FOA: OT16-16010202SUPP17 PIHOA
FY17 CIO Project Plans
(5 Project Plans)

FY 2017 CIO PROJECT PLAN – Year 2
FOA CDC-RFA-OT16-1601
Strengthening the Public Health System in the U.S.-Affiated Pacific Islands

GENERAL INFORMATION	
1	**PROJECT TITLE:** Support for Arboviral Disease Prevention and Control
2	**CIO POC name: Tracy Hasvold** **CIO/Division: NCEZID/DVBD/ADB** **CIO POC email address: tab7@cdc.gov** **CIO POC phone number: 970-221-6422**
3	**TARGET POPULATION CATEGORY:*** *(CHECK ONE BOX)* **Health Department** ☒ **Workforce Segment** ☐ **Other Component of the Public Health System** ☐
4	**TARGET POPULATION DESCRIPTION (What public health system target population will receive the capacity building assistance?):*** Capacity building assistance will be provided to local and territorial leadership, specifically Ministers, Secretaries, and Directors of Health of the U.S.-Affiliated Pacific Islands (USAPI).
5	**PROPOSED PROJECT FUNDING:*** **$ 250,000**

PROJECT DETAILS	
6	**PROJECT DESCRIPTION FOR CAPACITY BUILDING (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):*** The Arboviral Diseases Branch (ADB) in the Division of Vector-borne Diseases (DVBD) is requesting the support of PIHOA to collaborate with CDC, territorial and local health departments, and other partner organizations to build regional capacity among the local and territorial leadership in the pacific islands, specifically Ministers, Secretaries, and Directors of Health of the U.S.-Affiliated Pacific Islands (USAPI), to address the problem of existing and emerging arboviral diseases. The goal of this project is to build capacity for surveillance, diagnostic activities and outbreak investigation of arboviral diseases. Specific areas for collaboration and technical assistance include the following: • Strengthening routine vector-borne disease human and ecologic surveillance for arboviral diseases, • Conducting and evaluating the timeliness and effectiveness of arboviral disease outbreak response activities, • Establishing a regional network of vector control communities to ensure effective and organized vector surveillance and control approaches are in place, • Developing and delivering formal training to territorial health departments in human, vertebrate and vector surveillance, laboratory diagnostic procedures, vector management strategies, and prevention and communications activities.

7	**PROGRAM STRATEGIES THAT RELATE TO FOA:*** *(CHECK ONE OR MORE)* ☐ Public Health Leadership ☒ Public Health System and Infrastructure ☒ Evidence-based Public Health Practices and Services ☐ Other ☐ Public Health Workforce Segments ☐ Public Health Laws and Policies ☒ Public Health Monitoring and Surveillance Systems _____
8	**PROGRAM OUTCOMES THAT RELATE TO FOA:*** *(CHECK ONE OR MORE)* ☐ **Strengthened leadership, governance and accountability** ☒ **Enhanced public health systems and infrastructure** ☐ **Increased public health workforce capacity** ☐ **Improved public health laws and policies** ☒ **Increased delivery of evidence-based public health practices and services** ☒ **Enhanced monitoring and surveillance systems capacity** ☐ **Other** _____
9	**APPLICANT ORGANIZATIONAL CAPACITY REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*** In order to successfully perform the activities outlined in this project, the applicant needs to have the ability to develop and support collaborative relationships among territorial and local health departments, and other public health partner organizations to implement arboviral disease prevention and control activities.
10	**APPLICANT PROGRAM EXPERIENCE REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*** ADB seeks an applicant who has established relationships with CDC, territorial and local health departments, and other partner organizations. The applicant must have proven ability to coordinate capacity building activities for arboviral disease prevention and control activities across the Ministers, Secretaries, and Directors of Health of the U.S.-Affiliated Pacific Islands (USAPI).
COLLABORATIVE WORK	
11	**EXPECTATIONS FOR COLLABORATION -AS APPLICABLE (MAXIMUM OF 300 WORDS):** The applicant would work in consultation and collaboration with CDC, territorial and local health department and other partner organizations.
12	**EXPECTED SUBCONTRACTUAL WORK AND RECOMMENDED CRITERIA FOR IDENTIFYING/SELECTING SUBCONTRACTORS - AS APPLICABLE (MAXIMUM OF 300 WORDS):** There may be a need to subcontract work; however ADB would work in consultation with recipient to identify any work for subcontracting purposes.

