Category A
CIO
Project Plans

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Big City Health Coalition (BCHC) Deputy to CDC Deputy Project

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Senior Deputies in local (BCHC) health departments/agencies

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$150,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 110/150 words maximum

This project will include the planning, implementation, coordination and convening of a new Deputy to Deputy workgroup. The primary goal is to improve relationships, coordination, program implementation and management practices between local (BCHC) health departments and the CDC's national centers, institutes and offices (CIOs). The outputs will be clear processes and plans for improving the performance of the public health system. The outcomes will include better working relationships, more frequent and two-way communications, collaborative problem solving and improved public health program implementation. These activities will be conducted via phone and/or webinar technologies with at least one face to face meeting. This workgroup will include an invitiaion to all BCHC senior deputies and all 14 of CDC CIO deputy directors.

12 **12.2. Leadership and Workforce Development**

Activities*	• **One in-person meeting in Atlanta** • **Two webinars** • **Convene Senior Deputies Peer Network and CDC Deputy Directors** • **Work with Senior Deputies Committee to plan meeting** **Conduct quarterly calls or webinars with BCHC and CDC Deputy Directors**
Process Measures*	• **In-person meeting occurred** • **2 webinars implemented** • **Meeting between BCHC senior deputies and CDC deputy directors implemented** • **Planning meeting occurred**
Outputs*	• **Clear processes and plans established for improving the performance of the public health system** • **A report from the meeting between BCHC senior deputies and CDC deputy directors** • **Training information from the webinars**
Budget Period Outcomes*	• **Increased coordination and communication among BCHC deputies and CDC senior deputies**
Outcome Measures*	

- **Better working relationships**
- **Increase in frequency of two-way communications and collaborative problem solving**
- **Number of public health program implementations**

The applicant will need to comply with existing guidelines and processes implemented at CDC for PPHF funding.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 20/200 words maximum
	The applicant must have ongoing and direct communication and relationships with all local (BCHC) Senior Deputies in the public health department/agencies
14	Applicant Program Experience:* 35/200 words maximum
	Proven working relationship with local (BCHC) Senior Deputies in the public health departments/agencies
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 26/200 words maximum
	The applicant will be expected to collaborate with the CDC/Center for State, Tribal, Local, and Territorial Support's deputy director in coordinating all project activities.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum
	Applicant is permitted to pursue subcontract work as needed with organizations that possess reach, technical knowledge and/or capacity to assist with activities identified in this project plan.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 37/100 words maximum
	The applicant will need to comply with existing guidelines and processes implemented at CDC funding. • **The use of funds is consistent with stated purposes** • **All obligating documents reflect those purposes and describe the specific activities that track to funding**
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum

Customized Systems and Performance Improvement Technical Assistance for Small Health Departments

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Small local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [x] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 134/150 words maximum

The goal of this project is to provide customized systems and performance improvement technical assistance (TA) to small local health departments across the United States that are oftem limited in resources and capacity. Eligible local health departments must be small (defined by serving <49,000 population, and/or having <5 full time health department staff), Health department pursuit of accreditation does not impact eligibility and is not required in order to receive customized TA from the funded national partner and CSTLTS.

This customized TA can increase the capacity of HDs and the public health system to deliver the 10 essential public health services in 3 core areas of public health and meet national public health standards. This increased capacity can lead to increased access and delivery of public health services to communities and improved health outcomes.

12 **12.1. Public Health Systems Infrastructure**

Activities*

In collaboration with key national partners, CSTLTS will provide funding and customized support to small health departments to 1) complete projects to help improve their performance and cultivate an agency-wide culture of performance improvement, and/or 2) complete systems improvement projects to help foster, develop, and support collaboration/partnership between public health and other sectors that address the social determinants of health.

This project is intended to run for at least two years for each awardee health department. The first 3-6 months of the first year should be focused on developing a detailed project and action plan with support from the funded national partner. This time should be spent refining the project focus, ensuring that the right teams and partnerships are in place, ensuring and receiving the right level and amount of training, detailing the action plan on what activities will take place, who owns those activities, and how they will be carried out on a more granular level, and firming up any other relevant components identified as critical to success. The remainder of the 2 year period after the project and action planning period will be spent on active implementation with support and TA from funded national partner. Consideration for year 2 support is contingent upon satisfactory completion of year 1 activities.

The funded national partner will lead efforts to support performance and systems improvement activities focusing on these 8 categories:

- Develop and implement CSPITA cohorts project for small health departments including recruiting communities, developing programming, evaluating the project
- Delivering customized training, guidance, tools, resources, technical assistance, and support plans for small health department employees, focusing on the planning and implementation of systems and performance improvement activities
- Organizing, facilitating and supporting peer-to-peer connection, networking opportunities, and activities amongst awardee health departments in the focus areas of systems and performance improvement (training workshops, tailored activities/assignments, online communities, facilitated conference/virtual calls, one-on-one sessions, in-person meetings, etc…)
- Provide and track on-demand TA
- Collect information on performance improvement and systems improvement implementation
- Other relevant or alternative activities developed in collaboration with CDC that address systems and performance improvement

Category 1 Community Health Assessments and/or Improvement Plans

Projects that work toward developing, implementing or revising community health assessments and/or improvement plans**.** Support for cross-sector CHA/CHIP approaches (e.g., MAPP) will be prioritized.

Category 2 Strategic Plan

Projects that work toward the development, implementation or revision of a health department strategic plan.

Category 3 Workforce Development

Projects that advance workforce development efforts, including workforce assessment and development/implementation of a workforce development plan

Category 4 Performance Management System

Projects that develop or implement a performance management system

Category 5 Quality Improvement Activity/Project

Projects that improve organizational efficiency and effectiveness through quality improvement activities. This may include quality improvement projects, quality improvement training, and/or development /support of an agency-wide quality improvement plan

Category 6 General PHAB Accreditation Readiness

Projects that encompass focused accreditation readiness efforts not specified above, such as: agency readiness assessment, cross-agency convening, staff engagement and orientation, gathering PHAB documentation, support of PHAB initial accreditation fees (up to 50% can be supported through this award)

Category 7 Health Equity/Social Determinants of Health Activity/Project

Projects that address health equity or social determinants of health (SDOH) in a community.

Category 8 System Improvement/Cross-Sector Activity/Project

Projects that improve the coordination, collaboration, connection and efficiency of the public health system and service delivery.

Process Measures*	

- Number of sites/communities selected for CSPITA cohort
- Number of webinars, 1:1 calls, in-person meeting attendees, cohort calls
- Percent satisfaction with capacity building assistance provided through CSPITA
- Number of promising practices and other products developed during budget period
- **Other measures to be developed and revised in collaboration between awarded national partner and CDC**

Outputs*

- RFP or other mechanism/documentation for cohort recruitment, application selection criteria, cohort applications
- A Pre- and Post- Project Assessment, as designed by the funded national partner, that clearly shows how customized TA was able to impact knowledge, skills, capacity, abilities, collaboration, peer-to-peer connection, and other relevant indicators for small and rural health departments related to systems and performance improvement.
- Detailed project/action plans from awardee health departments developed with support of funded national partner.
- Detailed implementation and TA plan from funded national partner.
- Products, plans, and documents generated as a result of implementation from the 8 categories of work.
- Final report that details lessons learned, barriers, challenges, facilitators of success, promising practices, recommendations for improvement and other relevant information
- Systems and performance improvement plans, products, guidance, materials, and related resources specifically tailored to small health departments
- Narrative on the impact this project had/will/can have on the public health agency, public health system, public health workforce, and community/population
- Communication and dissemination plan for final products
- Notes from conversations with cohort members and partners implementing PI and SI efforts
- TA/Training curriculum-TA package development
- Notes/agendas from calls and in-person meetings with cohort members
- TA tracking spreadsheet with information on TA provided
- Other relevant or alternative outputs developed in collaboration with CDC

Budget Period Outcomes*

- Increased knowledge and skills among the small public health department workforce related to public health systems and performance improvement
- Increased ability among the small public health department workforce to implement systems and performance improvement activities
- Increase peer-to-peer connection, support, communication, resource and skill sharing among the small public health department workforce related to systems and performance improvement
- Movement along the partnership and collaboration spectrum for awardee health departments (Improved cross-sector collaboration)
- Improved health department efficiency, effectiveness, strategic direction and operational capacity
- Other relevant outcomes developed in collaboration with CDC

Outcome Measures*

- Increased number of small local health departments that report operating with improved efficiency, effectiveness, strategic direction, and operational capacity
- Increased number of small local health departments and cross-sector partners that report an increased awareness and foundational knowledge of performance improvement and systems improvement
- Increased number of tools, resources, and promising practices in performance improvement and systems improvement available
- **Other measures to be developed and revised in collaboration between awarded national partner and CDC**

12.2. Leadership and Workforce Development

Activities*

Activities can include:

- Support health department leaders and performance improvement staff attendance at relevant performance improvement training opportunities, such as the Public Health Improvement Training, community health assessment and improvement planning training, etc.
- Coordinate relevant advisory groups/workgroups/roundtables/conversations comprised of health department leadership and relevant staff to inform action in addressing gaps and opportunities, including but not limited to emerging issues, new resources, cross-sector partnerships, and innovative training focused on PI and SI.
- Other relevant or alternative activities developed in collaboration with CDC that address systems and performance improvement

Process Measures*

	• Recruitment and number of CSPITA participants attending national performance and systems improvement trainings • Recruitment and number of CSPITA participants and other partners, SMEs, etc…participating in advisory group/workgroup/convening • **Other measures to be developed and revised in collaboration between awarded national partner and CDC**
Outputs*	• Meeting/convening/group development and action plan • Data on CSPITA participants attending national performance and systems improvement training • Other relevant or alternative outputs developed in collaboration with CDC
Budget Period Outcomes*	• Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs • CSPITA and other partners commitment to participate in advisory group/workgroup/convening • CSPITA participants attending national performance and systems improvement trainings • Other relevant outcomes developed in collaboration with CDC
Outcome Measures*	• CSPITA participants reporting increased knowledge, skills, network as a result of attending national national performance and systems improvement trainings • Meeting/group/convening participants and partners developing shared action plans and next steps • **Other measures to be developed and revised in collaboration between awarded national partner and CDC**
12.5. Partnerships	
Activities*	• Collaborating with national partners, subject matter experts, and other relevant partners and sectors to ensure coordination and implementation of strategies that will assist small health department employees in planning and implementing systems and performance improvement activities • Present systems and performance improvement related CBA work relevant and connected to CSPITA during at least two relevant conferences • Other relevant or alternative activities developed in collaboration with CDC that address systems and performance improvement
Process Measures*	• Number of presentations delivered • Number of abstracts submitted • Number of meetings, calls held with national partners • **Other measures to be developed and revised in collaboration between awarded national partner and CDC**
Outputs*	• Copies of abstracts • Call and meeting notes • Other relevant or alternative outputs developed in collaboration with CDC
Budget Period Outcomes*	• Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Increased understanding of characteristics that support collaborative responses to address public health priorities • Other relevant outcomes developed in collaboration with CDC
Outcome Measures*	• Strengthened capability to respond to public health priorities collaboratively and strategically • **Other measures to be developed and revised in collaboration between awarded national partner and CDC**
12.7. Programs and Services	
Activities*	

- Develop a success story and/or case study of what worked well and why when implementing systems and performance improvement activities to be shared with the broader public health field
- Develop a lessons learned story of what didn't work well and why when implementing systems and performance improvement activities to be shared with the broader public health field
- Conduct one to three national webinars on CSPITA systems and performance improvement work, activities, impacts, opportunities, success, progress, results, promising practices, relevance, emerging issues, timely topics, etc…to benefit the broader public health field,
- Dissemination of products, tools, guidance, documents, promising practices, and resources resulting from project activities to the broader public health field via webinars, podcast, blogs, briefs, presentations, publications, online communities, focused discussions/engagements, etc…
- Other relevant or alternative activities developed in collaboration with CDC that address systems and performance improvement

Process Measures*	• Number of participants registered and participating live on webinars • Percent satisfaction with webinars • Tools, products, resources, promising practices actively shared with broader public health field via different forms of media, forums, communication channels, etc… • **Other measures to be developed and revised in collaboration between awarded national partner and CDC**
Outputs*	**Outputs can include:** • Communication and dissemination plan for final products • Success Stories • Lessons Learned Stories • Other relevant or alternative outputs developed in collaboration with CDC
Budget Period Outcomes*	• Increased knowledge, skills, awareness, access to resources, support, and peer-to-peer connection for broader public health field on systems and performance improvement • CDC has increased knowledge, documentation, awareness, and feedback on how to better support small health departments • Other relevant outcomes developed in collaboration with CDC
Outcome Measures*	• Feedback from broader public health field on use, satisfaction, and application of CSPITA developed tools, resources, promising practices, etc…to their programs, systems, workforce, communities. • **Other measures to be developed and revised in collaboration between awarded national partner and CDC**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 46/200 words maximum
	Successful applicant should have capacity to support public health infrastructure and capacity building activities for local governmental public health departments and systems, in particular, systems and performance improvement. Applicant should have broad reach and a high level of expertise to engage local governmental public health departments nationwide and across jurisdictions.
14	Applicant Program Experience:* 74/200 words maximum

	Successful applicants will have in depth knowledge and experience working with local governmental public health agencies, departments, and systems. They will have a history of positive engagement with local governmental public health and local public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities, in particular, systems and performance improvement. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 91/200 words maximum
	All activities will be conducted in collaboration with CDC to develop and refine strategies and activities of the workplan, as well as work with other national partners, subject matter experts, and stakeholders as appropriate. Regular check-in calls, review of materials, and more will occur. Awardee will disseminate findings to national partners and other stakeholders. Applicants funded under this cooperative agreement will be expected to proactively collaborate, coordinate, and synergize activities with other national partners where and when it makes sense to advance mutual goals, project objectives, and to provide coordinated support to governmental public health departments and their cross-sector partnerships.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum
	None explicitly required, but applicants may propose sub-contract work as appropriate to advance the project objectives.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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National Partnership Branch
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Determining smoking status in Medicaid and linking to Medicaid claims data

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$350,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 143/150 words maximum

Cigarette smoking remains the leading cause of disease, disability and death in the US. A number of population groups are known to have a disproportionately higher prevalence of smoking, including those covered by Medicaid. The purpose of this project is for state health agencies' medicaid programs to identify adults who are state Medicaid enrollees who currently smoke cigarettes. This project seeks to determine the ability to assess smoking status among Medicaid enrollees who have a smoking related chronic disease. Finally, this project aims to retrospectively (annually) assess the smoking status of Medicaid enrollees in order to determine if these individuals have made an attempt to quit smoking or have relapsed. Once the feasibility of this is demonstrated, a potential next phase would be for state health agencies' Medicaid programs to strengthen their infrastructure and date systems to determine ways to provide covered cessation supports and services to individuals identified as current smokers who are Medicaid enrollees.

12 **12.1. Public Health Systems Infrastructure**

Activities*	**Determine if state health agencies and Medicaid programs infrastructure and data systems can identify current smoking status is collected by each state Medicaid program on enrollees (e.g., within enrollment, EHRs, etc).** **For states that do not collect smoking status in state Medicaid data, make a recommendation on how this information could be collected.**
Process Measures*	**Number of state health agencies and Medicaid programs that can demonstrate how the above activity (i.e., determination of smoking status) is made within each state Medicaid programs to obtain the above information.**
Outputs*	**Provide an account of smoking indicators that are collected by state Medicaid programs.** **Provide a written report on availability of smoking status information or indicators, that includes a listing of all indicators, how the information is collected and maintained by state Medicaid programs or their designee.**
Budget Period Outcomes*	**Increased understanding and awareness of the methods of data collection and availability of applicable datasets to determine current smoking status within state Medicaid programs.** **Improved the capacity to measure current smoking status within the Medicaid enrollee population through facilitating or enhancing partnerships and collaborations among different state entities.** **Improved state health agenices and Medicaid programs's infrastructure to evaluate, manage and improve standards for identifying current smokers**
Outcome Measures*	

	Percentage of increase in understanding and awareness of methods of data collection **Percentage of increase availability of applicable data sets on current smoking status** **Number of state health agencies and Medicaid programs that have capacity to measure current smoking status with the Medicaid enrollees** **Number of partnerships and collaborations among different state entities facilitated or enhanced**
12.3. Data and Information Systems	
Activities*	**Obtain access to state level Medicaid claims data for up to 4-5 states (to be further determined in collaboration with CDC) that collect smoking status.** **Determine if a link can be provided between smoking status indicators that have been collected by the state Medicaid program and the Medicaid claims data.** **For states that do not collect smoking status in their Medicaid data, determine if this information is available within other sources (e.g., provider or insurer under contract with Medicaid)** **For the states that collect smoking status within their Medicaid data, determine if other entities in the state health departments (e.g., cancer division) also identify smoking status among Medicaid enrollees.** **For the states in which the data can be linked to Medicaid claims data, perform a descriptive analysis to describe the characteristics of current smokers (e.g., demographic and health care utilization).** **Determine if Medicaid enrollees who are current smokers and have a smoking related chronic condition (e.g., cancer diagnosis and treatment, as determined through analysis of Medicaid claims data) are trying to quit.** **Determine if smoking status and quit attempts can be assessed in prior years in order to ascertain cessation history and relapse.** **In working with the previously identified states, develop a method to ascertain smoking prevelance within the state Medicaid population using the data previously obtained and identified.**
Process Measures*	**Demonstrate ability to access and analyze state level Medicaid data.** **Demonstrate ability to work with state health departments focusing on chronic disease prevention (e.g., cancer).**
Outputs*	**Draft a process roadmap of how Medicaid data is obtained, analyzed, and the indicators that are used.** **Develop a document showing where and how smoking status can be identified in select state level Medicaid data.** **Provide a written summary of other entities in state health deparments that also collect smoking status among Medicaid enrollees.** **Provide the prevalence estimates of current smoking statusstratified by Medicaid eligibility.** **Provide a written summary recommendation on how smoking status could be collected for Medicaid enrollees for entities that don't already collect it.** **For up to 4-5 states (determined in collaboratin with CDC), ascertain current smoking status among Medicaid enrollees who also have a cancer diagnosis, and provide a written summary of results.** **For at least two states, provide a written summary quantifying smoking cessationamong this population.**
Budget Period* Outcomes	**Improve the capacity of existing data insfrastructure to help conduct public health monitoring by measuring the prevalence of current smoking in the previously determined states within each state's Medicaid population.** **Improve knowledge of potential methods to assess current smoking status within the Medicaid enrollee population through different datasources (e.g., Medicaid data, EHR, etc).**
Outcome Measures*	**Number of states that have the capacity of existing data infrastructure to conduct public health monitoring** **Percentage of increase in knowledge of methods to assess current smoking status through different data sources** **Provide a written summary recommendation on how smoking status could be collected for Medicaid enrollees for entities that don't already collect it.** **For up to 4-5 states (determined in collaboratin with CDC), ascertain current smoking status among Medicaid enrollees who also have a cancer diagnosis, and provide a written summary of results.** **For at least two states, provide a written summary quantifying smoking cessation among this population.**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 80/200 words maximum
	The recipient should have the demonstrated ability to reach and engage with state health departments and be able to partner with appropriate states to access state level Medicaid data to ascertain current smoking status. The recipient should be knowledgable of tobacco control indicators, including how to best measure smoking status and smoking attributable chronic diseases. The recipient should have the expertise to understand the nuances of administrative data (including claims data) and the limitations and challenges that accompany them.
14	Applicant Program Experience:* 84/200 words maximum

	The recipient should be experienced in working across different state level health departments, including a variety of different subentitites. For example, the recipient should have experience working with the division that manages data on Medicaid enrollees, as well as other divisions working on chronic diease prevention. The recipient should also have the ability to either conduct the appropriate data analyses, or subcontract the analytic capacity with the appropriate individuals or be able to work with individuals in the Medicaid program to analyze the data to obtain the needed measures.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 88/200 words maximum
	The recipient should be able to facilitate collaboration among different entities in the state health departments in order to determine the availability of the necessary information; the recipient should also be able to collaborate with relevant subject matter experts in the area of state level Medicaid programs and associated data as well as state tobacco control programs. In addition, the recipient should plan to collaborate closely with CDC NCCDPHP/Office on Smoking and Health during the life of the project, including decisions regarding which states to work with.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum
	Recipient may need to determine if subcontractual relationships will be required with individual states due to limiations on data sharing.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 25/100 words maximum
	The recipient should plan to budget for 1 trip to Atlanta for 2 days for up to 2 staff for a reverse site visit.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/10 words maximum
DHS/CWMD Engagement with Local Health Officials

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

County and City Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$75,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

☐ Improved leadership capacity to identify and prioritize public health needs
☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically
☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 135/150 words maximum

The Department of Homeland Security (DHS) Countering Weapons of Mass Destruction Office (CWMD) provides support to operational partners to prevent the use of weapons of mass destruction (WMD) against the Homeland and promote readiness for chemical, biological, radiological, nuclear, (CBRN) and health security threats. The purpose is to provide coordination, support, analysis, and recommendations on key preparedness projects and policies implemented in coordination with local health officials. Ongoing, consistent communication with local health officials builds a network of partners that support CMO efforts to respond to, alleviate, and prevent medical and public health impacts of DHS activities. Engagement, coordination and information sharing among DHS, CDC, and multiple local partner agencies, with support from national associations, enables improved preparedness by maximizing resources, streamlining operations, and analyzing data from different sources to develop a more comprehensive understanding and collaborative way forward.

