CIO PROJECT PLANS OPEN TO GEOGRAPHIC CATEGORIES: A, B, AND C

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(ies) that is/are eligible to apply:*** **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 OT18-1803 Period of Performance Length: August 31, 2018 – August 30, 2023 Budget Period Length: August 31, 2018 – August 30, 2019			
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

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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

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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

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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.

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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)** Inventory of Fall Prevention Activities and Fall Data Sources at IHS Healthcare Facilities	2	**CIO:* NCIPC**
		3	**Division:*** **DUIP**
4	**CIO point of contact (POC) name:* Jason Hymer** **CIO POC email address:*** ojg3@cdc.gov **CIO POC phone number:* (404) 498-5682**		
5	**Select the geographic category(ies) that is/are eligible to apply:*** **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 boards or tribal organizations with experience in data collection and analysis		

PROJECT FUNDING OT18-1803 Period of Performance Length: August 31, 2018 – August 30, 2023 Budget Period Length: August 31, 2018 – August 30, 2019			
7	**Proposed Project Funding:*** **$_100,000_____(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, expected outcomes, and approximate number of awards (1,000 word limit):*** ***Approximate number of awards: 1*** **Purpose:**

Older adult falls are a serious and costly issue in Indian Country. Falls are the leading cause of unintentional injury death for American Indians and Alaska Natives (AI/AN) over age 65, accounting for 38% of all unintentional injury deaths for that age group in 2016. The Centers for Disease Control and Prevention (CDC) launched the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative to help healthcare providers incorporate screening for fall risk, assessing modifiable risk factors and intervening to reduce risk using effective clinical and community strategies. Currently, there is no systematic method for documenting fall prevention activities in Indian Health Service (IHS) and tribal healthcare settings, and the use of STEADI in these settings is unknown. The goal of this project is to decrease falls among AI/AN Elders through improved falls screening, assessment and intervention by implementing STEADI in IHS healthcare facilities.

Proposed Activities:
The recipient will produce an inventory to document current clinical-based older adult fall prevention activities occurring in IHS healthcare facilities. This inventory will utilize surveys and interviews with staff from IHS healthcare centers to gain a better understanding of current fall prevention activities in IHS Service Units or provider receptiveness to adding fall prevention activities. CDC and IHS will collaborate to select sites to be included in the inventory. To set the groundwork for evaluating the implementation phase, sources for fatal and non-fatal fall injury data will also be explored and will include information on the circumstances surrounding the fall as well as contributing factors (e.g. age, gender, health status, comorbidities).

Expected Outputs:
The recipient will collaborate with CDC NCIPC to finalize the inventory tool, administer the inventory in selected communities/sites, and preparing a final report to be delivered to NCIPC with findings.

Expected Outcomes:
A final report summarizing inventory results will be developed to determine the resources needed to incorporate STEADI into the IHS network.

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 have organizational capacity to coordinate and manage all aspects of the project, including qualitative data collection and analysis. This capacity requires a strong understanding of tribal injury prevention (specifically tribal older adult fall prevention programs) and tribal healthcare and public health delivery systems.
13	**Recipient Program Experience (200 word limit):*** Applicant must have experience working with IHS and tribal healthcare facilities on public health and/or injury prevention programs. Experience developing and conducting surveys/interviews and analyzing results is required.
	COLLABORATIVE WORK
14	**Expectations for Collaboration, as applicable (200 word limit):** Applicant will be expected to collaborate with federal agencies (CDC and IHS) to develop the instruments used to conduct the inventory. Collaboration directly with IHS healthcare providers and administrators will be required.
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):**
	BUDGET INSTRUCTIONS
17	**General Instructions for Use of Funds, as applicable (100 word limit):** Funds can be used to support salary and administrative costs in developing and conducting the inventory as described above. Funds can also be used to support travel costs related to conducting the assessment.