BUDGET INSTRUCTIONS	
13	**GENERAL INSTRUCTIONS FOR USE OF FUNDS – AS APPLICABLE (MAXIMUM OF 300 WORDS):** The applicant would work in consultation and collaboration with CDC, territorial and local health departments and other partner organizations.
CIO CERTIFICATION*	
14	By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.

FY 2017 CIO PROJECT PLAN – Year 2
FOA CDC-RFA-OT16-1601
Strengthening the Public Health System in the U.S.-Affiated Pacific Islands

	GENERAL INFORMATION
1	**PROJECT TITLE:** **Disaster Risk Reduction: Reducing the Risk of Environmental Disasters in the Pacific**
2	**CIO POC name:** Mollie Mahany heu0@cdc.gov 770-488-0518 (Primary PI) Rebecca S. Noe rhn9@cdc.gov 404-357-4392 **CIO/Division:** ONDIEH/NCEH/OD/Office of Environmental Health Emergency Management **CIO POC email address:** Mollie Mahany heu0@cdc.gov Rebecca S. Noe rhn9@cdc.gov **CIO POC phone number:** Mollie Mahany 770-488-0518 Rebecca S. Noe 404-357-4392
3	**TARGET POPULATION CATEGORY:*** *(CHECK ONE BOX)* **Health Department X☐** **Workforce Segment ☐** **Other Component of the Public Health System ☐**
4	**TARGET POPULATION DESCRIPTION (What public health system target population will receive the capacity building assistance?):*** The target audience will be public health leadership and workforce. While disaster risk reduction is, by definition multi-sectoral, the health sector will be the lead on DRR acitvities targeting health. Other sectors may participate, as relevant. Workforce may include epidemiologists, environmental health specialists, physicians, epidemiologists, preparedness directors, traditional leaders, and staff from community –based organizations, health centers, and hospitals.
5	**PROPOSED PROJECT FUNDING:*** **$**175,000
	PROJECT DETAILS
6	**PROJECT DESCRIPTION FOR CAPACITY BUILDING (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):*** In 1947, the United States took responsibility for the health education and welfare of the people of four Pacific jurisdictions under a United Nations trusteeship. This "Trust territory of the Pacific islands" included the Northern Mariana Islands, Micronesia, Palau and the Marshall Islands. American Samoa and Guam were already U.S. territories. Although the trust jurisdictions have subsequently become independent nations with a Compact of free Association with United States., their health and welfare is still dependent on the US. The Pacific islands experience the highest mortality rates, greatest proportion of population affected, and most per capita loss from environmental disasters compared to any other region in the world. The most common cause of disaster-related mortality in the Pacific is due to hurricanes. Hurricanes kill and injure Pacific islanders by causing coastal flooding from storm surge as well as inland flooding and landslides caused by heavy rains. In addition to hurricanes, Pacific islanders are at high risk for

seismic disasters such as earthquakes and tsunamis, with ninety percent of world's tsunamis having occurred in the Pacific. Although a high level of exposure is shared among the US-Affiliated Pacific Islands (USAPI) due to their geographic isolation, their specific environmental, social, and economic challenges result in differences in the vulnerability of their communities.1 Disaster risk reduction (DRR) is the concept and practice of preventing new and reducing existing disaster risks through systematic efforts to analyze and reduce the causal factors of disasters by reducing exposure, reducing vulnerability and, therefore increasing resilience.2 DRR activities seek to prevent first, and then prepare for and mitigate the health effects of disasters that cannot be prevented.

Reducing disaster risk requires long-term engagement among multiple sectors, and the actual work of disaster risk reduction is largely a task for local actors. Disaster risk is a product of hazards and vulnerabilities. Hazards can be identified, assessed, and to some extent they can be minimized. The first step in any program for disaster risk reduction is to identify and locate potential hazards and vulnerabilities within a community. These elements may then be represented in a risk assessment that will assist the community to prioritize risk reduction efforts.