12 **12.5. Partnerships**

Activities*

Activity 1: In collaboration with DHS, find opportunities for local health officials, preparedness directors, and relevant other disciplines, as necessary, to inform DHS/CMWD policies, projects, documents and activities. Projects may include: coordination and support for medical operations and public health activities along the border, biosurveillance and biodetection efforts of Federal, state, and territorial partners, enhanced medical screening at ports of entry, efforts to link information from multidisciplinary partners (public health, healthcare, emergency medical services, law enforcement) for drug overdose/opioid response efforts, public health integration with fusion centers, and other projects with homeland security and public health linkages.

Activity 2: Facilitate engagement of local health officials to provide the county and city perspective on homeland security activities through involvement on national workgroups, DHS/CWMD work groups, and others. Faciliate meetings between public health preparedness, emergency management and medical first responder national organizations to identify common concerns and develop unified guidance and policies.

Activity 3: In collaboration with DHS, ensure engagement of key local public health partners as part of the national homeland security enterprise. Use webinars, conference calls and other materials to educate new local health officials about the homeland security enterprise, including the importance of partnerships with homeland security entities and fusion centers, and collaboration among public health, homeland security, and emergency response agencies to address WMD and health/medical threats. Work with local health officials to capture examples of best practices that are being employed nationwide for homeland security and health collaboration.

Process Measures*

- At least one in-person meeting*, participation in calls**.
- Selection process developed to determine health leaders to serve on planning work groups
- Educational materials to provided to new health leaders at least once per year

**We are only asking for the applicant to participate in meetings, not plan and/or conduct them.*

***We are only asking for the applicant to participate and provide their expertise/perspective on calls, not plan or conduct them.*

Outputs*

	• Local health leaders selected to serve on planning work group(s) for homeland security efforts • Educational materials developed for local public health leaders on homeland security collaboration
Budget Period Outcomes*	• County and City Health Officials will have informed DHS/CMWD policies, projects, documents and activities. • County and City Health Officials will have provided the state and territorial perspective on homeland security activities. • County and City Health Officials will have educated new directors of public health preparedness and state health officials on the homeland security enterprise, including the importance of partnerships with state homeland security entities and fusion centers, the benefits of applying for a security clearance, and collaboration among public health, homeland security, and emergency response agencies to address WMD and health/medical threats
Outcome Measures*	• 1 example of CMWD policies, projects, documents and/or activities being informed by County and City Health Official input. • 1 example of best practices being employed nationwide for homeland security and health collaboration.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 29/200 words maximum
	Applicant must have a strong and active professional relationship with, direct access to, and the capacity to effectively coordinate communication to and from County and City health officials and their staff.
14	Applicant Program Experience:* 63/200 words maximum
	Applicant must have substantial experience creating and managing discipline-specific professional workgroups and committees, particularly in the context of County and City Health Officials and their staff, as well as coordinating activities and projects within that audience and managing to completion. Applicant must also have substantial experience partnering and communicating with preparedness, emergency response and homeland security stakeholders in County and City government arenas.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 20/200 words maximum
	The applicant will work closely with the DHS Technical Monitor and other County, City and federal partners, as designated.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum
	No needs for subcontracted work or consulting are initially envisioned for this work. However, the Technical Monitor will consider any suggestions the grantee proposes.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 33/100 words maximum
	The applicant must work closely with the Technical Monitor and the CSTLTS Project Officer to ensure all costs planned and incurred are allowable, allocable and reasonable.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/10 words maximum
DHS/CWMD Engagement with State Health Officials

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

State Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$75,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

☐ Improved leadership capacity to identify and prioritize public health needs
☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically
☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 137/150 words maximum

The Department of Homeland Security (DHS) Countering Weapons of Mass Destruction Office (CWMD) provides support to operational partners to prevent the use of weapons of mass destruction (WMD) against the Homeland and promote readiness for chemical, biological, radiological, nuclear, (CBRN) and health security threats. The purpose is to provide coordination, support, analysis, and recommendations on key preparedness projects and policies implemented in coordination with state health officials. Ongoing, consistent communication with statel health officials builds a network of partners that support CMO efforts to respond to, alleviate, and prevent medical and public health impacts of DHS activities. Engagement, coordination and information sharing among DHS, CDC, and multiple local partner agencies, with support from national associations, enables improved preparedness by maximizing resources, streamlining operations, and analyzing data from different sources to develop a more comprehensive understanding and collaborative way forward.

12 **12.5. Partnerships**

Activities*

Activity 1: In collaboration with DHS, find opportunities for state health officials, preparedness directors, and relevant other disciplines, as necessary, to inform DHS/CMWD policies, projects, documents and activities. Projects may include: coordination and support for medical and public health activities along the border, biosurveillance and biodetection efforts of Federal, state, and territorial partners, enhanced medical screening at ports of entry, efforts to link information from multidisciplinary partners (public health, healthcare, emergency medical services, law enforcement) for drug overdose/opioid response efforts, public health integration with fusion centers, and other projects with homeland security and public health linkages.

Activity 2: Facilitate engagement of state health officials to provide the state and territorial perspective on homeland security activities through involvement on national workgroups including: Joint Policy Workgroup, National Homeland Security Consortium, DHS/CWMD work groups, and others. Facilitate meetings between public health preparedness, emergency management and medical first responder national organizations to identify common concerns and develop unified guidance and policies.

Activity 3: In collaboration with DHS, ensure engagement of key public health partners as part of the national homeland security enterprise. Use webinars, conference calls and other materials to educate new directors of public health preparedness and state health officials to the homeland security enterprise, including the importance of partnerships with state homeland security entities and fusion centers, the benefits of applying for a security clearance, and collaboration among public health, homeland security, and emergency response agencies to address WMD and health/medical threats. Work with state and territorial officials to capture examples of best practices that are being employed nationwide for homeland security and health collaboration.

Process Measures*

	• Select state/territorial health leaders to serve on 1 border planning workgroup. • Participate in 1 in-person national work group meeting*; and • Participate and provide summary notes for 1 Southwest Border Public Health Call** per month; **We are only asking for the applicant to participate in meetings, not plan and/or conduct them.* ***We are only asking for the applicant to participate and provide their expertise/perspective on calls, not plan or conduct them.*
Outputs*	• State and territorial health leaders selected to serve on planning work group(s) for homeland security efforts • Educational materials developed for state public health leaders on homeland security collaboration
Budget Period Outcomes*	• State and Territorial Health Officials will have informed DHS/CMWD policies, projects, documents and activities. • State and Territorial Health Officials will have provided the state and territorial perspective on homeland security activities. • State & Territorial Health Officials will have educated new directors of public health preparedness and state health officials on the homeland security enterprise, including the importance of partnerships with state homeland security entities and fusion centers, the benefits of applying for a security clearance, and collaboration among public health, homeland security, and emergency response agencies to address WMD and health/medical threats
Outcome Measures*	• 1 example of CMWD policies, projects, documents and/or activities being informed by State and Territorial Health Official input. • 1 example of best practices being employed nationwide for homeland security and health collaboration.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 32/200 words maximum
	Applicant must have a strong and active professional relationship with, direct access to, and the capacity to effectively coordinate communication to and from State and Territorial health officials and their staff.
14	Applicant Program Experience:* 63/200 words maximum
	Applicant must have substantial experience creating and managing discipline-specific professional workgroups and committees, particularly in the context of State and Territorial Health Officials and their staff, as well as coordinating activities and projects within that audience and managing to completion. Applicant must also have substantial experience partnering and communicating with preparedness, emergency response and homeland security stakeholders in State and Territorial government arenas.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 20/200 words maximum
	The applicant will work primarily with the DHS Technical Monitor and other State, Territorial and federal partners, as designated.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum
	No needs for subcontracted work or consulting are initially envisioned for this work. However, the Technical Monitor will consider any suggestions the grantee proposes.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 27/100 words maximum
	The applicant must work closely with the Technical Monitor and the CSTLTS Project Officer to ensure all costs planned and incurred are allowable, allocable and reasonable.
	CIO CERTIFICATION
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Emergency Preparedness and Response for Maternal and Infant Health Partnership meeting

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

The target population is local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$2,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 153/150 words maximum

This project would target local healt departments' Maternal & Child Health (MCH) programs. The goal is to convene a partnership building and capacity assessment meeting between local health departements, their MCH prograns, and emergency preparedness and response (EPR) professionals. Participants will include local health departments leadership, MCH public health leaders representing thesevulnerable communities. This project builds on previous activities that focused previously on state health departments. In addition, the meeting will provide critial information and document success stories about vulnerable populations and/or MCH EPR partnerships. Success stories might include examples where vulnerable populations and/or MCH and EPR local public health professionals worked together to develop and disseminate culturally sensitive community-level messages during hurricanes, wildfires, or other natural disasters. Other success stories might include vulnerable populations and/or MCH and EPR local public health professionals working together to develop emergency preparedness exercises (e.g. zika, anthrax, radiological events). Partnership/capacity needs identified and success stories will be summarized in a report with recommendations for best practices and action plans.

12 **12.5. Partnerships**

Activities*

Funded activities may include:

1. Identify local partners/teams to participate
2. Prepare meeting logistics and make travel arrangements for the identified partners
3. Provide meeting oversight, prepare an agenda and develop meeting training materals, facilitate discussions, take notes, and compile information on needs, capacity, and best practices
4. Work with participants to share vulnerable populations and/or EPR MCH success stories about partnership building and capacity assessment, specific to local communities that are culturally sensitive
5. Compile success stories shared by participants
6. Synthesize findings and make recommendations for best practices for vulnerable populations and/or MCH EPR in the local, tribal, and territorial communities
7. Report recommendations and create action plans
8. Conduct the post meeting evaluation

Process Measures*

	• Number of jurisdictions/partners representing MCH programs invited to participate, • Number who do participate, • Secure meeting date and location to schedule meeting, • Identification of meeting facilatatiors
Outputs*	• A report documenting best practices for vulnerable populations and/or MCH and EPR partners • Action plans to increase awareness and knowledge of best practices • Number of emerging, promising, or best practices/success stories identified from meeting participants.
Budget Period Outcomes*	• Increased success stories with diverse perspectives from local, tribal and territorial partners/teams in the field of vulnerable populations and/or MCH and EPR partners. • Increased recommendations and include action plans.
Outcome Measures*	• Number of best practices report with action plans to address identified needs for local public health professionals that can be disemminated and adapted for diverse local, tribal, and territotial communities.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 132/200 words maximum

The applicant must demonstrate the following organizational capacity:

- Be an organization working to promote/improve public health and representing local health departments leadership and workforce, eEmergency preparedness and response workforce, and Maternal and Child Health workforce.
- An organization that supports, equips, and advocates for local health department officials in their work of advancing the public's health and well-being.
- Have organizational programs and committees made up of staff members from local, tribal or territorial health departments throughout the country.
- Documented history of establishing effective relationships among local health agencies.
- Have a documented history of providing technical advice and assistance to partner organizations and to federal public health agencies.
- Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects of the epidemiology fellowship program.
- Appropriate information technology systems to produce required federal progress, financial and annual reports.

14 Applicant Program Experience:* 174/200 words maximum

The applicant must demonstrate the following program experience:

- Have a documented history of providing MCH capacity-building assistance in local health departments.
- Extensive experience (10 years or more) in providing information, education, and developmental support of practicing local health programs in a wide range of areas.
- Have a documented history of supporting effective public health practice in local health agencies through training, capacity development, and peer consultation.
- Ability to document previous continuing education opportunities and training initiatives on topics such as applied epidemiology and the use of relevant scientific information and health data to improve MCH policies and programs.
- Have a documented history of disseminating MCH epidemiology, surveillance and policy related information to a large network of local, tribal or territorial public health professionals.
- As an organization, must work to advance public health policy.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 72/200 words maximum

This project will result in increased collaboration between multiple programs within the CDC Division of Reproductive Health, including the Emergency Preparedness Team, our partnering organizations, states, and local, tribal or territorial organizations around emergency preparedness and response capacity issues related to vulnerable populations and/or MCH.

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

16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 5/200 words maximum
	Subcontract allowed if needed.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 11/100 words maximum
	Follow guidance advanced by the CDC Office of Grants Services.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Equipping Local Health Departments to Address Vaccine Hesitancy

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$500,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 97/150 words maximum

Local health departments (LHDs) are on the frontlines to address vaccine hesitancy at the community level. This project aims to provide LHDs with the resources to protect communities at risk. Under this project, a select number of local health departments will receive support to put "boots on the ground" in communities at risk to address and counter hesitancy before an outbreak occurs and to work with other partners at the community level. The funded partner will evaluate the outcomes of these efforts so that other jurisdictions can learn what works to protect at-risk communities.

12 **12.7. Programs and Services**

Activities*	• Identify a select number (5-7) of local health departments to hire staff with the specific goal of addressing vaccine hesitancy and low immunization rates in communities at risk. • Monitor progress and evaluate outcomes from the local community work to identify effective practices that could be replicable in other jurisdictions. • Identify LHD needs to address vaccine hesitancy and strategies to improve capacity and training among LHDs to find and protect communities at risk and counter vaccine misinformation. • Build partnerships with other organizations and stakeholders to improve LHD efforts to protect communities and address vaccine misinformation.
Process Measures*	• Develop criteria for identifying LHDs eligible to receive support • Submit RFP to identify select number of sites to receive vaccine hesitancy staff support • Support LHD staff in select sites to address vaccine hesitancy and protect communities at risk • Develop evaluation plan for LHD site work.
Outputs*	• RFP for to identify select number of sites to receive vaccine hesitancy staff support • LHD staff placed in identified sites • New partnerships with clinical and community organizations • Evaluation plan for work and dissemination of lessons learned to other jurisdictions • Completed needs assessment of LHDs to identify gaps and opportunities for protecting communities at risk and addressing vaccine misinformation.
Budget Period Outcomes*	• Improved LHD to address vaccine hesitancy and low immunzation rates at communities at risk
Outcome Measures*	• Evaluation plan • Additional staff hired at 5-7 local health departments • New partnerships at local level

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13	Applicant Organizational Capacity:* 42/200 words maximum
	• Have established experience working with local health departments as well as diverse stakeholders related to immunization • Qualified and experienced personnel to complete the activities listed in the project description
14	Applicant Program Experience:* 27/200 words maximum
	Applicant must demonstrate success working with local health departments and other immunization stakeholders. Applicant should have experience with disseminating best practices from local health departments to their membership.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 22/200 words maximum
	Recipient is expected to work collaboratively with public health partners, especially local health departments.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 33/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 89/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for grantees, consultants, contracts and sub-contracts. Awardees should expect to travel at least one staff member for a awardee meeting at CDC in Atlanta, Georgia.
	CIO CERTIFICATION
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Examination of State Policy Interventions to Reduce Skin Cancer Risk

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$500,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

○ The CIO will fund the project for one year.

◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships

☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☑ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☑ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 118/150 words maximum

The purpose of the current project is to engage a cohort of states in a learning community to examine state laws regarding indoor tanning device use and sunscreen use at school to better understand the content of existing regulations and if/how the regulations are being implemented and enforced. Project findings will be used to increase state capacity to evaluate and improve the implementation and enforcement of skin cancer prevention policies and regulations. A secondary purpose of the project is to determine how many states collect state-level data on indoor tanning device use and sunscreen use, how many states survey school districts on sun-safety policies, how many states require that indoor tanning devices be registered with the state, and the number of devices in states that require registration.

12 **12.6. Laws and Policies**

Activities*	• Develop the methods and measures to conduct a detailed analysis of the content of existing legislation regarding indoor tanning device use and sunscreen use at school. • Analyze the content of existing state legislation regarding indoor tanning device use and sunscreen use at school. • Develop and implement methods and measures to assess which states are collecting state-level data on indoor tanning device use and sunscreen use.
Process Measures*	• Methods and measures developed to conduct an analysis of existing legislation. • Number of existing legislation regarding indoor tanning device use and/or sunscreen use at school pulled for at least 35 states. • Analyses completed regarding indoor tanning device use and sunscreen use at school. • Methods and measures to assess which states are collecting state-level data.
Outputs*	• Summary of the content in existing state indoor tanning laws, including any language that addresses enforcement. • Summary of the content in existing state laws regarding sunscreen use at school, including any language that addresses enforcement. • LIst of states collecting state-level data on indoor tanning device use. • List of states collecting state-level data on sunscreen use. • List of states that require indoor tanning devices to be registered in the state and the number of devices registered in those states.
Budget Period Outcomes*	• Increased understanding of how policies to reduce skin cancer risk vary across states, including to what extent implementation and enforcement are addressed in the policies. • Increased awareness of state-level data relevant to skin cancer prevention policy interventions.
Outcome Measures*	• Data on the content of existing skin cancer prevention legislation summarized for at least 35 states.

12.7. Programs and Services

Activities*	• Engage a cohort of states in a learning community to examine implementation and enforcement of state indoor tanning laws (including information about how this varies by setting, such as at tanning salons, gyms, and apartment complexes) and implementation and enforcement of state laws regarding sunscreen use at school (including how information about school sunscreen policies are communicated to school faculty, teachers, parents, and students). • Document initial findings from the work of the learning community. We anticipate that in year two of the project, this information will be used to develop a guidance document which would include best practices and lessons learned to increase state capacity to implement and evaluate new skin cancer prevention policies, regulations, and enforcement protocols.
Process Measures*	• State engagement as measured by the number of states participating in the learning community to examine implementation and enforcement of state indoor tanning laws and state laws regarding sunscreen use at school.
Outputs*	• A cohort of U.S. states engaged in a learning community to examine implementation and enforcement of state indoor tanning laws and state laws regarding sunscreen use at school. • Draft summary of initial findings from the activities of the learning community intended to increase state health departments' capacity to implement and evaluate new skin cancer prevention policies, regulations, and enforcement protocols. We anticipate funding the project for a second year to finalize the summary and create products to support dissemination such as supporting promotional materials, webinars, and peer-reviewed manuscripts.
Budget Period Outcomes*	• Increased awareness of challenges and barriers to implementation and enforcement of state indoor tanning laws and state laws regarding sunscreen use at school. • Increased state capacity to evaluate skin cancer prevention policies and regulations.
Outcome Measures*	• At least 75% of states participating in the learning community contribute information on implementation and enforcement of policies to reduce skin cancer risk in their state.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 70/200 words maximum
	The recipient should have existing relationships with state health agencies to facilitate rapid creation of a cohort of states to participate in a learning community to examine state policy interventions to reduce skin cancer risk. The recipient should have the organizational capacity (including necessary skills and other resources) to use a collaborative learning community model to increase state capacity to implement evidence-based public health programs and policies.
14	Applicant Program Experience:* 61/200 words maximum
	The recipient should have previous experience using a collaborative learning community model to increase state capacity to implement other evidence-based public health programs and policies. The recipient should have previous experience working closely with health officials in state health agencies and should have extensive experience researching state-based policy and best practices in chronic disease prevention and health promotion.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 40/200 words maximum
	The recipient is expected to engage health officials within state health departments in a learning community to examine implementation and enforcement of state indoor tanning laws and state laws regarding sunscreen use at school.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 35/200 words maximum
	The recipient is expected to provide financial assistance to states participating in the learning community. Subcontracts to complete other aspects of the work are allowable but not required.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 61/100 words maximum
	Project funds should be used to directly address the proposed activities in the project plan. Any travel-related expenses paid using project funds should be consistent with per diem rates established by the US General Service Administration (http://gsa.gov). We anticipate that the project will be funded for a second year (pending availability of funds) to disseminate the findings from the first year of the project.
	CIO CERTIFICATION
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/10 words maximum
Flexible Funding Academic Think Tank

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

State public health department leadership

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 129/150 words maximum

This think tank will be charged with analyzing the various funding streams used to answer the following "Is there the ability to braid and layer funding across multiple federal departments or agencies to address a common goal and seek a collective impact and/or outcome? What are the barriers and facilitating factors?" One existing mechanism to consider is the section 1115 waiver authority which can be used for innovation within individual programs to see whether multiple waivers could be better coordinated and aligned, or how a single waiver could be extended across multiple funding streams. The goals are to build off of states that have been successfully building many sources of funding (e.g. Rhode Island) and to explore ways in which this innovation can be facilitated on the federal side.