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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(ies) that is/are eligible to apply:*** **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 OT18-1803 Period of Performance Length: August 31, 2018 – August 30, 2023 Budget Period Length: August 31, 2018 – August 30, 2019			
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):*

Approximate number of awards: 25

Please note: Each applicant may submit a project plan for between $250,000 and $1,000,000.

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):** 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(ies) that is/are eligible to apply:*** **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 OT18-1803 Period of Performance Length: August 31, 2018 – August 30, 2023 Budget Period Length: August 31, 2018 – August 30, 2019			
7	**Proposed Project Funding:*** **$50,000 (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) :*** ***Approximate number of awards: 1***

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)** Tribal Motor Vehicle Injury Prevention Project	2	**CIO:* NCIPC**
		3	**Division:* DUIP**
4	**CIO point of contact (POC) name:* Jason Hymer** **CIO POC email address:* ojg3@cdc.gov** **CIO POC phone number:* (404) 498-5682**		
5	**Select the geographic category(ies) that is/are eligible to apply:*** **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 boards or tribal organizations with experience in implementing tribal injury prevention programs		

PROJECT FUNDING OT18-1803 Period of Performance Length: August 31, 2018 – August 30, 2023 Budget Period Length: August 31, 2018 – August 30, 2019			
7	**Proposed Project Funding:*** **$__400,000_____(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, expected outcomes, and approximate number of awards (1,000 word limit):*** ***Approximate number of awards: 1***

Purpose:
American Indians and Alaska Natives are more at risk for being injured or killed in a car crash compared with other Americans. Federal programs have yielded robust information on how proven motor vehicle injury prevention strategies can be successfully tailored and implemented by tribal safety programs with varied environments, governments, cultures, and capacity. The goal of the Tribal Motor Vehicle Injury Prevention Project (TMVIPP) is to reduce injuries and fatalities caused by traffic crashes in tribal communities by increasing adult and child restraint use by:

1. Increasing the reach and impact of tribal motor vehicle injury prevention best practices and lessons learned by enhancing traffic safety technical assistance to tribes, and to
2. Filling a traffic safety technical assistance gap for tribes.

Proposed Activities:
The TMVIPP will provide technical assistance, training, resources, and tools for tribal agencies to implement low-cost, proven countermeasures and evidence-based strategies to increase adult and child restraint use. A Traffic Safety Specialist (TSS) will work directly with tribes and tribal programs to build capacity for the implementation of interventions to increase restraint use in tribal communities nationwide. Technical assistance associated with proven strategies includes:

- Data collection and analysis
- Building partnerships
- Implementing interventions
- Evaluating interventions
- Marketing and safety messages
- Identifying funding sources
- Drafting and passing occupant restraint legislation

Expected Outputs:
Up to three full-time Traffic Safety Specialists will be hired to administer the TMVIPP. Each TSS will be responsible for assisting tribes and tribal programs with implementing proven strategies to increase restraint use, connecting tribal roads programs with traffic safety programs (injury prevention focused on behavioral approaches); disseminating tools and resources such as the CDC Tribal Motor Vehicle Injury Prevention Best Practices Guide; and evaluating the impact of program efforts.

Expected Outcomes:
Improved technical assistance to tribes and tribal programs is expected to result in an increased number of proven strategies implemented in tribal communities leading to an increase in the use of adult and child restraints.

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):*** Recipient must have organizational capacity to coordinate and manage the Tribal Motor Vehicle Injury Prevention Project. This capacity requires strong understanding of tribal governments and relationships with tribal leadership that direct the overall multi-sector approach necessary to advance motor vehicle injury prevention.
13	**Recipient Program Experience (200 word limit):*** Recipient must have experience working in the field of tribal injury prevention and/or public health, preferably working across multiple sectors within tribal governments. Recipient must have extensive experience working with tribal leadership. Experience in implementing and evaluating tribal motor vehicle crash prevention projects is recommended.
	COLLABORATIVE WORK
14	**Expectations for Collaboration, as applicable (200 word limit):** Recipient is expected to collaborate closely with the CDC's National Center for Injury Prevention and Control on all aspects of this project. Collaboration with national, state, and local traffic safety agencies and programs is essential.
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):** The TMVIPP will build public health capacity within tribes and tribal programs to reduce injuries and deaths caused by motor vehicle crashes.
	BUDGET INSTRUCTIONS
17	**General Instructions for Use of Funds, as applicable (100 word limit):** Funds can be used for hiring up to three traffic safety specialists. Funds will be used for developing and disseminating materials through the resource center, providing technical assistance and training to tribes (virtual and in-person), and travel to required meetings and trainings. Administrative costs will also be allowed.

