
- Final report (including program evaluation outcomes and success stories)

Expected Outcomes:

Short-term

- Increased engagement and coordination with partners
- Increased use of data for decision making
- Increased awareness of existing tribal suicide prevention activities, gaps, and opportunities
- Increased number of culturally adapted and implemented evidence-based prevention strategies used

Medium-term

- Improved ability to sustain suicide prevention strategies/programs through partnerships
- Decreased risk and increased protective factors for suicide

Long-term

- Reduction in suicide numbers and/or rates
- Reduction in suicide attempt numbers and/or rates

10 Approximate Number of Awards:* 5

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

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

- ○ **Tribal Public Health Systems Infrastructure:** Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
- ○ **Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
- ○ **Tribal Data and Information Systems:** Activities to increase the use of data and information systems
- ◉ **Tribal Public Health Programs and Services:** Activities to strengthen the ability to meet public health needs in a comprehensive manner
- ○ **Tribal Public Health Resources and Communication:** Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
- ○ **Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

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

Short-Term

- ☐ Increased implementation of tools and processes that build operational capacity and effectiveness
- ☐ Increased use of core and discipline-specific public health competencies among public health workers
- ☐ Improved collection, maintenance, interpretation, and dissemination of tribal health data
- ☑ Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

☐ Development of culturally relevant public health resources and communication tools

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

Intermediate

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

☐ Increased number of qualified public health workers

☑ Implementation of culturally practice-based evidence programs and services

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

13	Recipient Organizational Capacity:* 103/200 words maximum Include skills, technology, organization reach, and infrastructure.
	Recipient must have strong relationships and capacity working with tribal governments to advance suicide prevention and have the organizational capacity to 1) identify and work with multisectoral partners 2) review surveillance/other data sources to describe the general suicide problem and identify subpopulation(s) at increased risk of suicide; 3) inventory suicide prevention programs in the community and those targeting the identified subgroup (as applicable) in order to identify gaps and opportunities for prevention, 4) select, adapt, implement and evaluate at least one suicide prevention approach/program from the CDC technical package or another program with evidence of effectiveness; and 5) disseminate results to stakeholders.
14	Recipient Program Experience:* 73/200 words maximum Include content expertise and target population relationship.
	Recipient must have a) experience working with tribal leadership for buy-in and multi-sectoral partners in the field of tribal public health/mental health, preferably working across multiple programs within tribal governments; b) experience using data for public health program implementation and evaluation; c) knowledge of suicide prevention and suicide prevention programs in the tribe/community; d) experience adapting, implementing, and evaluating tribal suicide prevention strategies/programs, and e) experience in disseminating program progress and outcomes.

COLLABORATIVE WORK

15	Expectations for Collaboration, if applicable: 108/200 words maximum
	Recipient is expected to collaborate closely with CDC's National Center for Injury Prevention and Control/Division of Injury Prevention/Suicide Prevention Team on all aspects of this project. Multisectoral partnerships with other agencies, organizations, or groups working in suicide prevention or with populations being addressed (e.g., school system, business sector, criminal justice, state health departments, tribal epidemiology centers, Indian Health Service, Bureau of Indian Affairs Tribal Epidemiology Centers) is highly encouraged in order to leverage resources, build awareness in the community, and extend program reach, and support sustainability. Technical assistance may include helping tribes partner with tribal, state, and local suicide prevention agencies and programs and other program activities.
16	Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable: 2/200 words maximum
	N/A
17	Will the proposed capacity-building and quality improvement go towards tribal public health departments?* ◉ Yes ○ No Briefly describe how. : * 25/200 words maximum The adaptation, implementation, and evaluation of evidence-based strategies/programs will build public health capacity within tribes and tribal programs to reduce morbidity and mortality caused by self-injurious behavior.

BUDGET INSTRUCTIONS

18	Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 58/100 words maximum
	Funding will support staffing to carry out program activities (e.g., data analyst, suicide prevention program specialist/coordinator, program evaluator. It will be important to leverage existing tribal resources, as project staff positions may not be funded at 100%). Administrative costs are allowed. *Funding will support 1 – 5 awards with a floor of $106,000 and a ceiling of $265,000 each, per year for 3 years.

CIO CERTIFICATION

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

Submission Date: 02/20/2020

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

FY 2020 (Year 3) CIO Project Plan
CDC-RFA-OT18-1803
Tribal Public Health Capacity-Building and Quality Improvement

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Note: If you plan to continue multi-year projects at the current or reduced level, you do not need to complete this form.