12 **12.1. Public Health Systems Infrastructure**

Activities*	• Identify and create partnership between applicant organization, , academics, and leadership from state health departments that have successfully braided funding across multiple funding streams • Hold initial planning meeting to discuss roles/expectations for each organization within the partnership • Perform an assessment/review of various federal funding streams for flexiblity to address common goals across multiple federal programs
Process Measures*	• Created partnership to address braided funding across funding streams • Held planning meeting • Number of flexible options for innovative funding across multiple federal programs • Conducted assessment and review of federal funding streams for flexibility
Outputs*	• Minutes from planning meeting • Report describing options for innovative funding across multiple federal programs • A brief or paper describing flexibilities in different authorities
Budget Period Outcomes*	• Improved operational capacity of state health departments to evaluate flexibilities braiding and layering funding across multiple funding streams • Improved innovative strategies/models to braid and layer funding across multiple federal agencies
Outcome Measures*	• Change in state health departments that have operational capacity • Number of innovative strategies created

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 30/200 words maximum
	• Applicant should have extensive knowledge of braiding and layering funding across multiple federal agencies • Applicant must have reach to state health departments and academic entities, as well as relevant organizations
14	Applicant Program Experience:* 37/200 words maximum
	Applicant experience carrying out previous work related to: • state health departments' funding capacities • Potenital funding streams from the federal government that can be braided and layered • how federal budgets and related policies are implemented
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 15/200 words maximum
	Applicant will work with state health departments, academic partners, CDC STLTS and relvant partners.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 10/200 words maximum
	Applicant is allowed to subcontract portions of work, as needed .
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 4/100 words maximum
	No specific instructions.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Hiring Local Public Health Attorneys: Return on Investment Analysis

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Local Health Directors and other leadership such as attorneys who provide services for local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 161/150 words maximum

Across the country, local public health departments are responsible for enforcing public health laws from food safety and disposal of trash to regulation of septic tanks. Very few local health departments, however, have dedicated legal counsel. Some local health departments have access to the city or county attorney or a contract attorney that is engaged on behalf of the jurisdiction, but neither of these situations is ideal because the health department's use is limited by funds and by attorney expertise. Anecdotally, however, we have learned from jurisdictions with dedicated legal counsel that having such dedicated counsel is associated with an enormous return on investment, particularly in the area of public health law enforcement. One jurisdiction has reported that their new attorney paid for her own position three times over in the first year of her tenure with the health department. PHLP proposes a return on investment (ROI) evaluation of public health departments with dedicated legal counsel and to determine the association with ileadership's capacity to dentify and prioritize public health needs.

12 **12.2. Leadership and Workforce Development**

Activities*	During this one-year ROI evaluation, the grantee will gather budgetary data on the costs and benefits of dedicated full-time legal counsel located in a sample of small and medium sized local health departments. For comparison purposes, similar data will be collected from comparable local health departments with models of legal counsel other than dedicated full-time attorneys. Also, the evaluation will assess leadership's capacity use the models of legal cousel in making decisions.
Process Measures*	These data will be used to build a general model of ROI that could speak to and apply to a broad variety of local health department settings. In addition, that data collection process will be evaluated to determine the feasibility of scaling this project to a larger empirical study.
Outputs*	• Data resulting from the project and subsequent findings. • A report describing the findings of the study and making further recommendations related to the ROI best practices related to different legal counsel models at various sized local health departments. • Development of a PowerPoint slide presentation and relevant one pager(s) describing the project, findings, and recommendations. • PHLP/Partner joint presentation of the findings at Partner's 2021 annual meeting and vendor space made available at the partner's national meeting to provide documents related to the findings, other relevant materials, and supporting information.
Budget Period Outcomes*	• Increased local health department directors and attorneys attending of the sessions • Increased users of the findings and participants visiting the conference vendor space • Improved understanding of the ROI of an attorney employed and dedicated to a local health department.
Outcome Measures*	

- A minimum of one presentation
- Vendor dedicated space at the grantee's national partner meeting
- Number of relevant materials
- 100% of the users accessing the materials to understand the ROI related to hiring a dedicated full-time attorney at the local level for small and medium sized health departments.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 77/200 words maximum
	Applicant must have the experience to conduct a ROI type evaluation that involves processes specific to the local health department level in both small and medium sized health departments. In addition, the applicant must have experience working on issues related to law and policy at the local public health department level. Finally, the applicant must demonstrate they have an annual meeting targeting local health department constituents and the capacity to distribute findings widely across the forum.
14	Applicant Program Experience:* 40/200 words maximum
	Applicant should be able to demonstrate work in the law and policy field and understand the challenges presented by local health departments as it relates to the hiring of dedicated legal counsel due to financial constraints and other challenges.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 17/200 words maximum
	Applicant/Awardee will need to work closely with PHLP staff and local health department staff as needed.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 10/200 words maximum
	Only as needed or deemed necessary by the grantee.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 20/100 words maximum
	Applicant may use the funds dedicated to this project in any manner appropriately defined under the grants management guidance.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Identifying and Addressing Impediments to Public Health Data Sharing

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 19/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

State public health departments

Note: Proposals should not build capacity for CDC or other federal agencies

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 97/150 words maximum

To improve the efficiency and quality of data sharing between state public health entities, and between public health, healthcare, social services, and other networked healthcare entities. To identify legal and trust challenges to data sharing, identify and engage critical leaders from traditional and non-traditional entities to participate in developing and implementing solutions, and create a shared understanding about the path forward for national and local data sharing using modernized infrastructure. The successful applicant will propose a roadmap to improve data sharing nationally and locally that surmounts the larger impediments (15% effort) and initial next steps down such a path (85%) and leads to improved health outcomes.

12 **12.3. Data and Information Systems**

Activities*	• Identify data that should be shared both within current public health systems and from outside organizations • Identify existing information system infrastructure that enables data sharing
Process Measures*	• Summary of data systems that enable data sharing, data systems that limit data sharing, and data that could be shared
Outputs*	• Material that outlines the current information systems and, as needed, information systems improvements that can facilitate and operationalize data sharing
Budget Period* Outcomes	• Increase in understanding gaps in data systems • Increase in in formation about available tools accessible to state and local public health
Outcome Measures*	• Number of resources and information available to public health leaders to make decisions about modernizations that will encourage data sharing.

12.4. Communication and Information Systems

Activities*	• Articulate options to improve data sharing among the state and local health departments and with outside partners • Develop communications materials to assist state and local health departments with initiating and sustaining data sharing

Process Measures*	• Number of options communicated to improve data sharing • Number of communication materials to assist state and local health departments
Outputs*	• Communication materials and training available for public health purposes
Budget Period Outcomes*	• Improved communication among partner organizations and state public health departments • Improved use of data to improve awareness and enhanced coordination between critical stakeholders
Outcome Measures*	• Increase in number of state health departments communicating with partner organizations • Number of available communications materials • Number of recommendations to improve data sharing delivered
12.5. Partnerships	
Activities*	• Convene partners and experts, including leaders outside of the traditional public health community, to develop recommendations for local, state, federal to overcome higher level impediments to data sharing • Build on prior knowledge, state of the art policy and legal analysis, done in the context of strategic partnership thinking, that sheds penetrating light on the problem at hand, documented through collaborative peer-review publication.
Process Measures*	• Review of literature • Inclusion of a diverse range of appropriate partners
Outputs*	• A white paper or legal analysis on barriers to data sharing, the diverse partners' perspective on data sharing, and recommendations
Budget Period Outcomes*	• Increase in parttners's shared understanding of barriers and path forward in data sharing, and • Improved engagement from new partners in addressing data sharing as a public health priority
Outcome Measures*	• At least 1 in person or virtual meeting to convene leaders in data sharing space or leaders who have important data that should be shared • Increase in new knowledge • Compilation of existing resources on data sharing
12.7. Programs and Services	
Activities*	• Conduct assessment of the laws and practices that allow data exchange between healthcare and local and state public health. • Conduct assessment of the policies and practices that allow or prohibit data sharing among public health entities (local, state, federal)
Process Measures*	• Review and obtain comprehensive input from prior related work by CSTE, APHL, NACCHO, ASTHO, PHII, and academia.
Outputs*	• A roadmap that addresses impediments to data sharing, solutions, and actions needed to implement solutions
Budget Period Outcomes*	• Strengthened understanding of barriers to data sharing and potential solutions
Outcome Measures*	• Increase data sharing, achieved more effortlessly for state, local, and federal effective use

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 84/200 words maximum
	• Applicant must have the necessary organizational capacity to support collaboration among partner organizations that have data, have legal expertise, or could utilize data to improve public health • Applicants must have organizational capacity to conduct high quality legal analysis and to present information using best-practice communication for a non-legal audience
14	Applicant Program Experience:* 87/200 words maximum
	• Analyzing data sharing policies and laws at the state, federal, and local level • Initiating and supporting engagement opportunities for public health and non-public health organizations • Informatics ability to understand data sharing systems, use of current standards, and modernization priorities for public health and healthcare organization
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 44/200 words maximum

	CSELS Office of the Director staff will be involved in overall strategic direction of this project. In addition to subject matter expertise, staff will assist to ensure the project remains on-time and within scope. CSELS anticipates monthly or bi-weekly calls with the awardee.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A
	CIO CERTIFICATION
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/10 words maximum
Improving Public Health Messaging Reach and Public Affairs Capacity through Empowering Communicators and Public Information Officers

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

City and county local health departments (w/ a focus on their Public information officers (PIOs) and communicators)

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 39/150 words maximum

The purpose of the project is to strengthen the nation's public health messaging reach and infrastructure and building local health departments' public affairs capacity by focusing on capacity building activities for public information officers (PIOs) and communicators in local city and county health departments.

12 **12.4. Communication and Information Systems**

Activities*	**1. Develop and share messages, tools, and resources to help public health communicators and public information officers at local health departments build capacity (knowledge, skills, abilities) useful during emergency and non-emergency public health events;** **2. Maintain and expand the Public Health Communication Community of Practice third-party platform web-based distributed social networking platform and other resources for peer-to-peer collaboration between health department PIOs, risk communication specialists, and social media specialists at the county and lcity ocal health departments.**
Process Measures*	• **Number of resources and capacity technical assistance for PIOs/health communicators exposed to communication and media webinars, and evaluations from webinars synthesized into lessons learned** • **Number of resources and capacity technical assistance to develop a cohort of affinity and non-traditional partners (such as local utility companies) supporting communications efforts, especially during emergencies** • **Number of peer-to-peer collaborations for networking, communication, coordination, and conduits for information exchange** • **Number peer-to-peer collaborations for dissemination or collaboration channels (e.g., Public Health Communication Community of Practice, promoting/training on the existing CDC Communication Resource Center, partner newsletter dissemination efforts)**
Outputs*	• **Number of messages, tools, and resources developed for public health communicators and public information officers at state health departments during emergency and non-emergency public health events** • **Established national partner organizations to help state health departments make connections at the state and local level** • **Identified and promoted professional competencies for PIOs at all levels of public health based on best practices, identified through a variety of surveys and key informant interviews (optional)** • **Maintained and expanded the Public Health Communication Community of Practice web-based social networking platform and other resources for peer-to-peer collaboration dedicated for use by health department PIOs, risk communication specialists, and social media specialists** • **Created and disseminated a shared roster of current PIOs and health communicators at the national, regional, state, local, tribal, and territorial levels for rapid connections during public health emergencies**
Budget Period Outcomes*	

	• **Improved resources and capacity of PIOs/health communicators exposed to communication and media webinars, and evaluations from webinars synthesized into lessons learned** • **Improved resources and capacity to develop a cohort of affinity and non-traditional partners (such as local utility companies) to support communications efforts, especially during emergencies** • **Expanded peer-to-peer collaboration** • **Strengthened networking, communication, coordination, collaboration, and conduits for information exchange, including collaboration between funded organizations that would not normally interact or collaborate on public health** • **Strengthened existing dissemination or collaboration channels (for example, the Public Health Communication Community of Practice, promoting/training on the existing CDC Communication Resource Center, existing communities of practice, partner newsletter dissemination efforts)**
Outcome Measures*	• **Number of resources and technical assistance provided to PIOs/communicators** • **Cohort of affinity and non-traditional partners developed** • **Proportion of expanded peer-to-peer collaboration** • **Percentage of networking, communication, coordination, collaboration and conduits for information exchange** • **Number of collaboration channels**

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 28/200 words maximum
	The applicant(s) should have a demonstrated track record of organizational capacity, including skills, technology, organizational reach, and infrastructure, required to effectively conduct the work described in the project details section
14	Applicant Program Experience:* 42/200 words maximum
	The applicant(s) should have a demonstrated track record of content expertise and a proven relationship with the target population (public information officers and health communicators at the state and local health department level) required to effectively conduct the work described in the project details section
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 48/200 words maximum
	The applicant(s) is (are) expected to collaborate and partner as needed with national organizations that have strong relationships with public information officers and health communicators in the local health department s.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 77/200 words maximum
	It is possible that work may be subcontracted; if so, it is anticipated that at least ¼ and possibly much more of the total funding may be subcontracted for this performance period in exchange for specific work with public information officers and health communicators at the local health department level. Viable subcontractors should have a proven track record of excellence.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 27/100 words maximum
	We would like to award 150,000 for Activity 1 and 50,000 for Activity 2.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/18/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Improving SHD Capacity to Address Environmental Hazards and Excess Cancer Concerns

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

State health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$80,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 142/150 words maximum

This project aims to improve state agency capacity to respond to community concerns about potential environmental hazards and excess cancer. CDC/ATSDR is updating the 2013 "Investigating Suspected Cancer Clusters and Responding to Community Concerns: Guidelines from CDC and the Council of State and Territorial Epidemiologists." As part of the guidelines update process, CDC/ATSDR is seeking a partner organization to help ensure the updated Guidelines are practical and feasible for state agencies to implement. This project will identify a) strengths and weaknesses of the updated Guidelines, b) facilitators and barriers to implementation by state agencies, and c) specific tools, trainings, and non-financial resources needed to implement the updated Guidelines.

The successful completion of this project will strengthen the public health infrastructure by ensuring state agencies have the resources and tools to better respond to community concerns about potential environmental hazards and excess cancer.

12 **12.7. Programs and Services**

Activities*	• Partner with other national public health partner organizations doing similar work to improve capacity to address environmental hazards and excess cancer concerns. • Review and provide feedback (e.g., stengths and weaknesses) on draft of updated Guidelines for responding to community concerns about potential environmental hazards and excess cancer. • Identify facilitators and barriers to implementation of draft updated Guidelines by state agencies. • Identify specific tools, trainings, and non-financial resources that would enable state agencies to better implement the draft updated Guidelines.
Process Measures*	Regular check-ins through phone and email with Technical Monitor.
Outputs*	A final report that documents strengths and weaknesses of updated Guidelines, facilitators and barriers to implementing the updated Guidelines, and specific tools, trainings, or nonfinancial resources needed by state agencies to enable implementation of the updated Guidelines.

Budget Period Outcomes*	Improved capacity to identify, prioritize, and customize programs and services to address community concerns about potential environmental hazards and excess cancer.
Outcome Measures*	Feedback and findings of assessment incorporated into CDC/ATSDR updated Guidance and used to create tools, trainings, and other resources to improve state agencies capacity to implement CDC/ATSDR updated Guidance.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 40/200 words maximum
	Recipient should have established organizational reach and infrastructure to successfully partner with state health departments. Recipient should have relevant skills and experience in program management to lead a multi-disciplinary project focused on building capacity in evidence-based public health practice.
14	Applicant Program Experience:* 27/200 words maximum
	Recipient should have content expertise in the fields evidence-based public health. In addition, the recipient should have past and current experience collaborating with state health agencies.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 15/200 words maximum
	Recipients should collaborate with relevant organizations and public health agencies, including state health agencies.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 21/100 words maximum
	Budget should be primarily used for conducting the assessment of state agencies. No equipment should be purchased for this project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Improving Social Determinants of Health - Getting Further Faster

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 30/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Leadership in state and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,500,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 89/150 words maximum

The purpose of this project is two-fold 1) identify coalitions with state or territorial health departments with a successful history of implementing multi-sector partnerships (government and non-government), programs and policies within their communities to address chronic disease prevention in one of five areas of social determinants of health (SDoH): a) built environment, b) community-clinical linkages, c) food insecurity , d) social connectedness, and e) smoke-free policy and 2) to strengthen their capacity to evaluate and demonstrate impact of their activities by providing targeted technical assistance to understand progress to date and document lessons learned and outcomes achieved.

12 **12.5. Partnerships**

Activities*

1. **Assist with development of a request for proposal and identification of target communities**

- The applicant will work with CDC SMEs and other project stakeholders to develop a request for proposal that will be used to select coalitions with state or territorial health departments that have a successful history of working within their communities to implement efforts to address the five focus areas. Proposal content to be developed will include specific eligibility and assessment criteria, at a minimum to include:
  - The extent to which efforts occurred in communities contributing disparately to overall mortality and/or morbidity statistics in the US, as documented by objective data such as the County Health Rankings, or the County Prosperity Index;
  - The existence of a formal community coalition, with membership from multiple sectors;
  - The willingness of this coalition to engage in continued activities;
  - Documentation of a programmatic plan of activities that was implemented that includes planned and realized evaluation efforts
- The applicant will disseminate request for proposal to members and based on established selection criteria, review work plans and select up to 25 communities to receive targeted evaluation technical assistance.

2. **Coordinate techical assistance**

- Work with selected members to summarize the lessons learned identify capacity developed and additional capacity needed to initiate, develop, implement and evaluate social determinant-focused efforts in communities.
- Obtain experienced professional evaluation expertise to work with members and other communities funded by NCCDPHP for similar efforts to demonstrate the value and frame those findings suitable for communication to multiple, non-public-health audiences
- Provide logistical support for all meetings, calls, webinars and committees, including developing agendas, facilitating meetings, taking and disseminating notes

Process Measures*

- Number of communities identified and selected
- Number of technical assistance calls

Outputs*

	• Identification of those entities meeting the criteria outlined above, or as modified through the technical review of the recipient workplan within 2 months of award receipt • Procurement and provision of experienced professional evaluation expertise that demonstrates the value of SDoH efforts in chronic disease prevention • At least one convening, in conjunction with NCCDPHP and others involved in this effort focused on sharing lessons learned and identifying solutions for common barriers encountered. • Monthly status report which provides a summary of completed and on-going activities for each of the requirements and activities. • Final summary report identifying strong prototypes, successful models, skills critical to the process and successes accomplished at the community level. Report due within 8 months from award date
Budget Period Outcomes*	• Improved knowledge in strategies and awareness of the contributions arising from SDoH affecting chronic disease prevention. • Improved exchange of SDoH approaches and strategies to address the five named focus areas affecting chronic disease prevention. • Strengthened collaboration and sharing among the members of the target population, public health professionals and CDC NCCDPHP to address SDoH. • Improved networking among public health professionals to support SDoH at multiple levels of activities. • Identification of promising practices successfully implemented and impact on chronic disease prevention. • Identification of new partners and contributions to addressing SDoH
Outcome Measures*	• Increased percentage of participants knowledgable of strategies resulting from SDoH affecting chronic disease • Number of exchanges of SDoH approaches and strategies • Number of promising practices • Number of new partners and contributions to addressing SDoH

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 117/200 words maximum
	The applicant should have a national presence for representing state and/or territorial health departments and ensure they have the capacity, resources, and support needed to identify, engage and assess the capacity of communities that have undertaken successful policy, systems, and environmental approaches to SDoH affecting chronic disease prevention. The applicant should have the technological capacity to develop, format and disseminate reports, training, webinars and outreach through avenues such as the internet and social media, as well as direct contact with state and territorial health department chronic disease programs and other collaborating organizations. The applicant should also be able to demonstrate their ability to convene recipients and collaborators to share lessons learned and plan for next steps.
14	Applicant Program Experience:* 60/200 words maximum
	The applicant should have proven successful ability to identify the communities contributing disparately to morbidity and mortality in states and territories, provide technical assistance and evaluation expertise particularly on the five focus areas identified above for SDoH to senior leadership within state and territorial health departments, and proven ability to mobilize partnerships to address SDoH in diverse populations.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 76/200 words maximum
	This project will require extensive coordination and collaboration across multiple individuals and organizations. The applicant will be expected to actively coordinate and collaborate with CDC, CDC-funded entities and other organizations contributing to addressing SDoH, particularly affecting chronic disease prevention. For example, the applicant may take an active role in convening critical partners, including subaward recipients, to support activities and share outcomes. Collaboration will include issues of leadership, developing and strengthening partnerships as well as evaluating outcomes.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 61/200 words maximum
	The applicant will be expected to secure subcontractors as needed to fulfill the needs and goals and activities outlined in the project plan. Relevant experience required by subcontractor includes: • Comprehensive knowledge of social determinants of health, in particular five focus areas of this proposal • Demonstrated ability to provide coordinated technical assistance with expertise in community assessment frameworks, evaluation methodology, and implementation approaches
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 100/100 words maximum
	The funds provided for this project should be used to directly address the proposed activities described in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, producing materials and reports, and paying for travel. Smaller amounts coalitions that include representation from state and/or territorial health departments may not exceed $50,000 per coalition. Funds should facilitate the retrieval of information to support the recipient's analysis based on the above stated criteria and to work with the parent organization on technical assistance for capacity development and skill building in targeted areas
	CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

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Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Improving Social Determinants of Health Locally - Getting Further Faster

2 CIO:*

3 NDivision/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Leadership in city, county, or local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,500,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 102/150 words maximum

The purpose of this project is two-fold 1) identify coalitions with city, county, or local health departments with a successful history of collaborating with multi-sector partnerships (government and non-government), to initiate programs and policies within their communities to address chronic disease prevention in one of five areas of social determinants of health (SDoH): a) built environment, b) community-clinical linkages, c) food insecurity , d) social connectedness, and e) smoke-free policy and 2) to strengthen their capacity to evaluate and demonstrate impact of their activities by providing targeted technical assistance to understand progress to date and document lessons learned and outcomes achieved.

