FY 2018 CIO Project Plan

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

GENERAL INFORMATION			
1	**Project title (please do not use all caps; 15 word limit):** Building capacity to prevent and control Rocky Mountain spotted fever in Arizona	2	**CIO:*** National Center for Emerging and Zoonatic Infectious
		3	**Division:*** Division of Vector-Borne Diseases
4	**CIO point of contact (POC) name:*** Naomi Drexler; Lynnette Swerdlow **CIO POC email address:*** isj3@cdc.gov; zvq7@cdc.gov **CIO POC phone number:*** (404) 718-4669; (404) 639-3370		
5	**Select the geographic category to receive:*** **Category A** ☐ **Category B** ☐ **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:* (25 word limit)** Tribal health departments and workforce segments across tribal public health departments		

PROJECT FUNDING OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023 Budget Period Length: September 1–July 31			
7	**Proposed Project Funding:*** **$200,000 (Whole Numbers Only)**		☐ **Unfunded** ☒ **Funded**
8	**Expected Length of Project (Check one):*** ☒ **The CIO will fund the project for the entire period of performance (5 years). The recipient 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 recipient will submit a continuation application for each budget period (every 12 months).** ☐ **The CIO will fund the project for one year. The recipient 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 – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit):***

Please note: There will be up to 2 awards total.

Purpose

The purpose of this NOFO is to build critical capacity to prevent Rocky Mountain Spotted Fever (RMSF) by directly funding tribal nations in Arizona experiencing cases of RMSF. An ongoing epidemic of RMSF affects tribal lands in Arizona with more than 380 cases and 22 deaths since 2003—a case fatality rate 15 times higher than that national rate. RMSF prevention is multidisciplinary problem, requiring technical resources across public health, veterinary, clinical medicine, vector control, environmental health and sanitation. This NOFO will support tribes in establishing the foundational programs that contribute to RMSF control by training staff, purchasing equipment, building facilities, developing communications materials, and establishing partnerships that will sustain RMSF prevention in the long term.

Proposed activities

Activities supporting the objectives of this plan may include, but are not limited to:

- Hiring and training staff in safe animal control practices, vector control practices, epidemiological support to supplement current tribal capacity;
- Purchasing equipment to support environmental cleanup, animal control, or vector control;
- Developing culturally appropriate and locally-tailored educational materials about RMSF; and
- Retrofitting or modifying tribal facilities to better accommodate vector control and animal control needs.

Expected outputs

- Trained and equipped staff to carry out vector control or animal control activities;
- Strong plans for evaluating effectiveness and use of RMSF prevention activities;
- Culturally appropriate educational materials about RMSF; and
- Infrastructure to support RMSF prevention.

Expected outcomes

- Improve capacity and support the health of targeted tribal communities in order to increase public health resources and services for RMSF prevention.
- Identify through practice-based field efforts, gaps in current disease prevention activities, and propose process improvements to increase dissemination of proven RMSF interventions.
- Collect data to monitor service utilization, progress indicators (e.g. tick burden, disease incidence, and numbers of sterilized dogs), and overall impact of RMSF prevention efforts.
- Increase collaboration with partners to work towards the establishment of an RMSF network with the goal of sustainable control.

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

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Tribal Capacity Building and Quality Improvment Program Strategic Areas (Check one or more):*

☒ **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

11 **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-based programs and services
☐ Increased coordination of multi-sector partnerships to generate collective public health impact

12 **Recipient Organizational Capacity (200 word limit):***

The recipient organization should be federally recognized AI/AN tribal nation in the state of Arizona or a tribal organization working collaboratively with a federally recognized tribe with at least one tribal nation located in the state of Arizona.

The recipient should also provide evidence of sufficient organizational capacity to manage and implement project objectives. If additional staff are needed to support program objectives (for example an epidemiologist, health education, project officer, animal control officer, environmental health specialist, or vector control agent) provide a statement to explain how and when essential staff will be hired and include expectations for continuation following the funding period.

Recipients should be able to demonstrate the recent occurrence of RMSF cases in their tribal community or in member communities in the last decade (since January 2008).