GENERAL INFORMATION

1 Project Title*: Supporting Environmental Health Response, Recovery, Mitigation, and Other Expenses Related to Declared 2018/2019 Disasters

Please do not use all capital letters 13/15 words maximum

2 CIO*: NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit*: Office of the Director/ADEM

4 CIO Point of Contact (POC) name:* Name of individual serving as Technical Monitor (TM) for the project.
Chase Gorishek; Renee Funk; Justin Gerding

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

CIO POC email address:*
olz7@cdc.gov; rjf8@cdc.gov; iud0@cdc.gov

CIO POC phone number:*
404-623-5964; 404-498-2499 ; 770-488-3972

5 Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:*
All Categories

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

6 Description of the Target Population:* (20/25 words maximum)
Public health departments and tribal serving organizations within or serving jurisdictions in which a major disaster or emergency has been declared.

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: August 31, 2020 – August 30, 2021

7 Proposed Project Funding Amount:* (12-month budget period)
$1,500,000 (Whole numbers only)

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire remaining period of performance (3 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description (Narrative)*– Provide a description of the project and include a narrative of the **purpose**, **proposed activities**, **expected outputs**, **expected outcomes, and approximate number of awards**.
484/1,000 words maximum

Additional Information on Target Population:
Public health departments and tribal serving organizations within or serving jurisdictions in which a major disaster or emergency has been declared under section 401 or 501 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170 and 5191) or pursuant to provisions provided through the Sandy Recovery Improvement Act (SRIA) of 2013: https://www.fema.gov/sandy-recovery-improvement-act-2013 (referred to under this heading as "covered disaster or emergency"), including activities authorized under section 319(a) of the Public Health Service Act (referred to in this Act as the "PHS Act").

Purpose:
The purpose of this project is to provide support for response, recovery, mitigation, and other expenses directly related to a covered disaster or emergency, including the consequences of Hurricanes Florence and Michael, wildfires, and earthquakes occurring in calendar year 2018, as well as, tornadoes and floods occurring in calendar year 2019.

Expected outcomes:
1. Identification and reduction of disaster-related environmental health (EH) hazards.
2. Effective interventions developed and implemented to address disaster-related EH hazards.
3. EH programs have capacity to identify and eliminate post-disaster EH hazards.
4. Interventions demonstrated to be effective and sustainable.

Proposed activities:
Activities should address tribal health departments' needs for strengthening capacity to respond to, recover from, or mitigate EH-related impacts resulting from or exacerbated by covered disasters or emergencies. Examples of EH topics and functions for which increased capacity is needed may include the following:
- Air quality and asthma
- Mold
- Drinking water
- Wastewater
- Food safety
- Rodent control
- Radiation
- Siting and hazard assessments of early care and education facilities
- Environmental health inspections
- Community EH needs assessments
- Disaster-related mortality surveillance

Objetives and Sample Activities:
Objective 1: Strengthen EH data use and informatics capacity
Activity 1a: Assess and improve information systems and informatics capacity to support identifying and characterizing EH hazards that resulted from or were exacerbated by covered disasters.
Activity 1b: Identify and evaluate the utility of EH datasets for identifying environmental health needs or hazards arising from the covered disaster.
Activity 1c: Establish platforms and protocols for collecting, analyzing, and making EH data publicly available during and after a covered disaster to promptly and accurately assess immediate and long-term needs.
Activity 1d: Provide training to strengthen EH professional technical competencies in using data to identify and address EH needs or hazards arising from the covered disaster.

Objective 2: Identify, prevent, and control EH hazards
Activity 2a: Determine and use scientific methods or processes for identifying EH hazards that resulted from or were exacerbated by covered disasters.
Activity 2b: Identify and implement interventions proven to be effective in mitigating the effects of EH hazards that resulted from or were exacerbated by covered disasters.
Activity 2c: Build partnerships for collaborative approaches to identify and control EH hazards related to covered disasters.
Activity 2d: Conduct EH hazard assessments of communities affected by covered disasters.
Activity 2e: Assess and improve surveillance to better monitor the effects on public health of the covered disasters.

*Funding will support approximately 3 awards with a floor of $250,000 and a ceiling of $750,000 each. Future funding is not guarunteed.