12 **12.5. Partnerships**

Activities*

1. Assist with development of a request for proposal and identification of target communities

- Work with CDC SMEs and other project stakeholders to develop a request for proposal that will be used to select coalitions that include city, county or local health departments that have a successful history of working within their communities to implement efforts to address the five focus areas. Proposal content to be developed will include specific eligibility and assessment criteria, at a minimum to include:
  - Extent to which efforts occurred in communities contributing disparately to overall mortality and/or morbidity statistics in the US, as documented by objective data such as the County Health Rankings, or the County Prosperity Index;
  - Existence of a formal community coalition, with membership from multiple sectors;
  - Willingness of this coalition to engage in continued activities;
  - Documentation of a programmatic plan of activities that was implemented that includes planned and realized evaluation efforts.
- Disseminate request for proposal to members and based on established selection criteria, review work plans and select up to 25 communities to receive technical assistance.

2. Coordinate technical assistance

- Work with selected members to summarize the lessons learned, identify capacity developed and additional capacity needed to initiate, develop, implement and evaluate social determinant-focused efforts in communities
- Obtain experienced professional technical assistance (TA) expertise in the five SDoH areas listed above to work with selected members and other communities funded by NCCDPHP for similar efforts to assist with amplification of efforts
- Provide logistical support for all meetings, calls, webinars and committees, including developing agendas, facilitating meetings, taking and disseminating notes

Process Measures*

- Number of communities identified and selected
- Number of technical assistance calls completed

Outputs*

	• Identification of members meeting the criteria outlined above, or as modified through the technical review of the recipient workplan within 2 months of award receipt • Procurement and provision of experienced technical assistance to assist members in amplifying existing SDoH efforts in the above 5 named areas • At least one convening, in conjunction with NCCDPHP and others involved in this effort focused on sharing lessons learned and identifying solutions for common barriers encountered. • Monthly status report which provides a summary of completed and on-going activities for each of the requirements and activities. • Final summary report identifying strong prototypes, successful models, skills critical to the process and successes accomplished at the community level. Report due within 8 months from award date.
Budget Period Outcomes*	• Increased knowledge in strategies and awareness of the contributions arising from SDoH affecting chronic disease prevention. • Increased exchange of SDoH approaches and strategies to address the five named focus areas affecting chronic disease prevention. • Increased collaboration and sharing among the members of the target population, public health professionals and CDC NCCDPHP to address SDoH. • Increased networking among public health professionals to support SDoH at multiple levels of activities. • Identification of promising practices successfully implemented and impact on chronic disease prevention. • Identification of new partners and contributions to addressing SDoH
Outcome Measures*	• To be determined based on feedback from technical assistance with identified communties

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 104/200 words maximum
	The applicant should have a national presence for representing city, county, and/or local health departments and ensure they have the capacity, resources, and support needed to identify, engage and assess cities/communities that have undertaken policy, systems, and environmental approaches to SDoH affecting chronic disease prevention. The applicant should also have the technological capacity to develop, format and disseminate reports, training, webinars and outreach through avenues such as the internet and social media, as well as direct contact with county and city health department chronic disease programs and other collaborating organizations. The applicant should also be able to demonstrate their ability to convene recipients and collaborators to share lessons learned and plan for next steps.
14	Applicant Program Experience:* 45/200 words maximum
	The applicant should have experience working with multi-sector partnerships (government and non-government) at the city, county, and/or local health department level, an understanding of the social determinants of health, and experience coordinating and/or providing technical assistance in the five areas named in the proposal.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 68/200 words maximum
	This project will require extensive coordination and collaboration across multiple individuals and organizations. The applicant will be expected to actively coordinate and collaborate with CDC, CDC-funded entities and other organizations contributing to addressing SDoH, particularly affecting chronic disease prevention. For example, the applicant may take an active role in convening critical partners, including subaward recipients, to support activities and share outcomes. Collaboration will include issues of leadership, developing and strengthening partnerships as well as evaluating outcomes.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 50/200 words maximum
	The applicant will be expected to secure subcontractors as needed to fulfill the needs and goals and activities outlined in the project plan. Relevant experience required by subcontractor includes: • Comprehensive knowledge of social determinants of health, in particular five focus areas of this proposal • Demonstrated ability to provide coordinated technical assistance
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 99/100 words maximum
	The funds provided for this project should be used to directly address the proposed activities described in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, producing materials and reports, and paying for travel. Sub award amounts to coalitions that include representation from cities, counties or local health departments may not exceed $50,000 per coalition. Funds should facilitate the retrieval of information to support the recipient's analysis based on above stated criteria and to work with the parent organization on technical assistance for capacity development and skill building in targeted areas.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

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Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Making Dialysis Safer for Patients: Strengthening Infection Prevention in Dialysis Healthcare Settings

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$140,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 140/150 words maximum

The purpose of this capacity building activity is to gather relevant healthcare personnel and healthcare organizations involved in dialysis delivery; patients and patient safety stakeholders; public health professionals; and representatives of other organizations who can impact healthcare infection surveillance and infection prevention with CDC leaders/subject matter experts and a cooperative agreement partner to build dialysis infection prevention capacity in areas of high need. The activity will improve infection prevention and surveillance practices in dialysis healthcare settings and increase the capability of dialysis centers and public health departments to achieve public health goals for infection prevention by increasing awareness of preventable dialysis healthcare-associated infections (HAIs) and recommended prevention measures, improving communication across care setting, and by improving coordination with public health partners. Attendees will include state/local health department staff, Infection Preventionists, healthcare epidemiologists, Registered Nurses, dialysis technicians, healthcare certification organizations, professional organizations, quality improvement organizations, federal agencies, dialysis patients, health educators, and others from the kidney care community.

12 **12.7. Programs and Services**

Activities*	• Coordinate "Making Dialysis Safer Coalition" meeting to provide training on improved dialysis interventions, infection prevention best practices, and evidence-based research and identify up to 200 participants • Staff participation in at least 5 planning meetings and at least 4 staff members for on-site meeting facilitation and logistic support. • Develop meeting materials with CDC input and share 30 days before meeting date with CDC for review • Ensure a cross-linkage between the "Making Dialysis Safer Coalition" meeting and other relevant stakeholders • Provide information and technical assistance to meeting attendees to facilitate improved understanding of their respective roles addressing HAIs and how state health agencies and dialysis centers can collaborate to prevent and control HAIs • Refine relevant information from the meeting and post on a web platform/discussion board to facilitate pre and post-meeting discussion about the importance of the relationship between state health agencies and dialysis centers from the perspective of their respective leadership and facilitate relationships
Process Measures*	• # of meeting participants • # of meeting materials developed • # of information/technical assistance requests received • # of information/technical assistance requests fulfilled • Website engagement (e.g. # of page views or # of discussion posts in response)
Outputs*	• "Making Dialysis Safer Coalition" in-person meeting • Materials developed for meeting • Compilation of resources to fulfill information/technical assistance requests • Online discussion board about the importance of the relationship between state health agencies and dialysis centers from the perspective of their respective leadership and facilitate relationships

Budget Period Outcomes*	• The expected outcomes are improvement in infection prevention practices in dialysis healthcare settings, enhanced communication between dialysis providers and public health, and improved capacity to address and respond to public health threats • Increased public health-healthcare collaborations and communication among state health agencies, healthcare, consumer partners and other patient safety stakeholders, specifically dialysis center management, and all member of the Making Dialysis Safer Coalition to improve their practices • Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
Outcome Measures*	• Percentage of attendees of the "Making Dialysis Safer Coalition" meeting reporting the overall discourse and productivity of the meeting as good or excellent. • Percentage of attendees reporting increased knowledge on HAIs including prevention and control best practices and priorities from the CDC and other state-level partners • Percentage of attendees who access at least one of the resources from the Making Dialysis Safer Coalition

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 36/200 words maximum

Experience in organization of similar grouping of experts or relevant parties
Logistical skills and abilities to complete engagement and assembly of strategic participants

Subject matter competence needed to determine agenda setting and what content is needed to drive success

14 Applicant Program Experience:* 25/200 words maximum

Knowledge of CDC's infection prevention tools

Knowledge of CDC's Making Dialysis Safer for Patients Coalition

Experience working with healthcare provider organizations, public health, patient safety stakeholders

COLLABORATIVE WORK

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

Recipient should work with CDC to discuss strategies for assembling the most influential or relevant participants to achieve identified outcomes. No external collaborators are required by CDC

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

N/A

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 99/100 words maximum

Sponsor travel for up to 40 leaders in dialysis care who will present content, contribute to breakout session panels, or advise meeting attendees to improve infection prevention practices in dialysis and strengthen partnerships among the "Making Dialysis Safer Coalition." Participants include dialysis facility front-line staff, exports in facility administration and management, and regional subject matter experts in dialysis quality and safety, and infection prevention. Additional participants include patients on dialysis who serve as subject matter experts on patient engagement and state health departments with significant experience interacting with the dialysis community to prevent infections. CDC headquarters facilities would be used at no vendor cost. CDC provides audiovisual technologies.

CIO CERTIFICATION

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Save and Close | Submit | Submit without sending an email

Submission Date: 02/26/2020

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/10 words maximum
Multi-State Network of Linked PRAMS System Data

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

Target Population Category Descriptions

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

State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$2,200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

☐ Improved leadership capacity to identify and prioritize public health needs
☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically
☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 142/150 words maximum

This project will support the creation of linked data sets consisting of Pregnancy Risk Assessment Monitoring System (PRAMS), birth certificate, and clinical outcomes data (e.g., hospital discharge, Medicaid claims, and All-Payer claims databases) to support Patient-Centered Outcomes Research. Linkage may also occur with other Maternal and Child Health (MCH) surveillance systems (e.g., early intervention data). This project will address the following objectives:

1. Establish a Coordinating Center to support a learning collaborative network of multiple states that will link PRAMS with clinical outcome data.
2. Develop standardized methodology for creation of linked data sets.
3. Provide technical assistance to states to use standardized methodology to link data.
4. Support priority patient-centered outcomes research for maternal and child health.
5. Support a process for receiving de-identified data from multiple states, hosting and accessing linked data for CDC and external researchers, and documentation for sustainability and replication of project.

12 **12.3. Data and Information Systems**

Activities*

Awardee will function as Coordinating Center to support this project

In collaboration with the CDC Technical Monitors, the awardee will:

- Identify 9-12 state (or jurisdiction) health departments with access to vital records, PRAMS (or PRAMS-like data) and clinical outcome data (e.g., hospital discharge, Medicaid claims, and All-Payer claims databases) and capacity for data linkages to form a multi-state Learning Community network through a competitive process.
- Identify the most appropriate linking methodology (deterministic or probabilistic linkage) in each state based on the availability of the linking variables in that state and promote use of standardized linkage methodologies.
- Provide technical assistance to states to refine the standardized linkage methodology to fit the state's specific needs,
- Provide technical assistance to the states to create de-identified linkage datasets that can be shared with CDC and outside researchers
- Provide technical assistance to the states to design and maintain meta-data in a standardized format and work with CDC and the states to identify the appropriate mechanism to host the data for access by CDC and external researchers.
- Provide technical assistance to conduct analyses addressing state-specific priorities for patient centered outcomes research for maternal and child health
- Conduct analyses addressing multi-state priorities for patient centered outcomes research for maternal and child health

Process Measures*	• Number of state (or jurisdiction) health departments identified to form part of a multi-state Learning Community that support the implementation of identified aspects of a multi-state data linkage project. • Number of technical assistance needs identified. • Number of technical assistance needs fulfilled.
Outputs*	• A data linkage protocol that details standardized methodology and standardized datasets • De-identified and formatted linked datasets for sharing with CDC and external researchers • Codebook and documentation for linked state data • Guidance documents for researchers on how to access and use the data • A report documenting lessons learned detailing the linkage methodology, options for data hosting and sharing, and facilitators and challenges to inform feasibility of future linkage activities
Budget Period* Outcomes	Development of a multi-state learning collaborative network to conduct data linkage, and analysis for patient centered outcomes research related to maternal and child health.
Outcome Measures*	100% of states participating in multi-state network complete planned data linkages, data formatting and data sharing processes.

12.5. Partnerships

Activities*	Awardee will function as Coordinating Center to support this project In collaboration with CDC the awardee will: • Establish a federal interagency research workgroup to inform aspects of the data linkage project consisting of subject matter experts from CDC and federal stakeholders • Identify 9-12 state (or jurisdiction) vital registrars offices to participate in a multi-state Learning Community of linked PRAMS and clinical outcomes data to inform patient-centered outcome research using criteria noted in Section 15 and implement a subaward for states to conduct data linkage activities • Share knowledge on potential mechanisms to host and share deidentified linked data • Conduct regular virtual learning sessions for the participating states to share the knowledge, benefits, and barriers among the states on data linkage of PRAMS to clinical outcomes data. • Work with CDC and states to develop documentation for external researchers to apply for access to the linked data, including proposal guidelines, submission process, application form, data sharing agreement and how to access data after the proposal is approved. • Document the process and lessons learned on data access, data linkages, data sharing, and sustainability for other states who did not participate in the multi-state network to replicate the data linkage and sharing process in the future.
Process Measures*	• Number of states (or jurisdictions) identified with the capacity and readiness in conducting the data linkage to inform patient-centered outcomes research. • Number of virtual sessions held. • Number of external applications received and processed for access to the linked data.
Outputs*	• Analyses on at least 2 priority projects using multi-state linked PRAMS and clinical outcomes data to inform patient-centered outcomes. • A technical report that delineates the protocols and process, and lessons learned on data access, data linkage, data sharing, and sustainability. • A technical report documenting the priority projects methodology, primary findings, and dissemination activities. • Publications (conference presentations, fact-sheets, reports, data briefs, journal articles), organizational updates (to internal websites and list servs), meetings with partners and stakeholders, and webinars to disseminate the results of the priority analyses and inform how the PRAMS linkage data can inform patient-centered maternal and infant outcomes.
Budget Period Outcomes*	Multi-state network participants (9-12 states (or jurisdictions) that have linked PRAMS data with clinical outcomes data to support Patient Centered Outcomes Research in maternal and child health.
Outcome Measures*	At least 9 states identified to participate in multi-state learning community of data linkage for patient centered outcomes in maternal and child health.

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 200/200 words maximum

Applicant should have established relationships with state organizations in order to facilitate effective collaboration between the vital statistics, PRAMS grantees and holders of clinical outcome data.

Applicant should have the capacity to solicit and fund awardees through a competitive process and manage the awards.

Applicant organization should have the capacity to develop data linkage protocols, provide virtual and onsite technical assistance to state organizations for data linkages, data analysis, data hosting and data documentation for data sharing

Applicant will need capacity to plan and provide logistical support for virtual meetings for the 9-12 participating sites and a federal interagency research workgroup group, and to provide detailed meeting minutes to the CDC within 2 weeks of meetings.

Applicant should have the ability to produce and disseminate reports which synthesize the technical aspects of the project (e.g., project protocol, training materials, and dataset specifications, and includes an assessment of the feasibility of replicating and additionally linking to other public health surveillance systems.

14 Applicant Program Experience:* 93/200 words maximum

1. Expertise in data linkage for maternal and child health research
2. Experience in funding sub-awardees through a competitive process and manage the awards
3. Experience proving technical assistance to states in a virtual learning environment
4. Experience coordinating partner advisory groups and multi state efforts for high visibility projects
5. Experience in data hosting and data sharing.
6. Experience analyzing linked data sets
7. Experience disseminating analysis using multiple modes of communication

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 108/200 words maximum

The awardee will be expected to serve as Coordinating Center to support collaborations between the state health department's Vital Statistics program, PRAMS grantees, and other agencies/organizations hosting data with clinical outcomes data. The awardee will be expected to support a federal agency advisory workgroup to support data linkages and patient centered outcome research. Furthermore, collaboration between the funded applicant and CDC's Technical Monitors (TMs) will occur throughout the project lifecycle; including, the CDC TMs will have involvement in the development of technical and training materials, providing technical assistance in conducting the data linkage, data analysis and submitting the de-identified files via secure file/data transfer networks .

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 199/200 words maximum

The awardee shall consider the following criteria for selecting participating states (jurisdictions):

1. Demonstrated buy in from state health officials on the project and serving as champions for data access and sharing (e.g. State Health Officials, Title V Directors, Medicaid Directors)
2. Demonstrated partnership with PRAMS grantee, vital registrars and holder of proposed clinical outcome data sets
3. Demonstrated access to birth certificate file with identifiers linked to PRAMS, and at least one primary clinical outcomes dataset for linkage
4. Demonstrated approvals to link proposed datasets at the state level and permission to share de-identified datasets to CDC and outside researchers
5. Demonstrated capacity and experience linking vital records with clinical outcomes data
6. Demonstrated capacity to analyze linked datasets and participate in multi-state efforts

Identified states (jurisdictions) will:

- Refine the standardized linkage methodology to fit the state's needs
- Obtain all necessary documentation needed for data linkages and data sharing, such as Memorandums of Agreement, Institutional Review Board approvals, and data sharing agreements.
- Conduct data linkage and create linked datasets for sharing
- Conduct the state-specific priority analyses and participate in multi-site priority analyses using linked data
- Work with the Coordinating Center to create de-identified linked datasets that can be shared with CDC and outside researchers
- Share knowledge on potential mechanisms to host and share linked data

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 98/100 words maximum

The budget should adhere to OSTLTS and PGO requirements, per the funding announcement. The organization should provide a qualified individual dedicated to lead this project.

Use of funds may include, but is not limited to, costs related to personnel time, providing computer hardware and software to the state health departments, securing meeting space and audiovisual equipment, producing meeting materials, paying for meeting attendee travel, providing a meeting facilitator, and providing meeting transcripts. Travel related expenses to be paid using project funds should be consistent with per diem rates established by the US General Service Administration (http://gsa.gov).

CIO CERTIFICATION

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Save and Close | Submit | Submit without sending an email

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

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Operationalizing multi-sector partnership with local public health to improve population health

2 CIO:*

3 Division/Branch/Office/Unit:*

Enter other division, branch, office, or unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 149/150 words maximum

Population health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." Public health practitioners increasingly recognize that efforts to address underlying causes of poor health from childhood through adulthood such as food insecurity, economic instability, and poor access to transportation can improve health outcomes in communities and may reduce healthcare costs. However, they often lack access to appropriate tools, strategies, partnerships and resources, which they can use to effectively implement evidence-based population health interventions in communities (e.g., Health Impact in Five Years (HI-5), The Community Guide).

This project has two objectives:

1. Improve county and local public health practitioners' capacity to support the implementation of evidence-based population health interventions to improve health outcomes in communities;
2. Strengthen partnerships among public health practitioners, federal, state and local health and non-health sectors to implement interventions that address total population health within communities.