13 **Recipient Program Experience (200 word limit):***

Recipients must either be a tribal nation located in Arizona or a tribal organization working (within the last 10 years) with one or more tribal nation(s) located in the state of Arizona on RMSF prevention. The recipient should demonstrate experience/expertise in animal control, health education, epidemiology, program management, and/or vector control in line with program objectives. If additional expertise is needed to support program objectives (for example statistical training, pest applicator or animal control training) provide a statement of the current expertise gaps and plans for filling those gaps within the funding period.

COLLABORATIVE WORK

14 **Expectations for Collaboration, as applicable (200 word limit):**

No specific collaborations are required for this funding opportunity, but it is expected that the recipient will build internal and external partnerships to develop sustainable RMSF prevention programs.

15 **Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable (200 word limit):**

Sub-awards or subcontracts are permissible so long as the objective is within the scope of work activities supported in the work plan. If the awardee choses to sub-award contracts over $25,000 they must provide written justification to the CDC Project Manager. Subcontracts are permissible for support in technical expertise not available through the tribe; contracted areas may include statistical analysis, program evaluation, veterinary care, vector control or similar areas.

16	**Will the proposed capacity building and quality improvement go towards tribal public health departments?** ☒ **Yes** ☐ **No** **If yes, briefly describe how (200 word limit):** It is expected that this project will benefit tribal public health departments by providing resources to build infrastructure and expand tribal capacity to prevent RMSF. Activities may include development of vector control or animal control programs and facilities, training of staff in safe animal control practices or integrated pest management techniques, creation of culturally appropriate and locally minded educational materials on RMSF, expansion of veterinary practices, and organization of solid waste cleanup projects. These activities are intended to create evidence-based RMSF prevention programs which can be sustained and run by tribes.

BUDGET INSTRUCTIONS

17	**General Instructions for Use of Funds, as applicable (100 word limit):** Applicants must provide a detailed budget narrative explaining costs and justification in how those expenditures fall within the project scope of work and help meet program objectives. Allowable expenditures include equipment and product purchase, printing, personnel needs, travel, printing and sub-contracts as are supported within the program objectives.

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FY 2018 CIO Project Plan

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

GENERAL INFORMATION			
1	**Project title (please do not use all caps; 15 word limit):** Support Tribal Health Department Capacity to Accelerate CDC's 6|18 Initiative and Approach	2	**CIO:*** Office of the Associate Director for Policy
		3	**Division:*** Office of Health Systems Collaboration
4	**CIO point of contact (POC) name:*** Kristin Brusuelas **CIO POC email address:*** kmb0@cdc.gov; mvz2@cdc.gov **CIO POC phone number:*** 404 498-6545		
5	**Select the geographic category to receive:*** **Category A** ☒ **Category B** ☒ **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:* (25 word limit)** Tribal public health departments, workforce segments across tribal public health departments, or nongovernmental tribal public health components		

PROJECT FUNDING OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023 Budget Period Length: September 1–July 31			
7	**Proposed Project Funding:*** **$80,000 (Whole Numbers Only)**		☐ **Unfunded** ☒ **Funded**
8	**Expected Length of Project (Check one) :*** ☐ **The CIO will fund the project for the entire period of performance (5 years). The recipient 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 recipient will submit a continuation application for each budget period (every 12 months).** ☒ **The CIO will fund the project for one year. The recipient 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 – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit) :***

Purpose: To strengthen partnership efforts among tribal health systems and state public health and state Medicaid agencies.

Background: The changing health care landscape requires more public health and health care collaboration. CDC's 6|18 Initiative is an effort to build cross-sector partnerships with health care purchasers, payers, and providers to improve health and control health care costs. The 6|18 Initiative identifies six common high-cost health conditions with specific interventions proven to control health costs, increase quality of care, and improve health outcomes. Initially, CDC focused on strengthening the partnerships between state health departments and state Medicaid agencies to improve coverage and utilization of these effective, evidence-based interventions. Each partnership took up different 6|18 interventions depending on the needs and priorities of their populations; activities included promotional campaigns to support utilization of traditional clinical preventive services (e.g. increased tobacco cessation counseling by providers), policy changes to support innovative services outside the clinical setting (e.g. Medicaid reimbursement of community health works to assess asthma triggers), and others. For more information and resources, please go to www.cdc.gov/sixeighteen.