In March 2015 over 187 countries joined consensus on the UN Sendai Framework for Disaster Risk Reduction 2015 – 2030, including the US and the USAPIs. The framework aims to achieve the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.3 In order to achieve this goal, the framework established 7 global targets:

Reduce:

1. disaster mortality
2. numbers of affected people
3. economic losses
4. damage to critical infrastructure and disruption of basic services

Increase:

5. number of countries with national and local DRR strategies
6. international cooperation to developing countries through adequate and sustainable support*
7. availability of and access to MHEWS and disaster risk information and assessments4

Disaster risk reduction has emerged as a core element of sustainable development, and global efforts have been made to ensure the Sendai Frameworks in integrated with other strategies such as the Sustainable Development Goals, and the Paris Agreement on Climate Change. The Pacific Platform for Disaster Risk Management reaffirms the commitment in the region to building a stronger and more resilient region to disasters and climate change through an integrated approach outlined in the regional Framework for Resilient Development in the Pacific 2017-2030 (FRDP). The FRDP recommends that Pacific Island countries and territories take relevant steps to understand disaster risk through collection of data and analysis of risk factors, and the use of sound science and technology, including through capacity building and research. 5

Disaster risk reduction (DRR) is the most cost-effective means for disaster management worldwide. Studies by FEMA and World Bank estimate that every $1USD spent on DRR, saves $7-20 USD on response and recovery. The UN has noted that in many cases for the developing world (e.g. Central America after 1998 Hurricane Mitch, Haiti after 2010 earthquake) recovery does not occur for generations later, if at all. In addition, disaster medical response does little to lower death rates after natural disasters since over 90% of deaths occur within the first few hours before humanitarian assistance arrives. For this reason investment in a regional approach to disaster risk reduction for health has the most likelihood of saving lives, reducing injuries and promoting sustainable development in the setting of environmental security for the Pacific region.

The goal of this proposal is to reduce the health risk of environmental disasters in the U.S.-Affiliated Pacific Islands. The primary strategy of this proposed project is to support current strategies which enhance healthy people, healthy homes, and healthy communities in order to lessen the human vulnerability to environmental hazards. The objectives are to build capacity among the public health leadership and workforce to:

1. understand the public health impact of disasters,
2. understand and apply the principles of disaster risk reduction (DRR),
3. Investigate and report hazards and vulnerabilities in their respective countries/territories
4. Identify and prioritize opportunities for disaster risk reduction: and
5. strengthen the relationship between public health, the healthcare system, and emergency management.

This project will be accomplished through the provision of technical assistance in-country, and a 3-day in-person regional workshop. The specific activities are to train the local health department staff to 1) develop (or improve) disaster risk assessments including a GIS mapping of disaster hazards and public health vulnerability, 2) develop country/territory specific disaster risk reduction action plans to guide decision-makers to implement policies, procedures, and programs which will lower

risk, 3) identify and prioritizes gaps in public health and healthcare preparedness capabilities from a review of their Public Health Emergency Preparedness (PHEP) cooperative agreement reports submitted to CDC/OPHPR/DSLR, and 4) apply best practices to a regional strategy to reduce the risk of adverse health outcomes due to disasters with a particular focus on building capacity between public health, healthcare systems, and emergency management.

The expected outcomes and outputs are:

- enhanced capacity among public health leadership and workforce, and public health systems
- Improved safety and health of the people of the USAPIs
- Enhanced USAPI preparedness, response and recovery capacity
- data driven DRR plans which outline immediate and long-term activities to decrease disaster risk and increase community resilience
- data driven risk assessment to inform decision-making
- GIS shape file community risk maps (combining hazard and human vulnerability data) which is accessible and understandable to leadership and emergency planners
- an evidence-based and culturally sensitive assessment of the PHEP capacity building needs for the Pacific Islands to guide and prioritize DSLR/CBB's work in the region

1. http://www.pacificdisaster.net/dox/FRDP_2016_Resilient_Dev_pacific.pdf
2. http://www.unisdr.org/
3. http://www.unisdr.org/files/43291_sendaiframeworkfordrren.pdf
4. http://www.unisdr.org/files/43291_sendaiframeworkfordrren.pdf
5. http://www.unisdr.org/files/50790_ppdrm2016outcomestatement.pdf

7

PROGRAM STRATEGIES THAT RELATE TO FOA:*
(CHECK ONE OR MORE)

X☐ **Public Health Leadership**
xX☐ Public Health System and Infrastructure
☐ **Evidence-based Public Health Practices and Services**
☐ **Other**

X ☐ Public Health Workforce Segments
☐ **Public Health Laws and Policies**
X☐ Public Health Monitoring and Surveillance Systems

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8

PROGRAM OUTCOMES THAT RELATE TO FOA:*
(CHECK ONE OR MORE)