12 **12.5. Partnerships**

Activities*

	1. Help plan and attend CDC-led engagements with county and local public health practitioners; state, county and local health entities and non-health sector representatives from federal, state and local jurisdictions (e.g., transit, education, housing, treasury, agriculture). Those meetings should be planned and organized to accomplish the following: • Select evidence-based interventions addressing underlying causes of poor health including but not limited those in the Health Impact in Five Years (HI-5), The Community Guide, What works for Health as platforms for identifying and aligning both adult and population health improvement goals • Identify opportunities to leverage and align health and non-health policies, program investments and data sources across federal, state and local jurisdictions to address underlying causes of poor health from childhood through adulthood, such as food insecurity, economic instability, housing instability and poor access to transportation • Identify potential implementation barriers for select population health interventions where sector specific engagement (e.g., transit, education, treasury, agriculture) could accelerate improvement in adult and child population health outcomes • Identify opportunities for county and local health departments to coordinate with non-health sectors (e.g., transit, housing, education) around selected interventions to improve adult and child population health 2. Select 1 or 2 evidence based population health interventions, and best practices including but not limited to Health Impact in Five Years (HI-5), The Community Guide, What works for Health) to identify opportunities for aligning cross-sector goals and identifying opportunities for collaboration • Develop package of translational resources that county and local public health practitioners could use to leverage health and non-health policies, program investments and data sources across federal, state and local jurisdictions. As part of package development, a. Highlight opportunities for public health practitioners to engage in cross-sector collaboration (e.g., transit, education, treasury, agriculture) to accelerate improvement in adult and child population health outcomes around select interventions b. Partner with other sectors to more effectively/efficiently implement population health interventions c. Include systems mapping tools and potential measures public health practitioners could use to evaluate collaboration and cross-sector planning impact (health and fiscal) d. Include strategies for cross-sector engagement to overcome implementation barriers or align goals and investments to improve health outcomes for adults and children • Provide technical assistance to county and local public health practitioners interested in using the resources created under #2 to pilot the intervention among members • Work with pilot communities in partnership with federal partners to use evaluaton findings to iteratively improve resources and build evidence base robust cross-sector and multi-jurisdiction collaboration 3. Develop evalution strategies for countly and local public health practitioner translation resource implementation
Process Measures*	Meeting planning should include an evaluation component aimed at gauging the degree to which participants found the meeting informative and useful. 1. Average (across all participants) evaluation scores are satisfactory or above for the meeting as a whole, as well as each evaluation component included in the rating tool distributed to participants. 2. Feedback on draft translation resources solicited and received from at least two national public health membership organizations 3. Feedback on evaluation strategies from at least two national public health membership organizations
Outputs*	1. At least two meetings planned and executed during the budget period 2. Summary report following each meeting that summarizes key themes and findings including opportunities for leveraging non-health sector assets for driving health impact, role of county and local public health practitioners as conveners for cross-sector engagement, as well as implications and next steps for project activities (e.g., new resources to be developed, or potential changes needed to existing resources) 3. Evaluation plan and logic model for implementation of translation resources
Budget Period Outcomes*	1. Improved capacity to leverage and align priorities through cross-sector engagement (e.g., transit, housing) to further impacts of population health interventions from childhood through adulthood 2. Improved capacity among county and local public health practitioners to leverage health and non-health policies, program investments and data sources across jurisdictions 3. Improved capacity among county and local public health practitioners to engage in cross-sector collaboration to improve community health outcomes for adults and children
Outcome Measures*	1. At least 50% of public health leadership convening participants indicate that they will work to maintain collaborative partnerships with non-health sectors to address underlying causes of poor health from childhood through adulthood, such as food insecurity, economic instability, housing instability and poor access to transportation 2. At least 2 state or local public health practitioners use the resource packages to leverage health and non-health policies, program investments and data sources across federal, state and local jurisdictions to further community population health improvement goals; at least 1 of these entities does so in collaboration with the state/local and non-health sector department serving public health jurisdiction; at least 1 entities informs planning for community-wide interventions

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 182/200 words maximum

The applicant should have the capacity to engage with, and coordinate project activities across, multiple stakeholder entities, including public health lawyers and program staff working in county, local, territorial, and tribal health departments; relevant non-health sector staff; and community service providers. This capacity may internal, or it may be demonstrated through partnerships with other entities that do serve/reach key stakeholders. In addition, the applicant should be able to demonstrate its capacity to oversee and manage all aspects of the project so that

1. Packaged intervention resources simultaneously maintain fidelity to the underlying science while also structuring it in ways that are useful to envisioned end users (i.e., public health practitioners and multi-sector partners)
2. Technical assistance to county and local public health practitioners and their partners is available in a timely fashion and via modalities that appropriately balance costs considerations and partner needs;
3. Meeting discussions and material development/testing processes are iterative and mutually reinforcing. Specifically, project management and structure ensure that key issues or areas of agreement from meeting discussions inform materials development/testing activities, and lessons learned from materials development/testing are brought to meetings for discussion.

14	Applicant Program Experience:* 125/200 words maximum

The applicant should have experience that demonstrates the requisite organizational capacities outlined above—or it should have a clear plan for engaging partners/sub-contractors who have demonstrated experience/expertise in these areas. Specifically, the applicant should have experience coordinating and managing projects that involve iterative engagements across multiple organizations and stakeholder groups. The applicant (and/or any proposed partners and subcontractors) should also demonstrate experience translating and packaging public health science and promising practices for county and local public health practitioners, non-health sectors such as transportation agencies or housing agencies, other, similar audiences. Finally, the applicant should have experience providing technical assistance to entities (e.g., multi-sector partners), partnering on health goals across non-health sectors to identify innovative ways to address population health determinants (e.g., nutrition, transportation, housing).

COLLABORATIVE WORK

15	Expectations for Collaboration, as applicable: 120/200 words maximum

It is expected that the awardee will collaborate with CDC to plan up to two meetings with county and local public health practitioners and non-health sector partners, subject matter experts, and other key stakeholders. The awardee is also expected to collaborate with CDC non-health partners, county and local public health partners, subject matter experts (both with respect to the interventions or sectors and to the operational environments), and health departments that attend those semi-annual meetings to develop cross-sector tools and resources for public health practitioners. Finally, depending on project needs, the awardee may be asked to engage and collaborate with organizations and individuals that represent other important, stakeholder perspectives, including potential service providers (e.g., community based organizations) and recipients.

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

The awardee is encouraged to subcontract with entities that enhance its capacity to meet project objectives and produce high quality deliverables within the allocated budget.

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 66/100 words maximum

As a co-host for the semi-annual meetings, CDC expects to cover most of the costs associated with meeting space and travel for attendees. Accordingly, applicants should only include travel for up to 5 potentially additional meeting attendees for relevant statff (e.g., department staff) in their meeting related budget plans. They should not include any costs for meeting venue, set-up (e.g., technology), or supplies.

CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 03/02/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Operationalizing Responder Activation Authorities: Putting Force-Multiplier Powers into Action

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 145/150 words maximum

Emergencies threaten the health and well-being of our citizens and can overwhelm public health and healthcare systems - ALL emergencies start at the local level. A multitude of legal tools have been developed for jurisdictions to call upon federal, out-of-state, and non-governmental personnel to respond to an emergency such as the National Disaster Medical System, mutual aid agreements, memoranda of understanding, and state deeming authorities. Each of these tools require emergency response leaders to understand the legal requirements governing when and how to request and receive additional emergency responders, but the legal requirements vary greatly and often potentially vital emergency response powers go unused. This project seeks to conduct qualitative interviews and convene executive, legal, and emergency management staff to understand why legal tools are left on the shelf, identify strategies to demystify force-multiplying emergency powers, and develop a decision guide to help response leadership utilize all available mechanisms to recruit and deploy emergency response personnel.

12 **12.1. Public Health Systems Infrastructure**

Activities*	Conduct qualitative interviews and convene executive, legal, and emergency management staff to understand why legal tools are left on the shelf and identify strategies to demystify force-multiplying emergency powers. Identify and determine which legal tools *have* been successfully implemented, why they were successful, and how factors that contributed to their success can be incorporated into current laws and policies. Develop a decision guide to help response leadership utilize all available mechanisms to recruit and deploy emergency response personnel.
Process Measures*	The number of qualitative interviews conducted. The identification of jurisdictions where legal tools are used effectively or may not be used during an emergency. The identification of specific reasons why.
Outputs*	A guide, toolbox, or web resource that lends itself to a training presentation or publication providing decsion makers with better insight to effectively use the emergency legal tools that are available to a jurisdiction during an emergency. Development of a PowerPoint slide presentation and relevant one pager (s) describing the project, findings, and recommendations. PHLP/Partner joint presentation of the findings at a relevant preparedness meeting to present findings, other relevant information, and supporting information.
Budget Period Outcomes*	This is a one year project that will result in a guide or similar publication that will identify barriers to implementing force multiplying emergency powers and idenitfy jurisdictions that have been successful in implementing their authorities to add responders. The recipient will also work closely with CDC-PHLP to identify a relevant professional preparedness and response meeting to present the findings and promote the materials.
Outcome Measures*	

	Within one year of the project onset, jurisdictions that receive the guidance will be able to identify specific strategies for their jurisdiction (or identify specific barriers to implmentation) related to force mutiplier authority to add responders.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 58/200 words maximum
	Applicant must have the experience to conduct a qualitative study specific to local health departments. In addition, the applicant must have experience working on issues related to law and policy at the local public health department level. Finally, the applicant must demonstrate they have an annual preparedness meeting targeting local health department constituents and the capacity to distribute findings widely across the forum.
14	Applicant Program Experience:* 62/200 words maximum
	Applicant should be able to demonstrate work in the law and policy field and understand the challenges presented by local health departments as it relates to the hiring of dedicated legal counsel due to financial constraints and other challenges. The applicant should also be able to demonstrate the ability to work with other national non-governmental organizations with similar concerns and issues
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 56/200 words maximum
	The project specifically targets local issues, jurisdictions and authorities, and recognizes that all emergencies begin at the local level. However, the successful applicant should seek input from National Non-profit organizations who represent state health officers and governors to ensure the legal issues impacting the findings at the local level do not conflict with State law.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 8/200 words maximum
	To be determined by the successful applicant.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 25/100 words maximum
	Applicant may use the funds dedicated to this project in any manner appropriately defined under the grants management guidance.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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National Partnership Branch
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/10 words maximum
Project ECHO Pilot - Drug Overdose Training for Medical Examiners and Coroners

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$500,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 70/150 words maximum

The purpose of this project is to pilot Project ECHO's use in providing forensic pathology training and virtual technical assistance to medical examiners and coroners investigating drug overdose deaths. Virtual meetings would be conducted to provide didactic forensic pathology presentations as well as case presentations of challenging drug overdose death investigations. This pilot would also help to build connections between forensic pathologists and coroners, and provide a mechanism for providing "tele-medicine" forensic pathology training and collaboration.

12 **12.2. Leadership and Workforce Development**

Activities*	Recruitment and selection of forensic pathologists and coroners to participate. Development of didactic training content, and delivery structure to implement a hub and spoke training methodology.
Process Measures*	Number of forensic pathologists and coroners recruited; percentage of participants attending each training session; number of didactic training sessions developed; number of drug overdose cases presented by participants.
Outputs*	Didactic training sessions developed and conducted; recruitment strategy; forensic pathologists and coroners present and review drug overdose case presentations.and drug overdose case presentations delivered.
Budget Period Outcomes*	Improved quality and completeness of fatal overdose data; improved capacity of ME/Cs in drug overdose death investigation.
Outcome Measures*	Percentage change of fatal overdose data meeting data quality standards; percentage of ME/Cs reporting improved capacity in drug overdose death investigations.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 27/200 words maximum

Recipient should have extensive experience recruiting, hiring and onboarding forensic pathologist professionals and in working directly with NAME and IAC&ME to recruit involvement from forensic pathologists and coroners.

14 Applicant Program Experience:* 44/200 words maximum

	Recipient should have experience working with Project ECHO and in the field of overdose prevention and response, staffing and providing surge support to agencies to aid in agencies' response to the overdose epidemic, and have a keen understanding of CDC's approach to overdose prevention.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 29/200 words maximum
	The organization must collaborate with CDC on the recruitment and selection of forensic pathologists for this work, and on didactic content that will be covered via Project ECHO.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 6/200 words maximum
	There are no expected subcontractors
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 14/100 words maximum
	Funds for proposed travel must be aligned with the project activities.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/10 words maximum
Provision of technical assistance and resources to support access to school-based Medicaid services.

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

State Health Department Officials are primary target audience with emphasis on engaging other key offical stakeholders

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$350,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 73/150 words maximum

The purpose of this project is to create an advisory committee of state health officials, state education department staff, and school health and Medicaid experts and organize a convening where policy and systems barriers will be analyzed. Using information collected from the convening and the Whole School Whole Community Whole Child (WSCC) framework, the partner will provide technical assistance and resources to states to expand access to school based-health services through Medicaid.

12 **12.7. Programs and Services**

Activities*	• Create an advisory committee of state health officials, state education department staff, and school health and Medicaid experts. • Host convening of key stakeholders to conduct an analysis of policy and systems barriers to access to care and the lessons learned from efforts to expand school health services (including mental health) through Medicaid programs. • Engage CDC-supported state education agencies interested in expanding access to care through Medicaid programs within the Whole School Whole Community Whole Child (WSCC) approach. • Conduct key informant interviews to garner information on state needs. • Provide technical assistance to 6 states to expand provision of school health services through Medicaid.
Process Measures*	• Number of state health officials, state education officials, other education staff, and Medicaid experts who serve on the advisory committee. • Number of state health officials, state department of education staff, national non-govermental health and education organizations, and Medicaid experts who participate in convening. • Number of key informant interviews conducted. • Number of states technical assistance is provided to for expanding provision of school health services through Medicaid.
Outputs*	• Face to face meeting of advisory committee and additional follow-up calls. • Convening of key stakeholders. • Development of peer to peer community of practice. • Targeted support to state Medicaid agency staff. • Targeted support to newly engaged states. • Blueprint developed for scaling and and sustaining efforts to expand school-based health services through Medicaid. • Message guides developed for Key stakeholders including state health officials, state school superintendents, state Medicaid directors, and school nurses and physicians.
Budget Period Outcomes*	• Six new states with state Medicaid plan amendments. • Six states with established plan for moving forwar with the opportunity to expand health services.

	Outcome Measures*	• Number of new states with state Medicaid plan amendments. • Number of states with established plan for moving forward with the opportunity to expand health services.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 42/200 words maximum
	The applicant should have substantive expertise in working with state health department officials and ability to engage key stakeholders at multiple levels. The applicant should have established relationships with entities representing multiple constituencies, including education, that can assist in addressing the outcomes of the project.
14	Applicant Program Experience:* 50/200 words maximum
	The applicant should have experience in working with partners to address public health needs in schools and in other sectors. The applicant should have an understanding of the Whole School Whole Community Whole Child approach and the role of health in working with education to address the health needs of students.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 26/200 words maximum
	The applicant is expected to work with the Healthy Schools Campaign to build upon the success of efforts to expand school health services through Medicaid.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/25/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/10 words maximum
Public Health 3.0: Organizational Assessment Tool

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$400,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 148/150 words maximum

The Public Health 3.0 Organizational Assessment Tool will allow health departments to assess organizational capacity for a data science and informatics foundation integral to and integrated with other critical health department upgrades. This organizational tool will be used by health departments to assess their status as, and assist in planning to become, an organization aligned with the vision of the Public Health 3.0 concept. This proposed organizational tool involves workforce assessment and development in data science and informatics as they relate to the many other disciplines required for the delivery of modern public health. Among the goals of the Data Modernization Initiative (DMI) is using data to improve health through building a public health workforce with the latest skills in data science and informatics, and the Tool is aligned with the stated intention of DMI to support assessment of the state of a jurisdiction's workforce organizational capacity.

12 **12.1. Public Health Systems Infrastructure**

Activities*

- Develop a project plan and timeline for deliverables (including check-in call with your technical monitor(s))
- Develop a repository of all planning documents
- Conduct a systematic review of the scientific literature, population health competencies, national partner group's contributions toward population health
- Summarize the key elements identified in each item identified throughout the systematic review of the literature and other resources
- Identify subject matter experts (SMEs) in population health and systems thinking to assist with developing a framework that will assist in defining the instrument's domains and indicators
- Develop "Guiding Principles" for the development and implementation of the tool to be shared with identified subject matter experts
- Convene a planning meeting with subject matters experts to develop a framework that will aid in the tool's domains/dimensions and then indicators/indices for each domain
- Develop a protocol and analysis plan to test the instrument that accounts for content validation and reliability testing
- Based on the framework developed at the planning meeting, define and provide examples for multiple levels of capabilities or capacities for each indicator (e.g., rating scale, educational rubric)
- Based on the framework developed at the planning meeting, create the first version of the assessment tool for testing
- Conduct testing of the tool and share the aggregate findings from pilot testing with SMEs and CDC
- Develop an implementation protocol for implementing the tool that provides an interviewer and/or user of the tool guidance regarding the domains, indicators and level of capacity. Of note, this tool should not only provide assessment data, but also potentially aid in learning too.
- Revise and finalize, with CDC and SMEs, the assessment tool and implementation protocol based on pilot test results
- Create a template, with CDC and SMEs, for health departments using the assessment tool to report findings and develop an organizational strategic planning document
- Pilot test the Public Health 3.0: Organizational Assessment Tool
- Potentially use a project manager or staff member to assist tracking the deliverables and planning events
- Utilize a statistician or a qualified scientist to plan for sample sizes and psychometric testing of data
- Plan for field testing of the instrument and consultative services

Process Measures*

- Number of population health consultants (at least n=3) who attend the strategy planning meeting for developing the framework for the domains and indicators for the assessment tool
- Percentage of deliverables due-dates in the project plan in the first month (goal=at least 80%)
- Percentage of scheduled check-in calls attended by partner with their CDC technical monitors (goal=85+%)
- At least 3 subject matter experts in population health will be identified within the first three months
- A Program Evaluator and/or Health Scientist type role, with measurement design expertise, will be identified in the first month
- Subcontractors will be selected in the first two months
- A project plan will be developed in the first month and updated on a regular basis
- Monthly reports will be provided to the technical monitor on check-in calls
- A protocol for developing the assessment tool will be developed within the first two months
- A framework, domains, indicators and rating scale, that is an overall assessment tool, will be developed within the first 5months
- An implementation protocol for administering the assessment tool will be created by the 6month
- A Public Health 3.0: Organizational Assessment Tool will be tested between the 5-6month
- A template for the assessment tool results will be developed by the 5-6month
- A template for an organizational strategic planning document will be developed by the 7month
- All process and outcome data in aggregate format, contributing to the development of the assessment tool, will be provided to the technical monitor at the close of the project (11th month)

Outputs*

- Agenda for the subject matter planning meeting
- Document synthesizing findings from various sources supporting the proposed domains and indicators
- Protocol for developing the assessment tool
- Framework, with rationale documented, for the domains and indicators for the Pubilc Health 3.0: Organizational Assessment Tool
- Defined Guiding Principles for the tool
- Define, with examples, the levels of capabilities for each indicator (e.g., rating scale)
- Aggregate findings from the testing of the assessment tool (pilot)
- Revised assessment tool based upon the pilot findings
- Protocol for administering the assessment tool
- Template for delivering the assessment tool results
- Template for an organizational strategic planning document
- A Public Health 3.0: Organizational Assessment Tool

Budget Period Outcomes*

- A Public Health 3.0 Organizational Assessment Tool with supporting documentation (see outputs) will be produced by the close of the budget period.
- Improved capability of health departments to identify their infrastructure's strengths and gaps, and develop the evidence needed to support the implementation of strategic plans for the agency to become a Community Chief Health Strategist

Outcome Measures*

- A revised tool from the piloting of the Public Health 3.0: Organizational Assessment Tool will be produced at the close of the project (10th month)
- Percentage of participating health departments reporting improved capability to identify strengths and gaps, and develop evidence to support implementation of strategic plans towards becoming a Community Chief Health Srategist

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 38/200 words maximum

	The partner organization requires technical capacity and recognized expertise related to evaluation, specifically in instrument development and population health. The organization must have credibility and immediate and ongoing access to a national network of state health departments.
14	Applicant Program Experience:* 46/200 words maximum
	The partner organization should have programmatic experience related to administering workforce development programs and developing and administering organizational assessment tools (e.g., Informatics Savvy Organization Tool). This organization should have experience working with senior state health departments leadership evaluating cross-sectorial partnerships and population health workforce needs.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 73/200 words maximum
	The organization should have subcontractors or staff that are subject matter experts within a population health domain, and also measurement expertise too. If not intrinsic to the organization, these experts might be identified from academia, national partner organizations, or from healthcare or public health sectors. The population health competencies should serve as a guide for expertise needed. One of the experts needs to be an expert in organizational system integration and systems thinking.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 32/200 words maximum
	As mentioned in the expected collaboration section, subject matter experts in Public Health 3.0/population health domains should serve as consultants. The estimated consultant fees should be at least $20k or greater.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 45/100 words maximum
	The budget will include funds for an in-person meeting, travel, subcontractors, an evaluator or health scientist role, project manager role, and statistical consultation. The evaluator/health scientist role will also potentially serve as the project manager, and s(he) will have measurement instrument design expertise too.
	CIO CERTIFICATION
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National Partnership Branch
Final

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Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/10 words maximum
Public Health 3.0: Population Health Certificate Program

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$600,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 150/150 words maximum

The Public Health 3.0: Population Health Certificate Program (PHCP), aligned to the Data Modernization Initiative (DMI), is designed to give state health department managers an understanding of data science principles. PHCP aims to increase health department capacity to use systems-thinking approaches for solving complex, community-based problems. The curriculum plan will center around project-based learning and rely on facilitated peer networks (Community of Practice (CoP)), and the use of an existing Massive Open Online Course (MOOC) platform for teams of learners to create specific learning plans and on-the-job application. The program will emphasize the integration of data science and informatics foundational concepts with the other macro topics of population health (Public Health 3.0), including planning/collecting/using data for decision-making. The target audience is generalists who want to learn more about data science fundamentals and will be complementary to more technical informatics program offerings (e.g. Data Science Upskilling (DSU) program).