This funding will support implementation of at least one of the 6|18 interventions throughout the tribal health system through activities such as:

- Establish multi-sectorial partnerships
- Develop culturally-appropriate strategies and cultural practice based interventions.
- Partner with the State Medicaid Program, State Health Department, and other appropriate organizations Utilize health system data more effectively

Expected Outputs:

- Engagement tools (e.g., policies, meeting agenda templates, and engagement plans) for Tribal Public Health and Healthcare Professionals on working with State Health Department staff, State Medicaid Program staff, non-Medicaid health care organizations, and understanding trends in health system transformation.

AND/OR

- Culturally-specific tools, strategies, messages to support 6|18 interventions with tribal leaders, healthcare provides, community stakeholders, etc.

Expected Outcomes:

- Short-term outcome: Tribal Public Health and Healthcare Professionals establish sustainable relationships with leaders in the State Medicaid Program, the State Health Department, and other healthcare and health system leaders.
- Intermediate outcome: Tribal Public Health and Healthcare Professionals are engaging with health care and health system partners, including State Medicaid Program, to collaborate to improve health outcomes and control healthcare costs for the tribal nations they serve.
- Sustainable workforce development: Tribal Public Health and Healthcare Professionals better utilize health system data to focus on 6|18 and other preventive interventions.

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

10

Tribal Capacity Building and Quality Improvment Program Strategic Areas (Check one or more) :*

☐ **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

11	**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-based programs and services ☒ Increased coordination of multi-sector partnerships to generate collective public health impact
12	**Recipient Organizational Capacity (200 word limit) :*** Applicant must operate a tribal health program that allows for community level control, such as a 638 compact, which may allow for changes to payment and services without necessitating state regulatory changes. Applicant should also have some experience in building strategic partnerships with other government programs, health system partners, and/or community-based organizations. Organizational capacity should include project coordination, program support for partnership activities, tool development, and an avid interest in understanding trends in health system transformation.
13	**Recipient Program Experience (200 word limit) :*** Applicant should demonstrate expertise in translating evidence-based practices into culturally appropriate public health programs and policies. Applicant should have some experience in building and maintaining strategic partnerships with other inter-tribal/local/state/federal government programs, health system partners, and community-based organizations. Applicant should have a clear understanding of state and federal Medicaid policies and experience in leveraging Medicaid funds to support tribal health programs. Applicant should also demonstrate knowledge of the other health system stakeholders (e.g. IHS, commercial payers, purchasers, providers, etc.) operating in their service area.
	COLLABORATIVE WORK
14	**Expectations for Collaboration, as applicable (200 word limit):** Awardee is expected to collaborate with other health system stakeholders in order to work towards the goal of improving health and controlling healthcare costs. Stakeholders should include the State Health Department and the State Medicaid Program, as well as other relevant state, local, and tribal government agencies and private entities. Awardee will receive technical assistance via regular phone calls wih CDC and other subject matter experts, leadership academy workshops, virtual trainings on a variety of health systems topics, and program evaluation support where appropriate. Issues that may be addressed through technical assistance issues range from implementation strategies to developing a business case to policy research and analysis. CDC may also make outside consultants available to the awardee if feasible. Awardee will be supported to attend at least one in-person convening per year in Atlanta to assist in project planning and capacity building.
15	**Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable (200 word limit):** N/A
16	**Will the proposed capacity building and quality improvement go towards tribal public health departments?**

☒ **Yes**
☐ **No**

If yes, briefly describe how (200 word limit):
CDC's 6|18 Initiative identifies discrete high cost, high burden health conditions, highlights the evidence-based interventions to address these conditions, and promotes the best practices needed for successful implemention of the interventions. In particular, the 6|18 Initiative facilitates the the partnerships necessary to bring about payment and delivery reform measures. The learnings from this project will increase staff knowledge of tools, processes, and stakeholders that will continue to help the tribal health department in implementing other health systems quality improvement projects.