X☐ Strengthened leadership, governance and accountability

X☐ Enhanced public health systems and infrastructure

X☐ Increased public health workforce capacity

☐ Improved public health laws and policies

X☐ Increased delivery of evidence-based public health practices and services

X☐ Enhanced monitoring and surveillance systems capacity

☐
Other _____

9	**APPLICANT ORGANIZATIONAL CAPACITY REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*** • **National Center for Environmental Health - Office of Environmental Health Emergency Management** NCEH/ATSDR OEHEM is able to act as the project lead for this proposed project. In this capacity, OEHEM will provide primary leadership, management, and oversight for completion of the mission, primary strategy, objectives, and activities in partnership with DSLR/CBB. OEHEM has two ORISE fellows who will support this project. The FSB has an assignee (Career Epidemiology Field Officer) in Guam and plan to have an assignee in American Samoa. The project will elicit additional SMEs within CDC to provide expertise in support of the project, and utlize PIHOAs network of parnters to identify and recruit appropriate organziations or individuals, as needed.
10	**APPLICANT PROGRAM EXPERIENCE REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*** National Center for **Environmental Health, Office of Environmental Health Emergency Management** will provide a leading subject matter expertise in DRR for health who is a member of the US National Platform for Disaster Risk Reduction, and a member of the US delegation for United Nations global and regional workshops/meetings, including the Pacific Regional Plaform in 2011. OEHEM has extensive preparedness technical experience in the Pacific and with working with PIHOA, and they will provide technical scientific support to the USAPI health departments for training, planning and implementation of public health disaster risk reduction measures. **Office of Public Health Preparedness and Response – Division of State and Local Readiness- Capacity Building Branch (CBB) and Field Services Branch (FSB)** has the subject matter expertise in disaster epidemiology and the core mission of CBB is to strengthen the relationship between public health, healthcare systems, and emergency management to improve planning and mitigation of hazards at the state and local level through the Public Health Emergency Preparedness (PHEP) cooperative agreement. DSLR/CBB will provide secondary leadership, management, and oversight for completion of the mission, primary strategy, objectives, and activities.
COLLABORATIVE WORK	
11	**EXPECTATIONS FOR COLLABORATION -AS APPLICABLE (MAXIMUM OF 300 WORDS):** CDC and PIHOA will develop the project plan together including the planning of the 3-day workshop, including consultation with the Senior Regional Public Health Advisor. Technical assistance will be coordinated by CDC. PIHOA will serve as the primary point of contact at the regional level and will facilitate action planning and implementation of vulnerability reduction activities at the local level. PIHOA will evaluate impact of these actions and share these lessons with the PIHOA network and project partners. CDC-DSLR will coordinate with state and local public health community preparedness and Public Health Emergency Preparedness programming in completing the objectives of this project.
12	**EXPECTED SUBCONTRACTUAL WORK AND RECOMMENDED CRITERIA FOR IDENTIFYING/SELECTING SUBCONTRACTORS - AS APPLICABLE (MAXIMUM OF 300 WORDS):** This is TBD but likely sub-contractor to support the GIS mapping activties as GRASP has several contactors which we may need to provide funds for them to work on this project. In addition, we may consider hiring a sub-contractor to facilitate the workshop and write up the workshop proceedings in a report or publication.
BUDGET INSTRUCTIONS	
13	**GENERAL INSTRUCTIONS FOR USE OF FUNDS – AS APPLICABLE (MAXIMUM OF 300 WORDS** Use of funds will be for workshop venue, travel support for participants and SMEs, personnel support (proposing 30% ORISE support), equipment, printing and supplies.
CIO CERTIFICATION*	
14	**By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.**

FY 2017 CIO PROJECT PLAN – Year 2
FOA CDC-RFA-OT16-1601
Strengthening the Public Health System in the U.S.-Affiated Pacific Islands