12 **12.2. Leadership and Workforce Development**

Activities*

- Develop a project plan and timeline for deliverables (including check-in calls with your technical monitor(s))
- Host a kick-off working meeting with your CDC Technical Monitor(s) to plan for the overall workforce program strategy
- Develop and provide access to all planning and implementation documents (removing Personal Individual Identifiers (PII))
- Develop the following program materials: marketing/recruitment information; application; application scorecards; curriculum planning document; a monitoring and evaluation plan; evaluation instruments
- Regarding the application, Health Department leadership will provide a letter of support (nomination) for the team and project proposed as part of their team application.
- Develop performance requirements and use existing population health competencies to guide the curriculum plan
- Market the program as a one-year learning program with the possibility of an extension year
- With your technical monitor, define the eligibility (at a minimum) as: 3 health department staff interested in learning and applying concepts related to population health to a project (program or policy-based project)
- Recruit at least n=20 teams, with 3 members per team, and a leader per team should be identified
- Funds may be provided to teams or individual learners to support their learning with books
- Obtain a contract to a Massive Open Online Courses (MOOCs) platform to allow learners to take individualized courses, obtain certificate(s) from course(s), and the partner group will utilize the MOOCs administrative portal as secondary data in your evaluation plan
- The MOOCs platform will replace the traditional monthly webinar series, and the partner organization will facilitate the sharing of resources and applied lessons learned via an active online learning community.
- Secure an online platform to host and facilitate a community of practice/learning community to discuss projects, MOOCs courses and resources
- Partner group will conduct a baseline learning needs assessment and use the input to curate relevant MOOCs courses and work with learners to assign courses and track learners progress.
- Develop and implement a plan for facilitating a community of practice (learning community)
- Follow a suggested timeline of September/October for developing materials; November/December for marketing and recruitment; January for selection of teams and the program will start in January/February
- Develop a virtual orientation, that includes an overview of the performance requirements and an introduction to population health by February
- Provide mentorship and coaching to learning teams on their population health projects
- Provide all aggregate findings from your evaluation findings to your technical monitor
- Learning teams will create a final report and deliver a final presentation regarding their project and lessons learned to their learning teams and fellows, CDC technical monitor, and partner organization
- Develop an end of the year report with lessons learned from the evaluation data and other programmatic data sources
- Plan for a virtual graduation for the population health certificate program that includes a virtual presentation by each team
- Plan for potential staffing and/or contracting for these types of roles: program manager/health scientist (i.e., responsible for the overall program); educator/research assistant (i.e. assist with curation of courses, COP, facilitation of discussions); evaluator; potential subject matter experts to assist with projects
- Develop a curriculum with an emphasis on the integration of data science and informatics foundational concepts with the other macro topics of population health (Public Health 3.0), including planning/collecting/using data for decision making

Process Measures*

- Percentage of deliverables due-dates in the project plan in the first month
- Percentage of scheduled check-in calls with CDC technical monitors attended by partner
- # of program materials developed
- # of teams recruited
- # of teams graduated
- # of baseline learning needs assessments conducted

Outputs*

- Monthly status reports outlining accomplishments, deliverables in-progress, and any challenges
- Marketing and recruitment plan
- Application and scorecard (for learning teams) allowing for various levels of capacity to apply and compete
- Curriculum plan that includes performance requirements, competencies, a virtual orientation, suggested pre-requisite courses from MOOCs, and a community of practice plan
- Virtual orientation by February
- An ongoing community of practice for the learners for the year program
- Template for the learner's end of the year report and final presentation
- Evaluation plan and tools to evaluate the program; utilizes the MOOCs administrative portal and learner's deliverables as secondary data
- Final evaluation report with lessons learned from the program
- Graduation certificate jointly with CDC that includes presentations by graduates
- Plan for potential staffing and/or contracting for these types of roles: program manager/health scientist (i.e., responsible for the overall program); educator/research assistant (i.e. assist with curation of courses, COP, facilitation of discussions); evaluator; subject matter experts to assist with projects

Budget Period Outcomes*

- This population health certificate program will recruit, train, provide project-based outcomes, and evaluate the effectiveness for n=20 teams with 3 members per team.

Outcome Measures*

- At least 80% or more of the learners will actively participate in the community of practice monthly.
- At least 90% or more of the learners will attend an orientation
- At least 80% or more of the learners will participate in the end of the year evaluation
- All teams will complete at least 50% or more of their project deliverables

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13	Applicant Organizational Capacity:* 44/200 words maximum
	The partner organization needs the ability to conduct learning needs assessment and curate course content; monitor and evaluate learning and project outcomes, design and build a community of practice and facilitate peer learning, and build a mentor network to provide coaching for projects.
14	Applicant Program Experience:* 40/200 words maximum
	The partner organization should have programmatic experience related to administering workforce development programs and have expertise in population health. This organization should have experience working with senior state health departments leadership evaluating cross-sectorial partnerships and population health workforce needs.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 44/200 words maximum
	This organization might work with another national organization to ensure the needs of local health departments are represented. For staffing roles, if not intrinsic to the organization, individuals might be identified from academia, national partner organizations, or from private or public sectors.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 34/200 words maximum
	Regarding subcontractors, the partner organization will have a contract with a MOOCs vendor to allow for trainings for the learners. And, if other roles are not intrinsic to the organization, sub-contractors are suggested.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 24/100 words maximum
	The partner group will allocate for staffing, contractors, a community of practice platform, MOOCs, travel, and resources for the teams (e.g., books).
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/25/2020 You will be directed to a confirmation screen upon successful save or submission.

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National Partnership Branch
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/10 words maximum
Senior Leader Reserve Corps

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 115/150 words maximum

The Senior Leader Reserve Corps (SLRC) will be a pool of experienced and available former senior leaders to deploy to states, territories, or cities/counties and assist in continuity of business and program operations when usual and efficient operations have been disrupted. The SLRC will asssist in enhancing the capacity of state, local, and territorial health departments in times of need in the following areas: program development; budgetary/financial; operational management; risk communications; public health preparedness and response to national emergencies; infectious disease/epi; health equity/Social Determinants of Health; leadership; and experience dealing with Medicaid. The partner who takes on this project will support the consultant pool of leaders, receive requests directly, and process the requests with approval from CDC.

12 **12.5. Partnerships**

Activities*

Will hold an initial planning meeting discussion with partners (CDC, national organizations that are affiliated with State Health Officers, Territorial Health Officers, Chief Financial Officers, city/county health officials, and/or senior deputies) to discuss topics such as rules of engagement, minimum requirements, continuing training, and process for deployment at a high level

Identify and contact a select group of former senior leaders to serve in the reserve corps (should identify the following distribution: 2 individuals with territory experience, 5 individuals with State Health Officer experience, 5 individuals with state senior deputy experience, 5 individuals with big city or large county leadership experience, and 5 individuals who have Chief Financial Officer experience; at least one member of SLRC will have Spanish language skills).

Recruit SLRC participants with the following skills/experience: program development; budgetary/financial; operational management; risk communications; public health preparedness and response to national emergencies; infectious disease/epi; health equity/Social Determinants of Health; leadership; experience dealing with medicaid; Spanish-speaking skills; etc.

Identify a consultant, pay for the service (including travel, and per diem for the responding SLRC member), receive a close-out report, and conduct an after-action review

Promote SLRC program services

All placement and engagement of the SLRC will be a joint decision between the funded partner and CDC

Process Measures* Number of former senior leaders identified/agreed to participate in SLRC

Outputs*

	Create skills and experience survey to identify potential participants with the skills listed under the activities portion of plan Develop final project plan for implementation of Senior Leader Reserve Corps List of individuals with the above mentioned skills and experience to participate in the inaugural SLRC cohort A report that breaks down the cost of the program, results from the after-action review, results from health departments who received technical assistance from the SLRC
Budget Period Outcomes*	Improved ability to support STLT health departments with continuity of business and program operations
Outcome Measures*	Number of health departments reporting improved ability to continue program operations

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 46/200 words maximum

- Ability to quickly mobilize SLRC member(s)
- Ability to develop and maintain relationships with state health departments
- Ability to create and maintain a database that houses information about SLRC cohort, skills/experience, and availability of each SLRC member

14 Applicant Program Experience:* 47/200 words maximum

- Experience working with State Health Officers, Territorial Health Officers, Chief Financial Officers, and/or senior deputies
- Experience in cultivating partnerships
- Experience promoting programs
- Experience in database management (preferred but not necessarily required)

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 121/200 words maximum

Recipient will be expected to work with national organizations that are affiliated with State Health Officers, Territorial Health Officers, Chief Financial Officers, city/county health officials, and senior deputies to do the following:

- Organize and manage a planning meeting, discussion items, and participants including former State Health Officers, senior deputies, Territorial Health Officers, city/county health officials, Chief Financial Officers, national organizations who have worked with the aforementioned groups, and CDC representatives
- Work with national organizations to conduct a rapid assessment by identifying key issues and challenges experienced by SHOs, CFOs, senior deputies, and CDC staff to inform discussion and ensure inclusion in skills survey, final project plan, and/or report
- Train SLRC on best practices for collaboration and outreach support to health departments
- Consult with CDC on all requests to deploy SLRC members

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum

Recipient may subcontract with two SLRC advisors (1 former senior deputy and 1 former city/county health official) to help develop and manage the program.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 36/100 words maximum

Funds should go towards the following:

- cost to create/maintain a database of SLRC members
- payment of SLRC members (including cost of services, per diem, and travel to/from hosting health department)
- subcontracting with management advisors (i.e. see box 16)

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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FY 20 CIO Project Plan

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
State Health Departments as the Linchpin for Strengthening Vaccine Confidence

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$150,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 55/150 words maximum

SHDs are uniquely positioned to bring together diverse players at the state, local, and community level who have a stake and the means to address vaccine hesitancy. This project aims to empower SHDs to serve as the linchpin between policy makers, local health departments, and communities to find communities at risk and counter vaccine misinformation.

12 **12.5. Partnerships**

Activities*	• Empower SHOs to bring together diverse stakeholders and partners across the states to build an effective approach to strengthening vaccine confidence.
Process Measures*	• Engagement with at least 5 partner organizations to improve coordination and collaboration to strengthen vaccine confidence.
Outputs*	• New resources and capabilities for SHOs to foster partner engagement on vaccine confidence issues • New collaborations to strengthen SHD capacity to identify and protect communities at risk from outbreaks of vaccine-preventable diseases
Budget Period Outcomes*	• Improved capacity to establish and maintain partnerships within and across sectors to strengthen vaccine confidence • Strengthened capacity to use partner relationships to protect communities at risk from vaccine preventable disease • Strengthened relationship with at least 5 vaccine confidence stakeholders
Outcome Measures*	• Percent change of participants reporting improved capacity to establish and maintain partnerships •

12.7. Programs and Services

Activities*	• Assess needs of SHDs to ensure they have the resources and capabilities to identify communities at risk and work with community organizations to counter vaccine myths • Develop an organizational strategy for strengthening vaccine confidence and addressing the identified needs and gaps of SHDs • Within six months of project conduct needs assessment of SHD resources and capabilities to find and protect communities at risk and address vaccine misinformation
Process Measures*	• Number of needs completed to identify SHD resources and capabilities to find and protect communities at risk and address vaccine misinformation
Outputs*	

	• Report of needs assessment findings • Completed organizational strategy for strengthening vaccine confidence and addressing identified needs and gaps of SHDs
Budget Period Outcomes*	• Improved capacity to develop and implement strategy for strengthening vaccine confidence and addressing identified needs and gaps of SHDs
Outcome Measures*	• Number of participants reporting improved capacity

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 40/200 words maximum
	• Have established experience working with state health departments as well as diverse stakeholders related to immunization • Have qualified and experienced personnel to complete the activities listed in the project description
14	Applicant Program Experience:* 28/200 words maximum
	Applicant must demonstrate success working with state health departments and other immunization stakeholders and must have appropriate staff that can conduct the activities listed in the Project Description.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 45/200 words maximum
	Collaboration is an essential part of this project. The recipient will be expected to collaborate with national immunization stakeholders advancing vaccine confidence work and convene diverse stakeholders on this issue.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 36/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 90/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for recipients, consultants, contracts and sub-contracts. Recipients should expect to travel at least one staff member for a recipient meeting at CDC in Atlanta, Georgia.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/10 words maximum

2 CIO:*

3 Division/Branch/Office/Unit:*
Enter other division, branch, office, or unit:*

4 CIO Point of Contact (POC) name(s):*
Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

State Health Department leaders, State Medicaid agency leaders, other state agency leaders and academics, state population health stakeholders

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$400,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [x] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 143/150 words maximum

The Population Health and Healthcare Office in the Office of the Associate Director for Policy and Strategy at CDC has a mission to accelerate the uptake of evidence-based interventions into health systems and community settings to improve population health. We work with state Health Departments and Medicaid agencies on covering and implementing prevention practices around high burden chronic diseases. We are also focused on transforming communities by improving transportation, access to affordable housing, food and education. The focus of this project is to access state leadership, promote effective and promising practices, provide peer learning opportunities across states and territories, and build capacity at the state level for improving population health. We need an organization that has experience and knowledge of Public Health Programs and practices at the state level; has knowledge of CDC policy initiatives like HI5 and 6|18; has expertise and knowledge of work on social determinants of health.

12 **12.1. Public Health Systems Infrastructure**

Activities*	Develop plans and processes for working with state public health officials to provide technical assistance on establishing sustainable structures for working with Medicaid and other state agencies. Conduct assessments of current practices. Disseminate promising practices to states.
Process Measures*	Number of assessments completed Number of states engaged
Outputs*	Report on findings
Budget Period Outcomes*	Increase number of states with public health infrastructure for working across agencies.
Outcome Measures*	% change of state health departments reporting use of cross-agency activities

12.2. Leadership and Workforce Development

Activities*

	Develop training curriculum or modules as a component of leadership or workforce training programs. The focus is on building capacity for partnership development work specifically with Medicaid and/or other agencies. Deliver training to state officials.
Process Measures*	Conduct at least one or more training sessions as funding permits.
Outputs*	Report on number of state workforce trained and quality of training received
Budget Period Outcomes*	Increased capacity to understand other agency priorities and engage in partnership building.
Outcome Measures*	Percent change in states reporting increased capacity to understand other agency priorities as result of training
12.5. Partnerships	
Activities*	Develop process and practices for assisting State Public Health leadership in developing partnerships with cross-agency organizations including Medicaid, transportation, and housing. Disseminate promising practices or peer learning.
Process Measures*	Provide technical assistance to a minimum of 1-2 states on how to build partnerships.
Outputs*	Provide reports on state progress. Present on state experiences at national meetings.
Budget Period Outcomes*	Strengthened capability to collaborate across agencies to improve population health Increase number of states with capacity for cross-sector population health work.
Outcome Measures*	Percent change of state health departments reporting capability to collaborate with other agencies, including Medicaid, transportation, and housing
12.7. Programs and Services	
Activities*	Provide technical assistance to states on implementation of evidence-based interventions in collaboration with CDC and other partner organizations. Engage with ready states. Produce project plans and implementation outcomes. This can include 6|18 clinical interventions and HI5 community interventions Develop practices for identifying states with effective practices for capacity development, partnership engagement and implementation of interventions to model for new states on population health activities. Establish process for support to states. Disseminate learnings from states on leadership, management and implementation practices.
Process Measures*	Number of states receiving technical assistance Number of project plans developed and implemented Number of states engaged Process map developed
Outputs*	Progress reports Report on state implementation efforts.. Report on findings and lessons learned
Budget Period Outcomes*	Increase state capacity to implement interventions.
Outcome Measures*	Percent change of states implementing evidence-based interventions

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 67/200 words maximum

	Organization needs to have demonstrated capacity to work with state public health departments and state Medicaid agencies. Organization must have capacity to work with multiple states, partner organizations and CDC. Must have capacity to work across multiple CDC population health policy issues related to chronic diseases outlined in the 6|18 Initiative, social determinants of health, and community-based public health activities as specified in CDC's HI5 initiative.
14	Applicant Program Experience:* 35/200 words maximum
	Must have experience working directly with state public health departments. Must have experience and knowledge of state Medicaid agencies. Desireable to have experience working with other state agencies such as transportation and housing.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 51/200 words maximum
	Organization must have experience working with state Health Departments and other partner agencies in states. Must have experience in collaboration activ ities across public health and Medicaid at the state level. Desireable to have experience or knowledge in working across other state agencies such as transportation and housing and state partner organizations.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 48/200 words maximum
	Evaluation work is needed for the community focused work and may require a subcontract with an academic institution for specific expertise. Work with Medicaid agencies may require subcontract with national partner organization that has specific experience in capacity development and technical support to state Medicaid officials.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Other Division is blank.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/10 words maximum
Supporting Partners on the Implementation of Best Practices to Address OUD among Pregnancy and Postpartum Women

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$350,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 112/150 words maximum

Support efforts to prevent OUD among pregnant and postpartum women and infants with neonatal abstinence syndrome through partnerships at the state and community level and disseminating and translating data into action. This project will support technical assistance, development of tools and resources and dissemination of lessons learned to state health officials, learning communities, perinatal quality collaboratives (PQCs) and maternal mortality review committees (MMRCs). This project would support state and community efforts by providing technical assistance, developing tools and resources and disseminating best practices and prevention recommendations to prevent opioid use disorder among pregnant and postpartum women to drive action and improve outcomes. It will also strengthen parternships at the national level to share best practices and improve outcomes.

12 **12.5. Partnerships**

Activities*	Activities will support technical assistance, development of tools/resources and dissemination of data and lessons learned to state health officials, state learning communities, PQCs, MMRCs and key stakeholders on the impacts of maternal OUD and ensure it informs action to prevent and address OUD among pregnant and postpartum women.
Process Measures*	Training and TA provided Tools and resources developed Information Sharing through various communication channels
Outputs*	Possible outputs include: Newsletters, briefs, resource documents, toolkits, e-mails disseminated to state health agencies disseminating best practices and prevention recommendations on the prevention of OUD among pregnant and postpartum women. Trainings Information sharing through webinars or other virtual learning platforms
Budget Period Outcomes*	Develop tools and disseminate best practices and prevention recommendations on the impacts of maternal OUD to state health officials, PQCs, MMRCs and other key stakeholders.
Outcome Measures*	Increased awareness of and capacity to implement best practices and prevention recommendations on prevention of maternal OUD among state health officials, PQCs, MMRCs and other key stakeholders to make changes at the clinical, program and policy level.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13

	Applicant Organizational Capacity:* 49/200 words maximum
	The applicant must demonstrate the following organizational capacity: • Have a documented history of establishing effective relationships with state health agencies including state health department leadership (e.g., state health officials/health commissioners/medical directors). • Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects of the fellowship program.
14	Applicant Program Experience:* 123/200 words maximum
	The applicant must demonstrate the following program experience: • Experience disseminating evidence-based and informed best practices on the prevention of OUD among pregnant and postpartum women to state health departments and state health officials. • Extensive experience (10 years or more) of formulating and influencing sound public health policy and ensuring excellence in state-based public health practice. • Extensive experience with tracking, evaluating, and advising public health agencies on the impact and formation of public or private health policy which may affect them and providing them with guidance and technical assistance on improving the nation's health. • Have a documented history of providing MCH capacity-building assistance to state public health agencies. • Have a documented history of disseminating evidenced-based and informed best practices in MCH to state health department staff.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 38/200 words maximum
	Applicant will be expected to collaborate with multiple programs within the Division of Reproductive Health, other national organizations, state maternal mortality review committees, perinatal quality collaboratives and state leaders in MCH.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 03/02/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Supporting Statewide Training Priorities for Performance Improvement and Capacity Building

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 142/150 words maximum

This project seeks to establish a new model for providing subject matter expertise and technical assistance more directly to LHDs in the field, in response to their needs and interest. Experience shows that local health department efforts supported through statewide settings yield stronger awareness and greater uptake, yet the individuals/organizations that convene statewide meetings often have limited access to the relevant expertise. This project will support statewide organizations (SACCHOs, SALBOHS, state public health associations) that have identified priority areas for presentation or training of LHDs in their state or region. The process should have a clear scope and criteria, defined collaboratively with CDC, and focus on addressing needs related to topics such as public health infrastructure and systems change, community health improvement processes, performance improvement, and accreditation. The recipient and CDC will work to create a process through which statewide organizations can reach out for national and SME support for their training or presentation priorities.