BUDGET INSTRUCTIONS

17 **General Instructions for Use of Funds, as applicable (100 word limit):**

Awardee will have substantial discretion in use of funds as long as use is directly related to the project acitivities. Funds may be used to support the time of existing staff, hire new staff, develop staff capacity, travel to collaborative meetings, or other appropriate activities.

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FY 2018 CIO Project Plan

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

GENERAL INFORMATION			
1	**Project title (please do not use all caps; 15 word limit):** Opioid Overdose Prevention in Tribal Communities	2	**CIO:*** National Center for Injury Prevention and Control
		3	**Division:*** Division of Unintentional Injury Prevention
4	**CIO point of contact (POC) name:*** Jan Losby **CIO POC email address:*** JLosby@cdc.gov; zep0@cdc.gov **CIO POC phone number:*** 770-488-8085		
5	**Select the geographic category to receive:*** **Category A** ☒ **Category B** ☒ **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:* (25 word limit)** #1: Tribal public health departments #2: Workforce segments across tribal public health departments #3 Nongovernment tribal public health for example, community-based organizations, community health centers, primary care providers, clinics, hospitals		
PROJECT FUNDING OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023 Budget Period Length: September 1–July 31			
7	**Proposed Project Funding:*** **$1,000,000 (Whole Numbers Only)**		☐ **Unfunded** ☒ **Funded**
8	**Expected Length of Project (Check one):*** ☐ **The CIO will fund the project for the entire period of performance (5 years). The recipient 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 recipient will submit a continuation application for each budget period (every 12 months).** ☐ **The CIO will fund the project for one year. The recipient 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 – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit):*

Please note: Each applicant may submit a project plan for between $250,000 and $1,000,000. The maximum number of awards is 25.

Purpose: The opioid overdose epidemic is affecting every part of the United States, with tribal communities being hit especially hard. Deaths from prescription opioids and illicit opioids for American Indian and Alaska Natives (AI/AN) are higher than the national rate. In 2016, the opioid-related overdose death rate for AI/ANs was 13.9 deaths per 100,000 which exceeded the national rate of 13.3. The purpose of this cooperative agreement is to address the critical need for public health prevention and intervention by directly funding AI/AN Tribal Nations and Regional AI/AN Tribally Designated Organizations (referred to as Tribes and Tribal Organizations in this document.)

Proposed Activities: All recipient Tribes and Tribal Organizations are required to address strategic planning and are required to select at least one from three optional areas: data, evidence-based/culturally-appropriate health systems interventions, or innovative community-based strategies that build upon cultural strengths.

Strategic Planning (REQUIRED for all): Successful efforts to address opioid overdose require collaboration from multiple partners and sectors to address the problem in a comprehensive way and on multiple fronts. Strategic planning is intended for the first year of the project. Example activities could include:

- Conducting a needs assessment to better understand the opioid overdose landscape (including attention to topics such as data, health systems, and community-based strategies)
- Updating an existing strategic plan
- Developing a strategic plan for a particular aspect of prevention
- Developing and executing memorandums of understanding or agreements between stakeholders to enhance plan implementation

Data (Optional): Strengthen epidemiologic surveillance and public health data infrastructure to address issues of data quality and timeliness. This may include:

- Collaborating with Indian Health Service's Tribal Epidemiology Centers to address data needs
- Developing and implementing a plan to address AI/AN data elements related to racial classification across data systems
- Developing and establishing plan to coordinate partners to enhance non-fatal data collection of emergency department (ED) data for example by expanding data sharing linkages and/or improve the quality of data submitted by tribally-run clinics and/or urban clinics/hospitals with EDs
- Developing and establishing plan to coordinate partners (such as medical examiners, coroners, or funeral directors) to improve the abstraction of data from death certificates to collect timely data on key risk factors and substances contributing to opioid-related overdose deaths in the applicant's tribal communities

Evidenced-based/Culturally-appropriate Health System Interventions (Optional): Increase the use of evidence-based/culturally-appropriate prescribing interventions within tribally-run clinics. This may include:

- Improving infrastructure and capacity to implement safer prescribing practices, such as implementing aspects of CDC's Guideline for Prescribing Opioids for Chronic Pain, embedding clinical decision supports within electronic health records (EHRs), or accessing and using prescription drug monitoring program (PDMP) data to inform clinical decisions
- Creating (or modifying existing) culturally-appropriate health education materials for patients to support effective implementation of safer prescribing practices
- Enhancing linkage to care for those with an Opioid Use Disorder (OUD) or at risk of an overdose or have had a recent overdose to ensure that vulnerable patients are receiving naloxone, being referred to MAT, provided "warm hand-offs" to community-based recovery organizations, and are linked to community health workers/patient navigators at this critical time of care. Interventions may need to be linked to EDs in urban clinics or hospitals.
- Ensuring clinicians including pharmacists are prepared to educate around naloxone and community health workers/patient navigators provide post-overdose follow-up.

Innovative Community-based Strategies (Optional): Community-based intervention strategies should be informed by insights gleaned from the data component of this cooperative agreement as well as by local tribal culture. Innovative community-based strategies should build upon the strengths of local tribal culture, tradition, and practices. Examples are offered for ideas (note this is not an exhaustive list as innovations from communities are likely unique to their own setting and situation):

• Enhancing public health and public safety (i.e., police and law enforcement agencies, courts and corrections, as well as first responders such as fire and paramedic/emergency services) collaborations. Public safety partners play a critical role in responding to opioid overdoses and should be engaged in prevention efforts aimed at reducing opioid-related (including prescription or illicit opioids) morbidity, mortality, and associated harms. Examples may include: (i.) using cross-sector notification and response mechanisms such as ODMAP http://www.hidta.org/odmap/ or use of arrest and or seizure data to identify hotspot; (ii.) linkages to care and/or harm reduction such as pre-arrest or pre-trial diversion, which use interactions with law enforcement as an opportunity to refer individuals with substance use disorder to treatment.

• Implementing upstream evidence-based strategies that are culturally appropriate for AI/AN communities that can prevent the occurrence of or mitigate the effects of Adverse Childhood Experiences (ACEs) or can address risk factors for opioid misuse, including trauma and early adversity. Rather than creating new interventions, encouraged to adapt ones that already exist (https://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html)

Expected Outputs:

Strategic Planning (Year 1)

• Create an actionable strategic plan to address the opioid overdose epidemic with measurable objectives, MOUs with key partners, and measures to evaluate program achievements

• Buy in and support from stakeholders

Data (Years 2-3)

• Implement data component of strategic plan

• Increased ability to access, analyze, and apply data

Evidence-Based and/or Community-Informed Health System Interventions (Years 2-3)

• Implement health system component of strategic plan

• Implement a policy, practice, or program within selected health system

• Prepare one summary document (10 pages) that describes the implemented culturally relevant health system intervention

• Create at least two (or modifying existing) culturally-appropriate health education materials for patients with pain management needs to support effective implementation of safer prescribing practices

• Provide culturally-appropriate training and technical assistance on the coordination of care and linking people to treatment services

Innovative Community-based Strategies (Years 2-3)

• Implement community-based component of strategic plan

• Prepare one summary document (10 pages) that describes the implemented culturally relevant community-based intervention

Expected Outcomes:

• Increasing the use of data to inform evidence-based and/or community-informed and culturally-appropriate prevention strategies and programmatic decision-making

• Improved AI/AN racial classification in data sets

• Improved non-fatal data (morbidity) for AI/AN populations

• Improved fatal data (mortality) for AI/AN populations

• Improved health systems infrastructure and capacity to implement safer prescribing practices

• Increased implementation of community-based strategies to address opioid overdose epidemic