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CIO PROJECT PLANS OPEN TO GEOGRAPHIC CATEGORY: B

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)** Increasing Tribal Public Health Leadership and Capacity	2	**CIO:* NCCDPHP**
		3	**Division:*** **OD**
4	**CIO point of contact (POC) name:* David Espey** **CIO POC email address:*** dke0@cdc.gov **CIO POC phone number:* (404) 718-2603/ 505-433-8765 (cell)**		
5	**Select the geographic category(ies) that is/are eligible to apply:*** **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 governments, tribal health departments, and organizations working with tribes to increase public health leadership and capacity		
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:*** **$____750,000_____(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):*** ***Approximate number of awards: 1***		

	Tribal governments are responsible for supporting the development of prosperous tribal communities. Public health plays an important role in ensuring the health and wellbeing of members in a community in order to support economic, social and cultural prosperity. Integrating public health - as defined by the essential public health services and core functions outlined in the accreditation process - as a fundamental component of tribal governance and incorporating a public health perspective into existing health care delivery systems is important for supporting tribal sovereignty. The purpose of this project is to directly fund a tribal nation in HHS Region 6 to develop models of incorporating public health as an underlying framework and core responsibility of tribal governments. This responsibility, which primarily resides in the tribal health department, can be supported by other tribal departments, such as housing, education and transportation. The recipient will conduct the following proposed activites: 1. Examining methods and processes to integrate public health into all levels of tribal government, including but not limited to the healthcare delivery system. 2. Collaboration with tribes that have established health departments/divisions to strengthen collaboration across tribal departments in support of health and health care; 3. Collaborate with tribal governments that do not yet have a dedicated health division or department to incorporate public health into existing tribal government infrastructure. 4. Develop models for establishing partnerships with key entities outside the tribe, such as local and state health departments, health care delivery systems, and to foster multi-sectoral collaborations to further strengthen tribal public health capacity. 5. Broadly disseminate findings to further increase public health leadership and capacity in other HHS regions through the development of a toolkit and trainings with national organizations serving tribes and tribal leaders across the country.
TRIBAL PUBLIC HEALTH CAPACITY BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL	
10	**Tribal Capacity Building and Quality Improvement Program Strategic Areas (Check one or more):*** ☒ **Tribal Public Health Systems Infrastructure:** Activities to improveessential srvices and core functions 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):*** ***Applicants should be a federally recognized tribe in HHS Region 6 in order to apply for this CIO Project Plan.*** The recipient should provide evidence of sufficient organizational capacity to manage and implement objectives. If additional staff or partners are needed to support program objectives, provide a statement to explain how and when essential staff will be hired. Recipients should be able to demonstrate leadership in tribal public health and working with tribal governments to incorporate public health into the tribal governance structure. Recipeints should be familair with the process of public health accreditation. They should also provide evidence of strong partnerships with other tribes and tribal organizations in HHS Region 6, as well as evidence of collaboration with state and local departments of health.
13	**Recipient Program Experience (200 word limit**): Recipients must be a tribal nation located in HHS Region 6. The recipient should demonstrate experience/expertise with public health accreditation and developing public health leadership and capacity. The recipient should also demonstrate strong partnerships with other tribes in HHS Region 6 and have experience working with inter-tribal councils and tribal health boards in the region. They should also have experience working with state and local health deaprtments on tribal public health issues.