12 **12.1. Public Health Systems Infrastructure**

Activities*	1. Establish a process through which statewide organizations can request speakers or training support. 2. Communicate about / promote the request process. 3. Ensure (i.e., by engaging peer or other SMEs, providing grantee SME speakers/trainers, and/or working with CDC to determine if CDC expertise is appropriate) relevant expertise is provided to fulfill the presentation or training request. 4. Continuous improvement of the process/model for statewide support 5. Targeted and customized provision of technical assistance and subject matter expertise (via CDC, national partner, or peer or other subject matter experts) to address key needs in the field
Process Measures*	1. One request for assistance application, which is available on a rolling basis and includes clear criteria for determining appropriate requests. 2. Number of channels through which the request application is available 3. Number of individuals/organizations to which information about this opportunity and the request application is distributed 4. Number of statewide organizations that apply 5. Number of training requests that are addressed (i.e., at least 8) 6. Of the training requests that are addressed, proportion that indicate satisfaction with the process
Outputs*	1. Process that fully scopes out the opportunity for statewide organizations to request assistance (trainers, presenters) on topics that are within the scope of this project and are of interest /priority to the statewide organization. The process and application should clearly define limitations so 2. Request for assistance application that is distributed widely to statewide organizations 3. Presentations and trainings that are delivered at statewide organizations, as a result of this process.
Budget Period Outcomes*	

	1. Establishment of an innovative and effective approach to meeting the needs of the field, particularly for LHDs that often are only able to attend statewide meetings. 2. Improved connection with statewide organizations 3. Improved national (CDC and partner) understanding of priority and emerging areas of interest in the field
Outcome Measures*	• Proportion of improved ability of local health departments to undertake efforts related to the scope o this project (performance improvement, CHA/CHIP, quality improvement, accreditation, infrastructure building) • Percent change of LHDs reporting improved ability of local health departments to meet national standards • Stronger statewide environments for supporting infrastructure and performance improvement efforts

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 49/200 words maximum
	Applicant should have in-depth knowledge of and experience working with health departments and state associations across the nation. The applicant also should have demonstrated proficiency in understanding the governmental public health system and the diverse structures and types of health departments across the nation.
14	Applicant Program Experience:* 49/200 words maximum
	Applicants should have the ability to establish and manage a project that seeks rolling applications from the field. The applicant should also have expertise in supporting performance improvement and infrastructure-building efforts and in providing technical assistance and training support directly to the field.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 80/200 words maximum
	The applicant will be expected to collaborate considerably with CDC CSTLTS in this project. This includes CSTLTS collaboration in working with the recipient to scope out the new model for supporting presentations or trainings in statewide settings. CSTLTS collaboration will also be important in considering training/presentation requests and where, if appropriate, CDC presenters should play a role. CSTLTS will help to engage CDC presenters when necessary. CDC funding will be used to support travel for any CDC presenters.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 22/200 words maximum
	The applicant may choose to subcontract work if the applicant determines it is the most efficient and effective method for addressing the activity.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 93/100 words maximum
	Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research. The application process should include limits on how much funding can support any one request. Funding support would not be used to support a statewide meeting as a whole, but would be targeted to supporting a specific training or presentation (i.e., a half-day training), travel and limited support for key speakers, or speakers for a webinar. CDC travel support would be provided in kind, if appropriate to the situation.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Technical Assistance for State Communication During Public Health Emergencies (Part 2)

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

State Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$2,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 134/150 words maximum

The purpose of this project is to provide technical assistance on public opinion following the recent cases of the novel coronavirus to inform public health communicators supporting COVID-19 prevention efforts at the state level. The target population is state health agencies' leadership, including public health Information Officers, and health educators. Public opinion information includes public understanding/knowledge, values, attitudes, and experiences with COVID-19 and the protection steps required to prevent the spread and potential after-effects. The information provided by the recipient will be used to help public health information officers and other officials appropriately respond to coronavirus outbreaks and outbreaks of other catastrophic infectious diseases through strategic health protection messaging for the general public and people who might be at risk. The dynamic nature of the current novel coronavirus outbreak and the continuing uncertainties surrounding future outbreaks warrants the use of rapid turn-around assessments of public knowledge, attitudes, and behaviors (KABs).

12

12.2. Leadership and Workforce Development

Activities*	Provide technical assistance to state agency' leadership and other workforce with COVID-19 messaging to stakeholders and the public, as well as identifying and prioritizing needs for information
Process Measures*	Number of trainings, webinars, and confernce calls on accurate messaging for targeted audiences and the latest information technology
Outputs*	Communications messaging toolkits
Budget Period Outcomes*	Improvement in communication skills among leadership, public health information officers, and health educators
Outcome Measures*	Increased capability to use communication and information technology to address the COVID-19 outbreak

12.4. Communication and Information Systems

Activities*	Technical Assistance (convening stakeholders, rapid polling, dissemination of findings)
Process Measures*	Number of stakeholders, number of polls
Outputs*	Polling data and report of findings

Budget Period Outcomes*	Increased knowledge and understanding of public KABs during COVID-19 outbreak
Outcome Measures*	Increased capability to use communication and information technology to make timely public decisions and act during the COVID-19 outbreak

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 199/200 words maximum

Applicant must have the ability to:

1. Coordinate with CDC and state health agencies' leadership and public health information officers during the COVID-19 emergencies

2. Convene conference calls with CDC emergency communication SMEs

3. Solicit and manage input from state public health information officers, about the type of public opinion assistance required to address the information needs of the public and affected groups

4. Convene and coordinate conference calls, as appropriate, to share findings and recommendations emerging from public opinion information with state public health communicators

5. Subcontract with experts in polling methodology if needed

Applicant, with potential subcontractor, must:

- Possess thorough knowledge of emergency risk communication theories and approaches including CDC's Crisis and Emergency Risk Communication (CERC)
- Demonstrate organizational connections to and collaboration with the target audience of state-level public health communicators
- Have extensive scientific knowledge about determining appropriate methods to provide information about how the public and specific risk groups have, are, or will likely respond to public health emergencies
- Have thorough knowledge of processes for developing public health emergency public opinion data collection tools that are appropriate to the specific audiences and threats
- Demonstrate capacity to conduct archival public opinion research to inform communication needs
- Demonstrate ability to determine when additional public opinion information is required

14 Applicant Program Experience:* 64/200 words maximum

The applicant must have an established history of collaboration with state and and federal (including CDC) communicators responding to large-scale public health emergencies; knowledge of how public health messaging is developed and disseminated during times of high uncertainty and concern; extensive expertise and experience with public polling gap analysis and demonstrated ability to conduct rapid-turnaround public polling for public health emergencies.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 97/200 words maximum

Given the technical complexity of parts of the project, CDC expects that the applicant will likely need to subcontract some of the activities, specifically those related to:

- Analysis of existing public opinion data
- Development of instruments, sampling frames, and respondent samples in accordance with standards developed by the American Association of Public Opinion Research
- Collection, analysis, and storage of additional public opinion information
- Expertise in explaining complex data to the public and the media, and in translating findings into strategic messaging recommendations for public health agencies
- Publishing findings in influential public health journals, as noted in Expected Subcontractual Work section

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 179/200 words maximum

	Where the applicant/subcontractor determine additional public opinion information is required, they must demonstrate expertise in: • Analyzing public opinion data to inform public health emergency messaging • Thorough understanding of instrument development including ◦ Creating instruments of appropriate length ◦ Ensuring cultural appropriateness of language ◦ Incorporating effective methods for reducing potential response biases ◦ Use of rigorous, probability-based sampling methods • Experience conducting public polls using AAPOR standards: ◦ Conducting polls on public response to major public health emergencies such as H1N1 and SARS ◦ Conducting public health polls, domestically and internationally with culturally and linguistically diverse populations ◦ Gathering input from local, state, and federal (including CDC) communicators about information needs • Expertise in determining appropriate sampling methods/frames, utilizing randomized probability samples where possible • Collecting information using scientifically valid interview methods • Providing results in as little as 3-5 days • Providing public health communicators with actionable information and recommendations for health protection messages that are based on available public opinion data and a thorough understanding of emergency risk communication principles • Developing press releases for media and conducting interviews • Capacity for and a proven track record of publishing findings in influential academic journals on these topics, working with CDC contributors as appropriate
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 7/100 words maximum
	Funding contingent on COVID 19 response
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Use of Enforcement Mechanisms for Local Public Health Interventions

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 21/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Local public health practitioners, attorneys and/or policy-makers identifying new options or more efficient strategies and mechanisms for enforcing public health laws.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☑ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☑ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 125/150 words maximum

The Public Health Law Program has previously performed significant work to map public health legal frameworks. A related concern that has received less attention is the enforcement mechanisms of public health laws. Enforcement is a unique challenge for public health laws. As PHLP past research observes, penalties can be counterproductive and hurt relationships necessary to get institutions in place and data reported. Health departments, including low-resource localities, would benefit from knowing what types of enforcement mechanisms are common, what mechanisms are most efficient, what may be best practices, and what novel approaches exist. This project envisions a legal mapping assessment of local public health enforcement mechanisms, focusing on regulatory laws most common among local health departments, interviews with public health pratitioners about the challenges of enforcement and innovative practices, and a resulting toolkit describing the findings.

12 **12.6. Laws and Policies**

Activities*	This project proposes to facilitate discussions to identify public health interventions within CDC's public health law priority areas which can benefit from developing various mechanisms for enforcement. In part, the activities of this project will also conduct legal mapping and identifying how public health practitioners and attorneys implement unique strategies related to the enforcement mechanisms authorized under law compared to those enforcement mechanisms that are actually used by local health departments.
Process Measures*	Process measures may include, but are not limited to, number of protocols developed for mapping strategies; developing protocols for mapping strategies; collecting sample laws from local jurisdictions; identification of public health practitioners and attorneys who are responsible for and have developed unique strategies for implementing enforcement mechanisms; and working directly with CDC Public Health Law workgroups to discuss this as a topic .
Outputs*	The results of this project will include a map visualization of the results related to enforcement strategies and mechanisms used by local health departments related to priority public health issues, a menu of legal options, and a toolkit/PowerPoint/Training/Webinar or other related materials/strategies to widely disseminate the materials to local health department personnel.
Budget Period Outcomes*	Improved awareness of enforcement strategies, mechanisms, and legal options available to LHDs. This is a one year project, therefore The results of this project will include a map visualization of the results related to enforcement strategies and mechanisms used by local health departments related to priority public health issues, a menu of legal options, and a toolkit/PowerPoint/Training/Webinar or other related materials/strategies to widely disseminate the materials to local health department personnel.
Outcome Measures*	The outcome measure of this project will be the number of local health department personnel who receive materials, training, or information related to this project.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13	Applicant Organizational Capacity:* 69/200 words maximum
	Applicant must have the experience working directly with the local health departments in both small and medium sized health departments. In addition, the applicant must have experience working on issues related to law and policy at the local public health department level. Finally, the applicant must demonstrate they have an annual meeting targeting local health department constituents and the capacity to distribute findings widely across the forum.
14	Applicant Program Experience:* 38/200 words maximum
	Applicant should be able to demonstrate work in the law and policy field and understand the challenges presented by local health departments as it relates to the enforcement of public health laws and other similar challenges.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 12/200 words maximum
	Expected to collaborate with CDC and other key stakeholders as appropriate
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 6/200 words maximum
	TBD by the successful applicant.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	None.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

Category B
CIO
Project Plans

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum

Accelerate Use of Shared Decision Support Services

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Epidemiologists in state, tribal, local and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$2,500,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11	Project Purpose : * 57/150 words maximum	
	To provide knowledge and resources to epidemiologists, informaticians, and agency leaders at the state, territorial, and local level in identifying jurisdiction specific requirements, receiving, and processing data from shared decision support tools. To develop and support content in shared decision support services that can be leveraged in public health emergencies, for conditions beyond notifiable conditions, and for a variety of other public health purposes.	
12	**12.1. Public Health Systems Infrastructure**	
	Activities*	Provide technical assistance and support to public health agencies in adapting and modernizing surveillance systems to automatically process and integrate electronic case data transmitted from platforms used by public health partner organizations (e.g. Informatics Messaging Services platform) into STLT information systems and workflows.
	Process Measures*	Number of technical assistance meetings with at least 1 PH member orgamization, 1 STLT public health agency, 1 healthcare provider or 1 Health IT vendor partner to assist with information flow
	Outputs*	**Improved ability for STLT to utilize electronic case data from APHL AIMS into STLT information systems**
	Budget Period Outcomes*	Improved operational capacity to evaluate, manage, and improve public health systems
	Outcome Measures*	Surveillance system enhancements at STLT level
	12.2. Leadership and Workforce Development	
	Activities*	Train and support public health informaticians and epidemiologists to input jurisdiction specific report requirements using the authoring interface in Reportable Conditions Knowledge Management System (RCKMS).
	Process Measures*	**Training material needs identified**
	Outputs*	Training material for RCKMS and for developing jurisdiction specific reporting requirements

Budget Period Outcomes*	• Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
Outcome Measures*	• Provie at least 3 virtual training webinars • Support up to 64 jurisdictions in learning how to and monitoring progress of author specifications in RCKMS using the authoring interface

12.3. Data and Information Systems

Activities*	Develop default reporting specifications for new or emergency conditions, for existing conditions that may not have a position statement, for clinical quality standards data, and for other public health purposes.
Process Measures*	• **Number of default criteria for reporting specifications released** • **Number of conditions with new or updated position statements that have been processed for use in RCKMS as computer-readable format** • **Identified process for developing default criteria for conditions without position statements**
Outputs*	**Up to 80 conditions with new or updated default criteria released** and maintained
Budget Period Outcomes*	Availability of new conditions and default criteria in the RCKMS authoring interface for use
Outcome Measures*	Increase in authored conditions in RCKMS by each public health agency

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 25/200 words maximum
	Recipient organization must have the skill sets and staff capable of achieving the project goals using highly collaborative approaches in a multi-stakeholder environment.
14	Applicant Program Experience:* 68/200 words maximum
	Recipient organization should have the experience: **- in developing informatics systems that can be hosted on platforms used by public health partner organizations, and service multiple state and local health departments, and clinical organizations.** **- working with standards based organizations, healthcare, HIT, and public health organization** **- working with public health agencies to deliver technical assistance using shared decision support software**
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 21/200 words maximum
	The awardee must collaborate with CDC and is expected to partner with national organizations working on public health surveillance and informatics.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 24/200 words maximum
	It is likely that some sub-contract work may be needed if the applicant organization or CDC resources are unable to provide technical expertise.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my

	Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/10 words maximum
Applied Epidemiology Fellowship

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 10/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Epidemiologists in state, tribal, local and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
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- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11

Project Purpose : * 120/150 words maximum

There continues to be a shortage of qualified epidemiologists to address the evolving needs of state, territorial, local, or tribal (STLT) health departments. The purpose of this project is to place newly graduated master's or doctoral-level epidemiologists (within three years of degree receipt) into two-year, field-based practicum assignments with STLT health departments to a)recetive compentency-based training in applied epidemiology, b) recruit, select and match appropriate candidates to those positions, c) provide orientation and other appropriate competency-based training for fellows and supervisors, d) monitor quaility of assignments, e) manage and administer the program, and f) periodically conduct a process and program evaluation of this project. All aspects of the project will be conducted in collaboration with CDC.

12

12.2. Leadership and Workforce Development

Activities*	1) A national effort to solicit and select STLT health agencies to participate in the fellowship program as hosts sites. Sites should offer experiences in a variety of subject matter areas including infectious disease, chronic disease, maternal and child health, environmental health, occupational heath, and injury prevention.The miexture of positions in these areas should be guided by a needs assessment of STLT health departments, availability of qualified supervisors, and availability of health department programs capable of providing an adequate training experience. 2) A national effort to recruite and select qualified and diverse applicants for the program. Recruitment efforts should target new graduates holding a master's of public health or equivalent degree who have demostrated a significant focus in epidemiology during ther coursework. Applicants should represent the diversity of qualified graduates and adiversity of interests corresponding to the opportunities presented by host sites. 3) A matching process to promote a two-year experience mutually beneficial to the fellow and the host site. 4) An orientation and competency-based training curriculum provided to all fellows on entry into the program to ensure the fellow has basic introduction to the practicie of applied epidemiology and is familiar with their responsibilities as fellows. 5) Management of all aspects of the program including placement, training, quality assurance, evaluation, and fellow compensation, support and travel.
Process Measures*	Process measures include semi-annual reports to CDC on program progress, planned activites, expenditures; and timely reports on completed evaluations.
Outputs*	Outputs include fellow presentations and publications of successfully completed epidemiology projects or investigations.
Budget Period Outcomes*	Expected outcomes of this project over each two-year fellowship period are up to 22 (fuding dependent) competent epidemiolgoists who have completed the program and accepted positions with STLT health departments. The overall goal is to ensure that the epidemiology workforce in STLT health departments is sufficient to protect the health of communities they serve by proviing competency-based experiential training to new, academically training professions entering the workforce and desiring to work at the STLT level.
Outcome Measures*	Completed reports and evaluation on the number of fellows who completed the program and accepted positions with STLT health departments.

12.5. Partnerships

Activities*

	1) A national effort to solicit and select STLT health agencies to participate in the fellowship program as hosts sites. Sites should offer experiences in a variety of subject matter areas including infectious disease, chronic disease, maternal and child health, environmental health, occupational heath, and injury prevention.The miexture of positions in these areas should be guided by a needs assessment of STLT health departments, availability of qualified supervisors, and availability of health department programs capable of providing an adequate training experience. 2) A national effort to recruite and select qualified and diverse applicants for the program. Recruitment efforts should target new graduates holding a master's of public health or equivalent degree who have demostrated a significant focus in epidemiology during ther coursework. Applicants should represent the diversity of qualified graduates and adiversity of interests corresponding to the opportunities presented by host sites. 3) A matching process to promote a two-year experience mutually beneficial to the fellow and the host site. 4) An orientation and competency-based training curriculum provided to all fellows on entry into the program to ensure the fellow has basic introduction to the practicie of applied epidemiology and is familiar with their responsibilities as fellows. 5) Management of all aspects of the program including placement, training, quality assurance, evaluation, and fellow compensation, support and travel.
Process Measures*	Process measures include semi-annual reports to CDC on program progress, planned activites, expenditures; and timely reports on completed evaluations.
Outputs*	Outputs include fellow presentations and publications of successfully completed epidemiology projects or investigations.
Budget Period Outcomes*	Expected outcomes of this project over each two-year fellowship period are up to 22 (fuding dependent) competent epidemiolgoists who have completed the program and accepted positions with STLT health departments.
Outcome Measures*	Completed reports and evaluation on the number of fellows who completed the program and accepted positions with STLT health departments.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 101/200 words maximum
	1) Staff with sufficient training, skills, and experience in managing a national applied epidemiology fellowship program, including recruitment, slection, matching, site solicitation, orientation, training, fellow support and evaluation. 2) Staff with sufficient knowledge and experience in epidemiology. Staff should include at least one senior member with at least ten years of expierience in epidemology, with a minimum of five years in a public health practice setting. 3) Ready access to an advisory committee including senior epidemiologists representing STLT health departments throughout the nation. 4) Demonstrated ability to work collaboratively with CDC in areas of workforce development and epidemiologic capacity.
14	Applicant Program Experience:* 46/200 words maximum
	The public health organization must demonstrate a minimum of ten years of experience working collaboratively with CDC and with STLT health departments and managing a national applied epidemiology fellowship program. Experience must demonstrate successful partnership activites and the ability to successfully meet project goals.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 39/200 words maximum
	The organization is expected to collaborate with CDC in all critical aspects of the fellowship program; STLT health dpeartments to identify, develop, and monitor host sites; and accredited schools and programs of public health to recruit fellows.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 28/200 words maximum
	Work is expected to be completed directly by the selected public health organization. Any subcontractual work must be limited in nature, justified, and approve by CDC.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 32/100 words maximum
	All funds must be used to support the key activities of the fellowship program. A minimum of 85% of direct costs should support stipends, expenses, and travel of the fellows.
	CIO CERTIFICATION
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/10 words maximum
Cancer Screening Change Package

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Chronic disease workforce within state, tribal, local, and territorial health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$500,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 150/150 words maximum

The purpose of this project is to develop an online technical package, the Cancer Screening Change Package (CSCP), to empower health providers, public health practitioners, and community leaders to improve cancer screening. CSCP is a quality improvement technical package offering a conceptual framework with actionable approaches (change concepts) and specific strategies or ideas (change ideas) linked with evidence- and practice- based tools and resources needed to improve cancer screening.