10 Approximate Number of Awards:* 3

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

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

- ○ **Tribal Public Health Systems Infrastructure:** Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
- ○ **Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
- ○ **Tribal Data and Information Systems:** Activities to increase the use of data and information systems
- ◉ **Tribal Public Health Programs and Services:** Activities to strengthen the ability to meet public health needs in a comprehensive manner
- ○ **Tribal Public Health Resources and Communication:** Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
- ○ **Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

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

Short-Term

- ☑ Increased implementation of tools and processes that build operational capacity and effectiveness
- ☑ Increased use of core and discipline-specific public health competencies among public health workers
- ☑ Improved collection, maintenance, interpretation, and dissemination of tribal health data
- ☐ Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
- ☐ Development of culturally relevant public health resources and communication tools

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

Intermediate

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

☑ Increased number of qualified public health workers

☑ Implementation of culturally practice-based evidence programs and services

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

13 Recipient Organizational Capacity:* 166/200 words maximum
Include skills, technology, organization reach, and infrastructure.

Successful recipients must have a demonstrated core organizational capacity to effectively conduct the activities for which awards are made. This organizational capacity includes skill sets such as program planning and performance management, partnership development, evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management (including developing staffing plans, developing and training workforce and developing a sustainability plan). Applicants should have adequate infrastructure (equipment and physical space), information and data systems, electronic information and communication systems, and workforce capacity and competence to execute the award. Applicants must also be fully capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with 45 or 74 C.F.R. Documentation to illustrate adequate staffing plan and program management structure includes organizational charts, job descriptions, CVs/resumes, and staffing plans that clearly define staff roles and expertise as they relate to the activities and outcomes. At least two letters of support from other organizations should be used to demonstrate ability to build and maintain partnerships.

14 Recipient Program Experience:* 54/200 words maximum
Include content expertise and target population relationship.

Tribal public health departments and tribal serving organizations with demonstrated experience working in and with communities in which a major disaster or emergency has been declared. Successful applicants may also demonstate prior EH program experience or expertise in indentifying, preventing, and controlling environmental health hazards; assessing enivironmental inverventions; and strengthening environmental health capacities.

COLLABORATIVE WORK

15 Expectations for Collaboration, if applicable: 160/200 words maximum

NCEH expects applicants to develop collaborations pertinent to the proposed work plan. Applicants can document collaborations by providing letters of support, memoranda of understanding, or interagency plan that detail the nature and extent of the involvement from the performing organization and outside entity.

- **With other CDC programs and CDC-funded organizations:** Recipients may be expected to collaborate with different CDC programs and technical staff depending on project EH topic area or function being addressed. Collaboration with CDC communications programs and staff may also be expected for activities that produce communications products, such as outreach and educational campaigns and materials and public health messaging.
- **With organizations not funded by CDC:** Based on the applicant's strategy, potential collaboration, partnerships, and outreach could include work with, but is not limited to, other environmental and public health agencies and non-governmental organizations. Applicants may have opportunities to request support from non-governmental organizations to assist with equipment and supplies procurement and to assist with other administrative processes.

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

N/A

17 Will the proposed capacity-building and quality improvement go towards tribal public health departments?* ◉ Yes ○ No

Briefly describe how. : * 81/200 words maximum

Programs and services – strengthens capacity of EH programs and services in areas such as drinking water, recreational water, water management, rodent control, food safety, exposure assessment, outbreak investigations, and other programs/services provided by EH departments.

Priority and emerging hazards and issues – strengthens capacity to address specific priority EH hazards or issues such as harmful algal blooms, premise plumbing hazards, extreme weather events, as well as environmental public health issues related to homelessness and other conditions that may impact the environment.

BUDGET INSTRUCTIONS

18 Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 101/100 words maximum

Funding may support staff time, travel, shipping, printing, contracting for services/products, purchasing supplies/equipment. Contracted services may include but not limited to developing tools, guidance documents, protocols and surveys; collecting, organizing, analyzing, and/or interpreting environmental health data; conducting assessments and surveillance; evaluating EH interventions, services, processes; training EH practitioners and other health department staff, community leaders, and the public about disaster related EH hazards and risks, and creating communications products, such as outreach and educational campaigns/materials and public health messaging. Future year funding is not guaranteed.

*Funding will support approximately 3 awards with a floor of $250,000 and ceiling of $750,000 each

CIO CERTIFICATION

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

Submission Date: 02/12/2020

You will be directed to a confirmation screen upon successful save or submission.