COLLABORATIVE WORK

14	**Expectations for Collaboration, as applicable (200 word limit):** The recipient will be expected to collaborate with tribes in HHS Region 6 and tribal organizations to develop models and tools to support the development of tribal public health leadership and capacity. In addition, they will develop tools and trainings that can be shared with national organizations serving tribes and tribal leaders across the nation to promote the development of tribal public health leadership.
15	**Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable (200 word limit):** Sub-awards are permissible so long as the objective is within the scope of activities supported in the work plan. Subcontracts are permissible to support development of partnerships and to assist with developing and disseminating strategies to increase tribal public health leadership among HHS Region 6 tribes and for dissemination to national organizations serving tribes and tribal leaders across the nation
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): Activities will strengthen and support existing public health departments and work to develop and include public health into all aspects of tribal governance

BUDGET INSTRUCTIONS

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

Funds will be used to create partnerships with tribes across HHS region 6 and support strategic planning and development of tools and strategies to engage with tribal leaders and governments to incorporate public health into tribal governments. In addition, funds will be used to develop a toolkit for dissemination to other HHS regions and provision of trainings to national tribal organizations and tribal leaders across the country on strategies and tools to develop tribal public health leadership and capacity.

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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)** An Umbrella Approach to Support Tribes in participating in the National Diabetes Prevention Program	2	**CIO:*** National Center for Chronic Disease Prevention and Health Promotion
		3	**Division:*** Division of Diabetes Translation
4	**CIO point of contact (POC) name:*** Larry Alonso, RN, MSN, FNP **CIO POC email address:*** LAlonso@cdc.gov **CIO POC phone number:*** 770-488-5354		
5	**Select the geographic category(ies) that is/are eligible to apply:*** **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)** American Indian and Alaska Native adults with prediabetes or at high risk for type 2 diabetes		

PROJECT FUNDING OT18-1803 Period of Performance Length: August 31, 2018 – August 30, 2023 Budget Period Length: August 31, 2018 – August 30, 2019			
7	**Proposed Project Funding:*** $750,000 **(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):***

Approximate number of awards: Up to 2

Background: Type 2 diabetes is a serious public health problem disproportionately affecting American Indians and Alaska Natives (AI/ANs). In 2002, the National Institutes of Health (NIH), with support from CDC and IHS, concluded the landmark Diabetes Prevention Program (DPP) research trial, which included 171 American Indians, revealing a 58% reduction in risk for type 2 diabetes among people with prediabetes. The Special Diabetes Program for Indians (SDPI) Diabetes Prevention Program Demonstration Project replicated (translated) the DPP in tribal communities with promising outcomes and encouragement for communities across the country. In 2010, Congress authorized CDC to establish the National Diabetes Prevention Program (National DPP) to build the infrastructure for nationwide delivery of this evidence-based lifestyle change program (LCP) to prevent or delay onset of type 2 diabetes in the 84 million U.S. adults with prediabetes. To accomplish this goal, CDC is working collectively with partner organizations across multiple sectors to increase the supply of quality program delivery organizations, awareness and demand for the program among people at risk, identification and referral of people with prediabetes through the healthcare sector, and coverage for the intervention among public and private payers. CDC's Diabetes Prevention Recognition Program (DPRP) is the quality assurance arm of the National DPP. Through the DPRP, CDC awards recognition to program delivery organizations that are able to meet national standards (https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf) and achieve the outcomes proven to prevent or delay onset of type 2 diabetes.

Of the over 1,700 CDC-recognized organizations, 26 are tribal programs, 2 of which have achieved full recognition to date. Meeting CDC's requirements for recognition can be administratively challenging for some tribal and other smaller communities. These challenges can limit the reach of the health benefits of the National DPP LCP to eligible AI/ANs.