TRIBAL PUBLIC HEALTH CAPACITY BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL	
10	**Tribal Capacity Building and Quality Improvment Program Strategic Areas (Check one or more):*** ☐ **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
11	**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-based programs and services ☒ Increased coordination of multi-sector partnerships to generate collective public health impact
12	**Recipient Organizational Capacity (200 word limit):*** Applicant must demonstrate reach and collaborative opportunities with public health entities in tribal communities. Given the complexity and reach of the opioid overdose epidemic, it is important that applicants are primed for success through effective collaborations between tribal, state, and local entities. Applicant should have the a mixture of the following organizational and institutional capacities: ability to develop and implement strategic public health approaches that are culturally relevant and appropriate, ability to partner with tribally-run clinics, ability to work with data surveillance systems and conduct data analytics, evaluation capacity, and strong ability to collaborate with other public health partners and resources.
13	**Recipient Program Experience (200 word limit):*** Applicant should have strong experience with AI/AN public health programs (a plus if the applicant has experience with prescription opioid overdose, illicit opioids, or opioid overdose public health programs) and experience implementing effective public health action through a multi-pronged approach. Applicant should be knowledgeable of strategic planning, health systems, and effective community interventions. Applicant should have knowledge of CDC's prevention efforts as they relate to the opioid overdose epidemic. Applicant should have experience improving data quality, timeliness, accuracy, and completeness and/or collaborating with Tribal Epidemiology Centers (TEC). Experience or working with TECs collecting non-fatal data (morbidity) for AI/AN populations with such metrics that track: all drug overdose ED visits; ED visits involving all opioid overdoses excluding heroin; ED visits involving heroin; all drug hospitalizations;

	hospitalizations involving all opioid overdoses excluding heroin; and hospitalizations involving heroin overdoses. Experience or working with TECs collecting fatal data (mortality) for AI/AN populations with such metrics that track: all drug overdose deaths; drug overdose deaths involving opioids; drug overdose deaths involving natural, semi-synthetic and synthetic opioids; drug overdose deaths involving natural and semi-synthetic opioids; drug overdose deaths involving synthetic opioids other than methadone; drug overdose deaths involving methadone; and drug overdose deaths involving heroin.
COLLABORATIVE WORK	
14	**Expectations for Collaboration, as applicable (200 word limit):** Applicant is expected to have or to develop meaningful collaborations with groups/partners most directly involved with opioid overdose surveillance. These meaningful collaborations should include organizations that: (1) have experience with prescription opioid overdose or opioid overdose public health programs and experience implementing effective public health action through a multi-agency approach; (2) have experience conducting or providing technical assistance around data collection and surveillance in opioid overdose; (3) have experience bringing together personnel from agencies and organizations across sectors, especially tribally-run clinics; and (4) have experience tailoring health and community interventions for cultural appropriateness.
15	**Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable (200 word limit):** The applicant may contract (or acquire consultant services) as needed, to assist in the development and implementation of the public health strategies. Potential contractors may assist in the development of tribal approaches to opioid overdose prevention based on existing assessments. If any subcontracting required, subcontractors should have the following areas of expertise: Experience working in with tribal and multi-sector collaborative, particularly with a diverse array of decision-makers, tribally-run clinics, Tribal Epidemiology Centers, or public safety.
16	**Will the proposed capacity building and quality improvement go towards tribal public health departments?** ☒ **Yes** ☐ **No** **If yes, briefly describe how (200 word limit):** The purpose of this project plan is to address the critical need for public health prevention and intervention by directly funding AI/AN tribal nations and regional AI/AN tribally designated organizations. The intent is to improve opioid-related tribal health data, improve health systems response, implement evidence-based strategies, and increase partnerships for public health impact. This will directly benefit tribal public health departments.
BUDGET INSTRUCTIONS	
17	**General Instructions for Use of Funds, as applicable (100 word limit):** Each applicant may submit a project plan for between $250,000 and $1,000,000. Drug disposal programs (drop-boxes, bags or other devices, and/or take-back events) are not permissible under this funding opportunity. Purchasing naloxone/Narcan is not permissible under this funding opportunity. Funds from this cooperative agreement can be used to connect to care (described in the "evidenced-based/culturally-appropriate health interventions" above); however, funds cannot provide the care itself). To not duplicate Indian Health Service funds, health system interventions in this cooperative agreement are intended for tribally-run clinics.