GENERAL INFORMATION	
1	**PROJECT TITLE: NCD Surveillance – Hybrid Survey**
2	**CIO POC name: Stacy De Jesus** **CIO/Division: NCCDPHP/OD/Office of Public Health Practice** **CIO POC email address: sdejesus@cdc.gov** **CIO POC phone number: 770-488-6393**
3	**TARGET POPULATION CATEGORY:*** *(CHECK ONE BOX)* **Health Department X☐** **Workforce Segment ☐** **Other Component of the Public Health System ☐**
4	**TARGET POPULATION DESCRIPTION (What public health system target population will receive the capacity building assistance?):* Department of Health and territorial leadership, as well as chronic disease staff who collect, analyze, and utilize surveillance data to inform public health priorities and programs**
5	**PROPOSED PROJECT FUNDING:*** **$_____$55,000_____**
PROJECT DETAILS	
6	**PROJECT DESCRIPTION FOR CAPACITY BUILDING (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):*** **This project would fund one US territory to collect physical and biochemical measurements to determine territorial prevalence of key chronic diseases. These measurements include height, weight, blood pressure, blood glucose, and total cholesterol. These measurements would complement current self-report data collected through the Behavioral Risk Factor Surveillance System (BRFSS), thus providing a complete picture of the burden of NCDs and their associated risk factors in the selected territory. This would be a collaborative effort with other agencies, organizations, and universities.** **Goal: To document the full burden of NCDs in a selected territory.** **Expected Outputs: physical and chemical measurements of selected particicants from the BRFSS.** **Outcomes: Prevalence of the population that is overweight/obese, has high blood pressure, has diabetes or pre-diabetes, and has high total cholesterol.** **Acitivites: data collection (obtain measurements from BRFSS particiants), analysze data, report data – completing a full picture of the burden of NCDs and their associated risk factors.**

7	**PROGRAM STRATEGIES THAT RELATE TO FOA:*** *(CHECK ONE OR MORE)* ☐ Public Health Leadership ☐ Public Health System and Infrastructure X☐ Evidence-based Public Health Practices and Services ☐ Other ☐ Public Health Workforce Segments ☐ Public Health Laws and Policies X☐ Public Health Monitoring and Surveillance Systems
8	**PROGRAM OUTCOMES THAT RELATE TO FOA:*** *(CHECK ONE OR MORE)* ☐ Strengthened leadership, governance and accountability ☐ Enhanced public health systems and infrastructure X☐ Increased public health workforce capacity ☐ Improved public health laws and policies X☐ Increased delivery of evidence-based public health practices and services X☐ Enhanced monitoring and surveillance systems capacity ☐ Other _____
9	**APPLICANT ORGANIZATIONAL CAPACITY REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*** Applicant needs to have epidemiology capacity/epi unit to guide this surveillance component.
10	**APPLICANT PROGRAM EXPERIENCE REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*** Applicant should have experience working with US territories and affiliated jurisdisctions, experience collecting, analyzing, and using surveillance data to inform public health priorities, programs, and services. Experience working with multiple partners.
COLLABORATIVE WORK	
11	**EXPECTATIONS FOR COLLABORATION -AS APPLICABLE (MAXIMUM OF 300 WORDS):** n/a
12	**EXPECTED SUBCONTRACTUAL WORK AND RECOMMENDED CRITERIA FOR IDENTIFYING/SELECTING SUBCONTRACTORS - AS APPLICABLE (MAXIMUM OF 300 WORDS):**

BUDGET INSTRUCTIONS	
13	**GENERAL INSTRUCTIONS FOR USE OF FUNDS – AS APPLICABLE (MAXIMUM OF 300 WORDS):** **Funds should be used to support a local coordinator, procure testing supplies, support other data collection efforts (enumerators), analysis, and report writing. Some travel may be required.**
CIO CERTIFICATION*	
14	**By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.**

FY 2017 CIO PROJECT PLAN

FOA OT13-1302
Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations

GENERAL INFORMATION			
1	**PROJECT TITLE:* Strengthening Business Services and Project Management in the USAPIs**	2	**CIO:* NCCDPHP/OPHPR/OSTLTS** **DIVISION:* OD/DSLR/PSU**
3	**CIO POC name:* Stacy De Jesus** **CIO POC email address:* sdejesus@cdc.gov** **CIO POC phone number:* 770-488-6393**		
4	**TARGET POPULATION CATEGORY:*** *(CHECK ONE BOX)* **CATEGORY A X☐ CATEGORY B ☐ CATEGORY C ☐**		
5	**TARGET POPULATION TYPE:*** ☐ **Local public health department** ☐ **State public health department** **X☐ Territorial public health department** ☐ **Tribal public health department**		
6	**TARGET POPULATION DESCRIPTION:* US Affiliated Pacific Islands (USAPIs) health departments or ministries of health**		
7	**PROPOSED PROJECT FUNDING:*** **$___200,000_____(Whole #s Only)**		