Purpose: The purpose of this proposed funding from CDC's Division of Diabetes Translation is to increase the number of AI/AN adults participating in CDC-recognized organizations delivering the National DPP LCP by making the administrative process more manageable for tribal programs limited by size and resources using an "umbrella organization" approach. CDC seeks to do this by inviting **1-2 American Indian and Alaska Native Tribes, Tribal Organizations, Tribal Chairman's Health Boards, Tribal Epidemiology Centers, or Urban Indian Health Centers** to participate in a demonstration project to determine the feasibility of this approach.

Proposed Activities: Through the demonstration project, umbrella organizations will apply for CDC recognition and establish agreements with multiple tribes to deliver the lifestyle change program in their communities, in-person or through virtual technology/telehealth. The umbrella organizations will support their constituent tribes by collecting and aggregating LCP participant data and submitting it to CDC, ensuring proper training for lifestyle coaches as described in the CDC DPRP Standards, and providing other administrative support as needed. This could also include billing support (e.g., applying to the Centers for Medicare & Medicaid Services to become a Medicare Diabetes Prevention Program [MDPP] supplier and submitting claims for these services on behalf of the constituent tribes). In their "umbrella organization" roles, successful applicants will offer the following services to their member constituent tribes:

- Serve as the CDC-recognized organization through which constituent tribes submit their National DPP LCP participant data, collecting, aggregating, and submitting these data to CDC following requirements described in the DPRP Standards.
- Support lifestyle coach training following the requirements described in the DPRP Standards; this could include providing the means for tribal employees to attend lifestyle coach training (i.e., payment, coordination, hosting of training, etc.) from a CDC-approved training entity (https://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html).

- Ensure data collection and reporting training and support for constituent tribes.
- Apply as an MDPP supplier, and submit claims to CMS on behalf of constituent tribes (as applicable). Establish a means to transfer payments received from CMS to the constituent tribes.
- Establish and administer a community of practice using an electronic audio-visual platform for the purpose of fostering shared learning and peer-to-peer problem-solving among constituent tribes participating in the project.
- Hire and provide training for a Program Coordinator to lead/carry out the activities described above.
- Develop a comprehensive case study describing the general approach used, facilitators, challenges, outcomes, and lessons learned from this project.

The umbrella organization is expected to cover any start up and ongoing program delivery costs in year 1 for all constituent tribes, and will continue delivery cost coverage until constituent reimbursement reaches 60% of calculated tribal program costs (as monitored and tracked by the umbrella organization). Upon reaching 60% of total calculated tribal program costs, costs would be shifted from the umbrella organization to the tribe's sponsoring program (i.e. SDPI, tribal college, tribal clinic) budget.

Expected Outputs: At the end of the three-year funding period, successful recipients will have achieved the following:

- Full recognition status through the CDC Diabetes Prevention Recognition Program
- Enrolled, eligible participants from 3 - 4 separate tribes or villages
- A culturally appropriate lifestyle coach training program with a Memorandum of Understanding with CDC in place.
- A cadre of trained lifestyle coaches sufficient to meet the needs of constituent tribes offering the National DPP LCP
- A data management mechanism/process that allows for receipt and aggregation of data from multiple constituent tribes and submission to CDC's DPRP
- Successful application to CMS to become an MDPP supplier
- A fiscal accounting program that tracks and reimburses constituent tribes commensurate with National DPP participant milestone achievements (i.e., a pay-for-performance payment model).
- A documented case study summarizing the approach used, facilitators, challenges, outcomes, and lessons learned from this project.
- An established (virtual) community of practice to foster peer-to-peer learning and problem-solving among affiliate tribes.
- A detailed sustainability plan, including identification of key community and regional partners.