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FY 2018 CIO Project Plan

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

GENERAL INFORMATION			
1	**Project title (please do not use all caps; 15 word limit):** Baseline Assessment of Blood Lead Levels in American Indian/Alaska Native Children	2	**CIO:*** National Center for Environmental Health
		3	**Division:*** Division of Environmental Health Science and Practice
4	**CIO point of contact (POC) name:*** Adrienne S. Ettinger **CIO POC email address:*** abe7@cdc.gov **CIO POC phone number:*** (770) 488-7492		
5	**Select the geographic category to receive:*** **Category A** ☒ **Category B** ☒ **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:* (25 word limit)** Tribal public health departments and workforce segments across tribal public health departments		

PROJECT FUNDING OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023 Budget Period Length: September 1–July 31			
7	**Proposed Project Funding:*** **$150,000 (Whole Numbers Only)**		☒ **Unfunded** ☐ **Funded**
8	**Expected Length of Project (Check one) :*** ☐ **The CIO will fund the project for the entire period of performance (5 years). The recipient 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 recipient will submit a continuation application for each budget period (every 12 months).** ☒ **The CIO will fund the project for one year. The recipient 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 – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit) :***

Purpose: The purpose of the project is to better understand the extent of blood lead testing and elevated blood levels among American Indian and Alaska Native (AI/AN) populations, particularly children less than 16 years of age.

Background: There is no safe blood lead level in children and, once exposed, lead exposure can negatively affect nearly every system in the body including early brain development. Because lead exposure often occurs with no obvious symptoms, it frequently goes unrecognized. Any child can be affected by lead, but exposure to lead in the United States is unequal across populations. Living in older housing and living in poverty are two risk factors for lead exposure among U.S. children. In addition, certain racial/ethnic groups may at higher risk of exposure to lead including non-Hispanic Blacks who have consistently been shown in national surveys to have higher blood lead levels than non-Hispanic white and Mexican-American children. Little is known about the overall risks of lead exposure for American Indian and Alaska Native children; however, they are more likely than other children to potentially be exposed to lead contamination from former mining sites or the use of traditional medicines or foods, such as wild plants grown in lead-contaminated soil and game meat which can contain retained lead bullets.

Expected Outputs: Baseline assessment of blood lead testing, elevated blood levels, and medical treatment (as indicated) in American Indian and Alaska Native (AI/AN) children.

Expected Outcomes: Improved capacity to understand and address tribal needs associated with children's environmental health and, in particular, exposure to lead.

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

10 **Tribal Capacity Building and Quality Improvment Program Strategic Areas (Check one or more) :***

☐ **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

11 **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-based programs and services

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

12	**Recipient Organizational Capacity (200 word limit) :*** Programs should have access to potentially affected children and the authority to provide health care services. In addition, some capacity to collect, analyze, and disseminate data are needed.
13	**Recipient Program Experience (200 word limit) :*** Programs should have experience providing health care services to tribal children and authority to use and access data systems.

COLLABORATIVE WORK

14	**Expectations for Collaboration, as applicable (200 word limit):** CDC's Childhood Lead Poisoning Prevention Program provides support and technical assistance to state, local, territorial and tribal health departments to assure that children at high-risk for lead exposure receive blood lead testing and carry out public health actions based on the blood lead test results to ensure that children with elevated blood lead levels receive appropriate services. Case management for elevated blood lead levels involves follow-up testing, parental education and counseling, and may include activities such as home visits to investigate and remediate the potential sources of exposure in a child's environment and medical interventions, including chelation therapy, depending on the blood lead level. Blood lead screening and surveillance data also provide the foundation for targeting primary prevention activities to high-risk areas.
15	**Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable (200 word limit):** N/A
16	**Will the proposed capacity building and quality improvement go towards tribal public health departments?** ☒ **Yes** ☐ **No** **If yes, briefly describe how (200 word limit):** This proposal aims to build capacity for tribal health departments and health care providers to assure that children at high-risk for lead exposure receive blood lead testing and carry out public health actions based on the blood lead test results to ensure that children with elevated blood lead levels receive appropriate services. This will include sharing of information on lessons learned and best practices, technology transfer through provision of freely available software systems for case management, and access to extensive subject matter expertise.

BUDGET INSTRUCTIONS

17	**General Instructions for Use of Funds, as applicable (100 word limit):** These funds can be used broadly to support the aims identified above.