PROJECT DETAILS	
8	**PROJECT DESCRIPTION (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):*** This is a pilot project to the determine if performance and efficiency in the areas of project management and business services can be improved by placing a staff person (contractor or consultant) to provide full-time technical assistance across multiple CDC-funded programs in the USAPIs. This position woud coordinate program activities regarding chronic disease and public health preparedness and response by consulting, monitoring, and measuring program outcomes. Will work with CDC-funded programs to formulate or improve program operations, operating policies, guidelines, and reporting standards. It is expected that the person is based in the region, will travel extensively to each of the jurisdictions to provide on-site TA, develop strong working relationships with jurisdictions and liaise between jurisdictions and CDC. Expected outcomes include improved capacity of jurisdictions in the areas of communication and meeting program requirements, including fiscal reporting, performance measures, evaluation, and overall program mangagement.

9	**PROGRAM STRATEGIES THAT RELATE TO FOA:*** *(CHECK ONE OR MORE)* **X☐ Public Health Systems and Organizational Improvement X☐Public Health Workforce** **☐ Public Health Data and Information Systems ☐Public Health Practice and Services** **☐ Public Health Partnerships ☐Public Health Resources, Communication & Evaluation** **☐ Other_____**
10	**PROGRAM OUTCOMES THAT RELATE TO FOA:*** *(CHECK TWO OR MORE)* **X☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings** **☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships** **X☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations** **☐ Increased integration of state-of-the-art technology into data collection and information systems** **X☐ Increased implementation of evidence-based public health programs, policies, and services** **☐ Improved capacity to meet nationally established standards, such as those for health department accreditation** **☐ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles** **☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources** **☐ Other _____**
11	**APPLICANT ORGANIZATIONAL CAPACITY (MAXIMUM OF 500 WORDS):*** Applicant should have experience working in the USAPIs, existing relationships with jurisdiction leadership, knowledge of CDC-funded programs.
12	**APPLICANT PROGRAM EXPERIENCE (MAXIMUM OF 500 WORDS):*** Applicant should have demonstrated experience in building capacity to improve program operations, preferably with the USAPIs.
COLLABORATIVE WORK	
13	**EXPECTATIONS FOR COLLABORATION -AS APPLICABLE (MAXIMUM OF 300 WORDS):**
14	**EXPECTED SUBCONTRACTUAL WORK AND RECOMMENDED CRITERIA FOR IDENTIFYING/SELECTING SUBCONTRACTORS - AS APPLICABLE (MAXIMUM OF 300 WORDS):** This project will require a full-time staff person or consultant, based in the region (preferably Guam) and extensive travel to all of the USAPIs (minimum 2 visits to each jurisdiction per year, for a minimum of 12 trips per year). Person should have experience or knowledge of the USAPIs, demonstrated ability to be flexible and adaptable, knowledge of CDC grants management requirements is a plus. Experience is developing standard operating procedures, project management, and communications.

BUDGET INSTRUCTIONS

15	**GENERAL INSTRUCTIONS FOR USE OF FUNDS – AS APPLICABLE (MAXIMUM OF 300 WORDS):** Funds should be used to support a full-time staff person or consultant and travel.

CIO CERTIFICATION*

16	**By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.**

FY 2016 CIO PROJECT PLAN – Year 1
FOA CDC-RFA-OT16-1601
Strengthening the Public Health System in the U.S.-Affiated Pacific Islands

GENERAL INFORMATION	
1	**PROJECT TITLE:** Evaluation of the Comprehensive STD/HIV and Viral Hepatitis Prevention Plan and Program Capacity Building for the Pacific Islands Jurisdictions
2	**CIO POC name: Tranita Anderson** **CIO/Division: NCHHSTP** **CIO POC email address: TKG1@CDC.GOV** **CIO POC phone number: 404-639-8387**
3	**TARGET POPULATION CATEGORY:*** *(CHECK ONE BOX)* **Health Department** ☒ **Workforce Segment** ☐ **Other Component of the Public Health System** ☐
4	**TARGET POPULATION DESCRIPTION (What public health system target population will receive the capacity building assistance?):*** Public health professionals who serve in a leadership or a programic capacity to guide, influence, and collaborate across health systems and organizations to strengthen US-Affiliated Pacific Islands STD/HIV Prevention Programs.
5	**PROPOSED PROJECT FUNDING:*** **$ 90,000**