Expected Outcomes:

- Increased enrollment and retention of eligible AI/AN tribal members in the National DPP LCP to prevent or delay onset of type 2 diabetes in this high risk population
- Improved regional coordination and fidelity of delivery of the National DPP LCP to AI/AN tribes

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):*** An "umbrella organization" will be a well-qualified tribe, regional tribal-designated organization (tribal serving organization), tribal epidemiology center, inter-tribal collaborative, or Urban Indian Health Organization with existing relationships with 3 - 4 constituent tribes. Umbrella organizations will have a sufficient number of appropriately trained and experienced staff to achieve CDC full recognition status; collect, manage, and submit data pursuant to achieving and maintaining recognition; develop and maintain a lifestyle coach training program; maintain a cadre of lifestyle coaches to support constituent tribes; develop and maintain a community of practice for peer-to-peer learning, problem solving, and growth; and develop and implement a fiscal tracking and payment mechanism to route reimbursement to constituent tribes commensurate with National DPP participation and participant outcomes (i.e., a pay-for-performance model).
13	**Recipient Program Experience (200 word limit):*** At a minimum, successful applicants will have experience administering public health programs; establishing effective working relationships with tribes; engaging in data collection, analysis, and interpretation; providing data support and training for constituent tribes; designing, implementing, and maintaining responsive and auditable accounting structures; providing staff training and quality improvement processes; using web-based platforms for data collection and establishing communities of practice; documenting case studies and success stories; and responding to CDC program and reporting requirements. Knowledge of/experience with the National DPP is highly desirable.
COLLABORATIVE WORK	
14	**Expectations for Collaboration, as applicable (200 word limit):** Successful applicants will have pre-existing relationships with constituent member tribes, and must provide signed Memoranda of Understanding, Memoranda of Agreement, Tribal Resolutions, or other formal expressions of commitment by constituent tribes to implement all elements of a CDC-recognized lifestyle change program in collaboration with the umbrella organization. Effective approaches and lessons learned through this demonstration project will be shared with Indian Health Service and other tribes and tribal

	serving organizations throughout Indian Country as a means to engage more AI/AN participants in the National DPP LCP and ultimately reduce their risk of developing type 2 diabetes.
15	**Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable (200 word limit):** Sub-contract and sub-awardee work may include, but is not limited to, arrangements with external subject matter experts or sub-awards to supplement tribal program startup costs.
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):** Tribal public health departments will benefit directly from this effort through increased access to a program proven to prevent or delay onset of type 2 diabetes in those at high risk, and will build on their rich history of offering the program in tribal communities. In addition, tribes will play an active role in building a nationwide infrastructure for delivery of this evidence-based lifestyle change program, and will contribute to testing a model designed to reduce administrative burden on individual tribes.
BUDGET INSTRUCTIONS	
17	**General Instructions for Use of Funds, as applicable (100 word limit):** The budget narrative should sufficiently describe how proposed budgeted activities align with the work plan, and should include detailed information about the roles that any subcontracted organizations or individuals will have in accomplishing the work. The budget should be inclusive of costs needed to support the collecting and aggregating of participant data from constituent tribes, ensuring proper training for lifestyle coaches as described in the CDC DPRP Standards, establishing and facilitating a virtual community of practice, and providing other administrative support as needed.

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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)** Training for tribal paraprofessionals and expanding AI/AN BRFSS activities in state Tribal communities	2	**CIO:* NCCDPHP**
		3	**Division:*** **OD**
4	**CIO point of contact (POC) name:* David Espey** **CIO POC email address:*** dke0@cdc.gov **CIO POC phone number:* (404) 718-2603 / 505-433-8765 (cell)**		
5	**Select the geographic category(ies) that is/are eligible to apply:*** **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 community health representatives (CHRs), Special Diabetes Program for Indians (SDPI) staff, and other tribal paraprofessionals in 3 IHS Areas - TBD.		
PROJECT FUNDING OT18-1803 Period of Performance Length: August 31, 2018 – August 30, 2023 Budget Period Length: August 31, 2018 – August 30, 2019			
7	**Proposed Project Funding:*** **$___750,000_____(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, expected outcomes, and approximate number of awards (1,000 word limit):*** ***Approximate number of awards: 1***		

Purpose:

1. The purpose of this Project Plan is to expand training of tribal community health representatives (CHRs), Special Diabetes Program for Indians (SDPI) staff, and other tribal paraprofessionals by directly funding a tribal nation or a tribal organization experienced in providing this type of training. Training will focus on strengthening chronic disease prevention and improved management and will include diabetes prevention and self management, cardiovascular disease and stroke prevention, prevention or delay of diabetes associated kidney disease, reduction of commercial tobacco us and breastfeeding promotion. The aim of this training is to strengthen knowledge about chronic disease prevention/management and to enhance capacity to apply this knowledge via skills based in best-practices and guidelines (blood pressure measurement, blood glucose measurement, clinical interview and documentation, case presentation, understanding of critical lab results) in a curriculum culturally adapted for tribal community members. The training will require coordination with leadership from Tribal health programs, IHS and Tribal Epi Centers and possibly other entities in 2-3 IHS Administrative Areas.

   These curricula should include integration of Native American specific content and Native American subject matter experts as faculty; emphasis on Native traditional foods in nutrition-related modules, inclusion of tribal leadership in the training, development of culturally appropriate visual aids, and dissemination of teaching tools to facilitate participant transition from student to teacher.

2. An additional component of this Project Plan is to improve risk factor reporting in AI/AN communities. The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier public health surveillance system that collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS is a powerful tool for monitoring population health status as well as targeting, building and evaluating health promotion activities. However, AI/AN populations are considerably underrepresented in BRFSS, and statistical power to generate tribe-specific estimates is nonexistent without significant intervention such as oversampling strategies.

   The tribe or tribal organization will expand AI/AN BRFSS activities with the AI/AN population in a single IHS Administrative Area. Implementation options to include 2 of 3 of the following:

   - Conduct a Tribal BRFSS in 1-2 tribal communities with in-person household surveys with a random sample of 200-300 adults/households in each tribe.
   - Partner with a state Department of Health on an AI/AN oversample of the State BRFSS with adults in the a region of the state with high proportion of AI/AN population using mobile and landline telephone administration.
   - Partner with a state health department to conduct an AI/AN oversample of the AI/AN adults living on tribal lands using mobile and landline telephone administration.

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):*** The recipient should be a regional tribally designated organization working collaboratively with federally recognized tribes in a state with at least 15 federally recognized tribes. 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 or program manager) provide a statement to explain how and when essential staff will be hired. Recipients should be able to demonstrate the recent experience training tribal health workers such as community health representatives (CHRs), Special Diabetes Program for Indians (SDPI) staff, and other tribal paraprofessionals from Area Tribes to provide chronic disease prevention/management within their local health care systems. The recipient should also demonstrate appropriate technical staff, capacity and experience conducting surveys in AI/AN communities in their state.
13	**Recipient Program Experience (200 word limit):*** The recipient should demonstrate experience/expertise in training community health workers or other health paraprofessionals, epidemiology and program management in line with program objectives within the last four years. If additional expertise is needed to support program objectives the recipient should provide a statement of the current expertise gaps and plans for filling those gaps within the funding period. The recipient should also demonstrate appropriate experience planning and conducting surveys in AI/AN communities in their state.

COLLABORATIVE WORK	
14	**Expectations for Collaboration, as applicable (200 word limit):** Collaboration is inherent in both components of this project.
15	**Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable (200 word limit):** - Departments of Health of recipient's state(s) and additional states of Areas where implementing the project. - Tribal health departments and programs in recipient's state(s) and additional states of Areas where implementing the project.
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):** By increasing the capacity of CHRs and other paraprofessionals to provide prevention and disease management skills in their communities**.**
BUDGET INSTRUCTIONS	
17	**General Instructions for Use of Funds, as applicable (100 word limit):**

CIO PROJECT PLANS OPEN TO GEOGRAPHIC CATEGORY:
C

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(ies) that is/are eligible to apply:*** **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 OT18-1803 Period of Performance Length: August 31, 2018 – August 30, 2023 Budget Period Length: August 31, 2018 – August 30, 2019			
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):*** ***Approximate number of awards: 2***