PROJECT DETAILS	
6	PROJECT DESCRIPTION FOR CAPACITY BUILDING (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):* The STD programs in the six United Stated Affiliated Pacific Island (USAPI) Programs of *American Samoa*, *Commonwealth of the Northern Mariana Islands*, *Guam*, the *Federated States of Micronesia* (FSM), the *Republic of the Marshall Islands* and *Palau* receive program, laboratory, and surveillance support from CDC. Due to limited program and laboratory capacity on many of the islands, the true burden of asymptomatic HIV and other sexually transmitted infections (STDs) – including viral hepatitis – is not fully understood. Overall, STD prevalence is high in the USAPI jurisdictions. A 2009-2012 STD burden assessment conducted using PCR testing of population-based samples in Guam, Palau and Yap found very high prevalence of chlamydia (>25%) and moderate prevalence of gonorrhea (3-5%) among persons aged 15-35 years. More recent data from Guam documented a 2015 congenital syphilis rate of 30.4 per 100,000 compared with the US rate of 12.4. The chlamydia rate of 547.2 per 100,000 was higher than the US rate

of 478.8. Gonorrhea rates were slightly higher in the Guam compared to the US (123.9 per 100,000 vs. 91.3). In addition, the USAPIs are at risk for importation of highly resistant strains of gonorrhea, as gonococcal resistance to available antibiotics tends to emerge out of east and Southeast Asian nations, the home of origin of a large proportion of workers and tourists to these six USAPI jurisdictions.

Ensuring support and evaluation of the Comprehensive Prevention Plan for STD/HIV (including viral hepatitis) for USAPI programs will support local managers to prioritize harmonized goals and improve diagnostic and treatment services. A comprehensive, integrated plan can help strengthen epidemiology, surveillance, and laboratory capacity to prevent adverse health outcomes, monitor disease trends, improve case reporting and build informatics capacity.

Additionally, information and education programs are essential to support screening recommendations that all women should be screened for syphilis in early pregnancy at the first prenatal visit. One of the key elements in the outcome of a pregnancy is prenatal care. Thus, it critical to promote testing for HIV, hepatitis B, syphilis, chlamydia, and gonorrhea (during the same visit) within first 20 weeks of pregnancy.

This project aims to support ongoing implementation and evaluation of a comprehensive STI/HIV and Viral Hepatitis strategy. Assist USAPI program managers with health education promotion, publications, and radio/newspaper ads (screening pregnant women, and recommended pregnancy testing (HIV, STD, TB and Viral Hepatitis). Lastly, this project will support specialized internet-based training for clinical and program staff that improves knowledge and skills among local staff conducting STD/HIV activities.

Goals:

- Support and evaluate ongoing efforts to develop and implement a comprehensive STD/HIV Prevention Plan as part of overall public health operations and infrastructure.
- Identify strengths and weaknesses, including existing gaps and challenges faced, related to operational efficiency and effectiveness around STD/HIV programs.
- Provide guidance and strategic direction for health education, social marketing, community involvement, and behavior change programs for STD/HIV prevention and health promotion and health education to promote early prenatal visits to ensure testing for HIV, hepatitis B, syphilis, chlamydia, and gonorrhea (targeting medical providers and local individuals).
- Conduct and help build capacity to support specialized internet-based training for clinical and program staff that improves knowledge and skills among local staff conducting STD/HIV activities, aimed at improving the quality and timeliness of clinical, laboratory and surveillance activities, actions and outcomes.

Expected Outcomes:

- Assess progress made on implementation and installation of the comprehensive STD/HIV and Viral Hepatitis Prevention Plan as part of overall public health operations and infrastructure.

- Provide ongoing guidance and strategic direction to USAPI program leaders on implementation of the Plan.

- Develop health education promotion, publications and radio/newspaper ads referring HIV/STD prevention and screening pregnant women. Also, promote recommended pregnancy testing for HIV, STD, TB and Hepatitis B.These messages should target medical providers and local individuals.

- Support internet-based training or continuous education platforms for USAPI clinical and program staff.

Sample Activities:

- Assessment of the comprehensive STD/HIV and Viral Hepatitis Prevention Plan coordinator's activities and implementation stage within the USAPI jurisdiction.
- Provide training and technical support that supports implementation of the comprehensive plan.
- Implement evaluation strategies and approaches that support that the Plan's goals and outcomes are realized.
- Share and highlight strategies to address STD/HIV program and workforce development needs.
- Establish relationships with Maternal Child Health or Antennal Care (MCH/ANC) partner organizations to develop health education, social marketing, community involvement, and behavior change programs for STD/HIV prevention and health promotion and health education to promote early prenatal visits to ensure testing for HIV, hepatitis B, syphilis, chlamydia, and gonorrhea.
- Assess needs and abilities of USAPI grantees to support and internet-based training for continuous education platforms.

7

PROGRAM STRATEGIES THAT RELATE TO FOA:*

(CHECK ONE OR MORE)

- ☒ **Public Health Leadership**
- ☒ **Public Health System and Infrastructure**
- ☒ **Evidence-based Public Health Practices and Services**
- ☐ **Other**
- ☐ **Public Health Workforce Segments**
- ☒ **Public Health Laws and Policies**
- ☒ **Public Health Monitoring and Surveillance Systems**

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8

PROGRAM OUTCOMES THAT RELATE TO FOA:*

(CHECK ONE OR MORE)

- ☒ **Strengthened leadership, governance and accountability**
- ☒ **Enhanced public health systems and infrastructure**
- ☒ **Increased public health workforce capacity**
- ☒ **Improved public health laws and policies**
- ☒ **Increased delivery of evidence-based public health practices and services**
- ☒ **Enhanced monitoring and surveillance systems capacity**
- ☐ **Other** _____

9

APPLICANT ORGANIZATIONAL CAPACITY REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*

The applicant should have: (1) documented expertise in evaluation and assessment, (2) expertise in developing comprehensive plans and communicate goals and objectives, (3) expertise in developing health education and health promotion materials and messages, (4) familiarity with basic STD/HIV public health systems in the region, and how these interact with the overall, local public health infrastructures, (5) capacity to provide training, technical assistance, and resources to staff in territorial health departments on clinical services, surveillance, epidemiology, and laboratory systems, (6) a reputation for excellent communication with partners (e.g., CDC, local partners, other agencies or organizations), (7)

	expertise in building or expanding upon existing partnerships, (8) prior experience working with USAPI partners and a documented ability to collaborate with local partners and CDC.
10	**APPLICANT PROGRAM EXPERIENCE REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*** The applicant should have experience and documented ability in (1) identifying public health goals (and preferably STD/HIV goals) and in developing road maps for the future, (2) providing specific public health program planning guidance; (3) training in public health clinical, surveillance, and laboratory services around STD/HIV and other integrated public health systems; (4) knowledge of challenges faced by territorial, local, and state health departments around public health issues likely to challenge local STD and HIV prevention programs, (5) experience in planning, implementation, monitoring, and evaluation of public health programs (and ideally STD/HIV Prevention Programs)
COLLABORATIVE WORK	
11	**EXPECTATIONS FOR COLLABORATION -AS APPLICABLE (MAXIMUM OF 300 WORDS):** The applicant is expected to work closely with STD program managers at CDC and the STD/HIV and Viral Hepatitis programs in the U.S. Pacific island territories and states to develop a plan, coordinate training activities, and implement activities. The applicant is also expected to work with local policy makers and STD program managers to coordinate STD/HIV activities with other health department related activities with an eye toward building quality assured, evidence-based programs. Depending upon the jurisdiction, the applicant may be asked to also work, alongside the staff of health department, with private laboratories or other medical partners. The applicant will be expected to communicate frequently and work closely with CDC/DSTDP program managers to ensure that program expectations are understood and objectives met.
12	**EXPECTED SUBCONTRACTUAL WORK AND RECOMMENDED CRITERIA FOR IDENTIFYING/SELECTING SUBCONTRACTORS - AS APPLICABLE (MAXIMUM OF 300 WORDS):** None
BUDGET INSTRUCTIONS	
13	**GENERAL INSTRUCTIONS FOR USE OF FUNDS – AS APPLICABLE (MAXIMUM OF 300 WORDS):** Use of funds should be allocated for but not limited to: Assessment and evaluation of the Comprehensive Plan-30% Development of health education and promotion materials and messages-30% Supporting internet-based training for USAPI clinical and program staff-30% Other items:10%
CIO CERTIFICATION*	
14	**By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.**