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

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):***

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)** Linking Tribal and IHS data with National Death Index, and Linkage Training for Tribal Epidemiology Centers	2	**CIO:* NCCDPHP**
		3	**Division:*** **OD**
4	**CIO point of contact (POC) name:* David Espey** **CIO POC email address:* dke0@cdc.gov** **CIO POC phone number:* (404) 718-2603 / 505-433-8765 (cell)**		
5	**Select the geographic category(ies) that is/are eligible to apply:*** **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. AI/AN decedents in regional and national death records mis-identified as non-AI/AN 2. Epidemiology staff in Tribal Epi Centers who will produce more accurate mortality reports		

PROJECT FUNDING OT18-1803 Period of Performance Length: August 31, 2018 – August 30, 2023 Budget Period Length: August 31, 2018 – August 30, 2019			
7	**Proposed Project Funding:*** **$2,600,000 (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, expected outcomes, and approximate number of awards (1,000 word limit):*** ***Approximate number of awards: 1***

National mortality reporting American Indians and Alaska Natives (AI/AN) is hampered by significant race misclassification on the death certificate for AI/AN decedents. The National Longitudinal Mortality Study (NLMS) has described significant race misclassification on death certificates (40%) of AI/AN decedents compared with other racial groups. The National Death Index (NDI) is a central electronic repository of death record information on file in individual state vital statistics offices. The NDI is a resource to aid epidemiologists and other investigators in the ascertainment of vital status, the circumstances and cause of death and – in this case – address race misclassification. The NDI is a file of national death record information (beginning with 1979 deaths) containing personal identifiers compiled from electronic files submitted by individual state vital statistics offices Conducting linkages with the NDI is very expensive as the fees are returned to the state vital statistics offices for their operational support.

1. Proposed Activities
   The recipient will contract with the NDI for correction of race misclassification of AI/AN decedents to allow more accurate reporting of mortality patterns in this population. This will include submitting the tribal and Indian Health Service registry records to NDI for linkage and conducting post linkage processes to determine true linkages from possible linkages by double "clerical reviews". This clerical review process will require each clerical review pair to be carefully scrutinized by 2 individuals.
2. To better understand the value of conducting state level linkages, which are much cheaper and accessible for many users from tribal organizations, the recipient will compare the NDI linked mortality estimates with estimates derived from tribal and IHS registry linked with records from vital statistics offices of 2-3 states. This comparison of leading causes of death in the data sets obtained from different sources will allow an evaluation of the accuracy of the different methologies.
3. The recipient will organize and conduct 2, one-week intensive course in the use of the NDI linked mortality database for staff of all Tribal Epidemiology Centers and interested partners, up to 25 students. This will greatly expand the pool of qualified analysts trained to generate mortality reports and to create much improved picture of mortality patterns in this population.

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):***

The recipient should be a tribally designated organization with access to IHS and tribal records in their Area for linkage with NDI. They should provide evidence that they are able to collaborate with tribes across states in their Area for inclusion of tribal records.

The recipient should also provide evidence of sufficient organizational capacity to subcontract with the National Dealth Index, and to manage and implement proposed activities. The recipient should have significant experience in professional training, as well as experience providing training and support to Tribal Epidemiology Center staff across the country.

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

The recipient organization must demonstrate previous experience conducting linkage activities with state vital statistics death records, and in particular focused on the ascertainment of individuals who are misclassified as other than AI/AN. A critical component of this includes experience in conducting careful clerical reviews of indeterminant matched pairs. The recipient should have significant experience in professional training, as well as experience providing training and support to Tribal Epidemiology Center staff across the country.

COLLABORATIVE WORK

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

Collaboration is inherent in both components of this project.

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

National Death Index

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):

BUDGET INSTRUCTIONS

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

N/A

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End of CIO Project Plans for Year 1 Funding