This project builds on past work conducted by NCCDPHP to address quality improvement in other areas of health. Change packages serve as a menu of options from which health care professionals in health care settings and public health professionals who partner with them can select tools and resources that improve the processes for cancer screening. CSCP expands this traditional model to also include a community-based component that supports community-clinical linkages to increase utilization and access to facilities offering cancer screening.

12 **12.7. Programs and Services**

Activities*

	Environmental Scan: Conduct an environmental scan of the scientific literature, internet, and relevant organizations to identify evidence- and practice-based tools and resources to improve cancer screening using the logic model developed by CDC that provides the conceptual framework with specific actionable "change concepts" and "change ideas" specifically for the CSCP. This includes reaching out to organizations for candidate tools and resources to improve cancer screening. **Tracking Mechanism:** Save all tools and resources identified in the environmental scan into a "Candidate Tools and Resources" folder and number each in the order they are found or received. In addition, create a tracking mechanism such that each tool and resource is logged, accounted for, organized, and available to be reviewed by a team of agreed upon subject matter experts (SMEs). Part of organizing the incoming tools and resources includes labeling or sorting each by the specific change idea. **Review Process**: Develop and coordinate a process for review of the potential tools and resources by a team of agreed upon SMEs to inform the selection of tools and resources to be included in the change package. This includes collecting, synthesizing, and incorporating feedback on which tools and resources to include, their categorization, and other relevant information. **Tool/Resource Finalization:** Format the tools and resources, as needed, so that each can be a usable and standalone item in the change package – and create a URL for each tool and resource. Formatting may include, for example, taking a 20+ page toolkit and splitting it into its component pieces to address individual change ideas. **Website Hosting:** Host the tools and resources selected that will be included in the change package. **Contribution List:** Create and maintain an ongoing list of the organizations that contributed or directly shared tools and resources so each organization that contributed to the final change package may be acknowledged. **References List:** Maintain a list of references for each evidence-based tool and resource identified in the environmental scan and incorporate references in the annotated version of the change package. **Dissemination Plan:** Develop a dissemination plan to support the adoption and utilization of the change package as a gold standard for improving cancer screening by state, tribal, local, and territorial health departments and other agreed upon partners. Although the dissemination plan will not be fully implemented until the change package is available in Y2, the plan needs to be developed early on so that it includes an agreed upon process to engage health departments and other partners in Y1. **Change Package Document:** Incorporate the tools and resources into the change package and, in collaboration, finalize the technical package and share with agreed upon internal and external SMEs and partners for feedback. This includes collecting, synthesizing, and incorporating the feedback.
Process Measures*	Identified best available evidence- and practice-based tools and resources to increase cancer screening rates that occurs in accordance to clinical standards and screening guidelines, including increasing utilization and access to facilities offering cancer screening. Cancer Screening Change Package submitted to CDC clearance that contains actionable approaches (change concepts) and specific strategies or ideas (change ideas) linked with approximately 200 or more evidence- and practice- based tools and resources needed to improve cancer screening.
Outputs*	Candidate Tool folder that contains all of the evidence- and practice-based tools and resources from the environmental scan. Tracking document that has logged, accounted for, organized all of the candidate evidence- and practice-based tools and resources. Document with the finalized and formatted tools and resources with hyperlinks and website hosting. A contribution list of organizations and the associated tools and resources from the environmental scan. Finalized change package (including an annotated version with references) with the tools and resources incorporated and ready for CDC clearance.
Budget Period Outcomes*	At least 75% of state, tribal, local, and territorial health departments engaged and aware of the CSCP that will become available in the following year.
Outcome Measures*	Data on the usage of the CSCP among state, tribal, local, and territorial health departments and their implementing partners (e.g., FQHC) in Year 2 of the project. At least 75% of state, tribal, local, and territorial health departments promoting and using the CSCP with their implementing partners in Year 2. Data on how many implementing partners (e.g., FQHC) among the state, tribal, local, and territorial health departments who have disseminated the CSCP have implemented one or more of the tools and/or resources made available in the technical package in Year 2 of the project. Monitor use (hits) of CSCP on CDC website in Year 2 of the project.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 42/200 words maximum
	Develop (or subcontract out the work) the environmental scan and its associated outputs as listed above. Provide logistical support for small, in-person meetings. Develop and maintain an online space to host the tools and resources in the change package.
14	Applicant Program Experience:* 55/200 words maximum
	The recipient should have expertise in implementation science, community-level interventions to support community-clinical linkages, and health system quality improvement for chronic disease prevention and health promotion. To maximize the reach of the project, the recipient should have ongoing relationships with the chronic disease prevention workforce within state, tribal, local, and territorial health departments.
	COLLABORATIVE WORK
15	

	Expectations for Collaboration, as applicable: 192/200 words maximum
	The recipient will be expected to collaborate closely with CDC throughout each step of project in order to produce a CDC product, the CSCP. The recipient will be expected to collaborate with SMEs internal and external to CDC and will work with the CDC team to identify SMEs to actively participate in providing input and reviewing the proposed tools, resources, and technical package. External collaborators of interests may be individuals with expertise related to community-based interventions that support community-clinical linkages to increase awareness and access to facilities offering cancer screening; health system quality improvement; and health communication as well as end-users within the health department, health facilities, and community. The recipient will be expected to utilize the logic model developed by CDC that provides the conceptual framework with specific actionable "change concepts" and "change ideas" to guide the environmental scan, with the understanding that this will be an organic process, such that as the recipient finds/receives tools and resources, there may be a need to make revisions by adding new "change concepts" and "change ideas" to the framework. These decisions will be made collaboratively and include the input of CDC SMEs.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 85/200 words maximum
	The recipient may need to sub-contract some of the work for this project, particularly regarding the development of a site to host links to the resources and tools provided in the change package. It may also be necessary to sub-contract the work related to the environmental scan depending on staff availability. The CDC team will work with the recipient to determine whether there is a need for subcontract work and ensure that such work stays within the scope of the project with the budget for the project period.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 86/100 words maximum
	Project funds should be used to directly address the proposed activities in the project plan. Any travel-related expenses paid using project funds should be consistent with per diem rates established by the US General Service Administration (http://gsa.gov). We anticipate that the project will be funded for a second year (pending availability of funds) to disseminate the newly developed change package widely; provide technical support in using the change package; and evaluate the utilization of the change package within the state, tribal, local, and territorial health departments and their implementing partners (e.g., FQHC).
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/26/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum
CDC's National Neurological Conditions Surveillance System Partner Collaboration

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 18/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Epidemiologists in state, tribal, local and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$60,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 124/150 words maximum

Engage representatives of diverse stakeholder organization partner organizations to share National Neurological Conditions Surveillance System (NNCSS) stage 1 findings about (a) national prevalence of multiple sclerosis (MS) and Parkinson's disease (PD) and (b) proposed expansion to other neurological conditions to build capacity within the local, regional, and state health departments to strengthen public health surveilliance of neurological conditions. Activities will include (1) Identify registries and other data collections in their jurisdictions for specified neurological conditions (2) Convene a meeting with key neurological conditions stakeholders to share NNCSS stage 1 findings about national prevalence of multiple sclerosis (MS) and Parkinson's disease (PD) and proposed expansion to other neurological conditions (3) Engage with CDC to document and communicate lessons learned from the stakeholder meeting

12 **12.1. Public Health Systems Infrastructure**

Activities*	Identify registries and other data collections in their jurisdictions for specified neurological conditions Some data collections may be within the PH infrastructure
Process Measures*	Demographic and content information about registries and other data collections in their jurisdictions for specified neurological conditions
Outputs*	Summary of data registries and other data collections in their jurisdictions for specified neurological conditions
Budget Period Outcomes*	Better understand registries and other data collections in their jursidictions and how they might the NNCSS engage with them
Outcome Measures*	Understanding of neurological conditions among public health stakeholders Opportunities for analyses on neurological conditions

12.3. Data and Information Systems

Activities*	Identify registries and other data collections in their jursidictions for specified neurological conditions associated the NNCSS Some data collections may be within medical systems universities, or other
Process Measures*	Demographic and content information about registries and other data collections in their jursidictions for specified neurological conditions associated the NNCSS
Outputs*	Summary of data registries and other data collections in their jursidictions for specified neurological conditions associated the NNCSS

Budget Period Outcomes*	Better understand registries and other data collections in their jurisdictions and how they might the NNCSS engage with them
Outcome Measures*	Understanding of neurological conditions among other stakeholders Opportunities for analyses and future research on neurological conditions associated with NNCSS
12.4. Communication and Information Systems	
Activities*	Engage with CDC to communicate information from Stakeholder meeting as appropriate, for public health audiences
Process Measures*	Documentation of information from Stakeholder meting that is appropriate for public health audiences
Outputs*	Increase awareness and understanding of the role of Public Health in increasing awareness and understanding and enhancing research about neurological conditions
Budget Period Outcomes*	Increase awareness and understanding of the role of Public Health in increasing awareness and understanding and enhancing research about neurological conditions
Outcome Measures*	Amount of awareness and understanding of neurological conditions New analyses, collaborations, projects, research opportunties
12.5. Partnerships	
Activities*	Convene a meeting with key neurological conditions stakeholders to share NNCSS stage 1 findings about national prevalence of multiple sclerosis (MS) and Parkinson's disease (PD) and proposed expansion to other neurological conditions
Process Measures*	1 day stakeholder meeting to discuss NNCSS stage 1 findings about national prevalence of multiple sclerosis (MS) and Parkinson's disease (PD) and proposed expansion to other neurological conditions
Outputs*	Strengthened Collaboration with stakeholder organizations to increase understanding of and support for national surveillance and to enhance future research
Budget Period Outcomes*	Provide recommendations from information sharing to form a summary about how to improve awareness and enhanced coordination between critical stakeholders and encourage future research
Outcome Measures*	Amount of awareness and understanding of national surveillance of neurological conditions New stakeholder collaborations or projects
12.7. Programs and Services	
Activities*	Engage with CDC to capture lessons learned to support work on Neurological conditions associated with NNCSS
Process Measures*	A document explaining work completed and products delivered, and lessons learned
Outputs*	Lessons learned for enhancing collaboration among multiple stakeholders
Budget Period Outcomes*	Document explaining work completed and products delivered, and lessons learned
Outcome Measures*	Amount of awareness and understanding of neurological conditions New analyses, collaborations, projects, research opportunties

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 120/200 words maximum
	• Applicant must have the necessary organizational capacity to support collaboration among stakeholder organizations supporting the NNCSS. • Applicant provides evidence of relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
14	Applicant Program Experience:* 51/200 words maximum
	▪ Applicant must have expertise in meeting planning, workgroup coordination, and facilitation, developing and communications lessons learned ▪ Applicant must have expertise in developing questionnaires and undertaking content analysis ▪ Applicant demonstrates familiarity with integration of public health and healthcare.

	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 43/200 words maximum
	CSELS Office of the Director staff will be involved in overall strategic direction of this project. In addition to subject matter expertise, staff will assist to ensure the project remains on-time and within scope. CSELS anticipates monthly or bi-weekly calls with the awardee.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 9/200 words maximum
	As deeded appropriate
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/10 words maximum
Communicating the Importance of Environmental Health

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Public health lawyers and their clients in STLT health departments or health workforce strategists from STLT health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$50,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 58/150 words maximum

Development of novel and visually engaging one-pagers, fact sheets, infographics, and other strategy related resources and content that tell the story of environmental health and advance new ideas or translate complex policy concepts into actionable steps. This will likely include analysis and techniques such as economic analysis, mapping, impact story telling, social math and other novel formats and techniques to tell the story of environmental public health impacts.

12 **12.4. Communication and Information Systems**

Activities*	Development of visually engaging materials that communicate the importance of environmental health and environmental health policy in novel and creative ways.
Process Measures*	Number of documents created Number of techniques used
Outputs*	Development of at least 10 (1-2 page) documents including content that conveys the importance of environmental health and/or translates complex environmental health policy concepts. A suite of templates - such as a fact sheet, ppt deck, one-pager, and tri-fold brochure or pocket card will also be developed. Materials will be made 508 compliment for use on select websites. Basic usability testing may be requested.
Budget Period Outcomes*	Suite of developed materials that increase the target audience's awareness and perception of environmental health and/or new ideas or complex policy concepts.
Outcome Measures*	Target audience indicates that materials are effective in increasing knowledge and influencing perception of impact as indicated by evaluation or usability testing.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 17/200 words maximum

	Ability to develop visually effective policy briefs, fact sheets, one-pagers and infographics or other resources.
14	Applicant Program Experience:* 29/200 words maximum
	Past experience in developing visually effective documents and infographics. Established experience in using novel and new ways of communicating public health information and impacts for a decision-making audience.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 12/200 words maximum
	Need for collaboration will be determined in consultation with CDC.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 11/200 words maximum
	Need for subcontracting will be determined in consultation with CDC.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 18/100 words maximum
	Funds for staff time, graphic design, copy editing, and replication are likely part of the project budget.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 04/07/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/10 words maximum
Comprehensive Injury Epidemiology Fellowship

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 44/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Epidemiologists working in state and territorial health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$325,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 72/150 words maximum

In this era of expanding and changing data resources, epidemiology workforce capacity is needed to ensure that the measurement of injury and its societal impact remain accurate and in step with the emerging data capabilities. The purpose of this project is support Injury Epidemiology Fellows to be placed in State Health Departments. The fellows should be placed with experienced state epidemiologists that have a minimum of masters or higher-level training.

12 **12.2. Leadership and Workforce Development**

Activities*	Recruit injury epidemiology host sites, hire and place injury epidemiology fellows
Process Measures*	# of applicants, # of host sites, # of fellows placed
Outputs*	# of trained fellows
Budget Period Outcomes*	Contributions of fellows in injury workgroups and scientific meetings
Outcome Measures*	Fellows' final projects contribute to injury epidemiology knowledge and advancement

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 25/200 words maximum

The recipient organization must have active epidemiologist members and/or collaborative epidemiologist partners in all US states and territories.

14 Applicant Program Experience:* 75/200 words maximum

- Placing epidemiology fellows withing state and territorial health departments.
- Developing and conducting collaborative surveillance data quality investigations and evaluations with state heatlh department epidemiologists.
- Providing high-quality technical assistance, developing tools and guidance for state health departments in topics pertaining to injury surveillance.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 28/200 words maximum

Upon funding, recipients will collaborate with CDC NCIPC in worksite placement to ensure that the host site can support innovative injury surveillance methods and participation in workgroups.

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

N/A

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 34/100 words maximum

Placements should not be restricted to only doctoral level mentors, rather mentorship should be chosen based on experience as an injury epidemiologist and ability to provide mentorship.

CIO CERTIFICATION

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Submission Date: 02/26/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/10 words maximum
Comprehensive Injury Epidemiology Partnership

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Epidemiologists working in state and territorial health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$325,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 148/150 words maximum

The variety of data resources and analytic methods continue to expand to improve the measurement and tracking of injury and its societal impact. This project supports the advancement of injury epidemiologic science among state health departments through a formal partnership. Specific annual focuses will be:

1. Identify and implement training to support Data Science Competency Recommendations for injury epidemiologists.
2. Special Emphasis Reports are tools designed to move injury surveillance data to action.
   a. Implementation and evaluation of TBI, Suicide and Motor Vehicle Traffic Special Emphasis Reports.
   b. Development of two additional SER's. Topics to be considered include intentional self-harm, falls, child abuse and neglect etc.
3. Improving injury surveillance capabilities using a natural language processing approach. (ie. Syndromic Surveillance, HER's, etc.) A specific project will be identified through the workgroup process.
4. Convene stakeholders to discuss injury data needs, including access to data, methodologic development, and data science advancements. Findings will influence NCIPC/DIP/DAB's data modernization strategy.

12 **12.2. Leadership and Workforce Development**

Activities*	Development or identification of training in support of Data Science Competency Recommendations for Epidemiologists. Collaboratively work with the National Center for Injury Prevention and Control's subject matter experts to ensure the advancement of epidemiologic science to facilitate not only broadly accepted final recommendations but also ensure workforce readiness.
Process Measures*	Meeting summaries, progress notes, participant commitments
Outputs*	Recommendations, guidelines, toolkits
Budget Period Outcomes*	Training recommendations to support the implementation of the Data Science Competency Recommendations for Epidemiologists.
Outcome Measures*	# of states participating in the development of analytic recommendations, quality of tools produced, # of states implementing analytic recommendations

12.3. Data and Information Systems

Activities*	Development of recommendations, development of toolkits, exploration of data sources, dissemination of best practices, identification and testing of methodologic approaches.
Process Measures*	Meeting summaries, progress notes, participant commitments
Outputs*	Recommendations, guidelines, toolkits
Budget Period* Outcomes	Implementation of analytic methods, improved capacity of data and information systems to conduct public health monitoring and surveillance, increased capacity to use data to inform decision-making and support injury epidemiology best practices.
Outcome Measures*	# of states participating in the development of analytic recommendations, quality of tools produced, # of states implementing analytic recommendations

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 19/200 words maximum
	The recipient organization must have active epidemiologist members and/or collaborative epidemiologist partners in all US states and territories.
14	Applicant Program Experience:* 32/200 words maximum
	The recipient organization must have experience and expertise in conducting multi-jurisdictional data analysis, facilitating epidemiologic focused workgroups, developing of consensus surveillance tools, and direct experience and knowledge of injury epidemiology methods.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 46/200 words maximum
	Upon funding, recipients will collaborate with CDC NCIPC to ensure that activities and funding do no duplicate work but instead are coordinated with and complementary to efforts supported under other programs. Additionally, collaboration across Injury Epidemiologists is anticipated to improve program guidance, dissemination, and implementation.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 14/200 words maximum
	Sub-contracted work is permissible and should be done in collaboration with NCIPC staff.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Convening State and National Organizations to Address Arthritis Public Health Priorities

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Chronic Disease Specialists in State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$13,500 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 150/150 words maximum

Arthritis affects over 54 million American adults, will increase to 78 million by 2040, and limits 24 million in performing daily tasks. Increased physical activity (PA) and participation in self-management education (SME) programs help adults with arthritis reduce and manage pain and limitations. CDC currently funds state programs and national organizations to disseminate/expand the reach of proven arthritis-appropriate SME and PA intervention programs; adopt innovative and systems-based approaches to establish/enhance healthcare provider patient counseling about PA for arthritis management; and promote walking initiatives/programs addressing the unique needs of adults with arthritis.

The purpose of this project is to improve the health, wellness and quality of life for people with arthritis by funding a national organization to convene CDC's national and state arthritis grantees and key stakeholders for intensive technical assistance through an in-person meeting. The meeting will provide an opportunity to share experiences, lessons learned and best practices, and to network/leverage partnerships.

12 **12.5. Partnerships**

Activities*

1. Plan, host and convene a two-day meeting of CDC arthritis grantees and key stakeholders to provide an opportunity to share experiences, lessons learned and best practices, and to network/leverage partnerships.
2. Manage meeting logistics (i.e. – registration, securing speakers, materials, etc.).
3. Collaborate with CDC and funded arthritis partners to develop the meeting agenda and identify speakers for the meeting.
4. Create summary and evaluation documents for the meeting.

Process Measures*

1. Number of local, state and national partners in attendance.
2. Number of subject matter experts available to provide knowledge and expertise related to arthritis.
3. Number of presenters secured for the meeting.
4. Participant satisfaction with the meeting (i.e. evaluation results)

Outputs*

	1. Participant List 2. Meeting presentations and speaker bios 3. Meeting agenda and materials 4. Evaluation Summary
Budget Period Outcomes*	1. Increased opportunities for collaboration among key arthritis partners. 2. Increased technical assistance for CDC-funded arthritis partners
Outcome Measures*	1. Increased capacity of partners to: ◦ disseminate/expand the reach of proven arthritis-appropriate SME programs and PA intervention programs. ◦ achieve state and national arthritis cooperative agreement 5-year outcomes

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 18/200 words maximum
	The applicant must demonstrate their current organizational capacity to carry out the required strategies and activities.
14	Applicant Program Experience:* 54/200 words maximum
	Applicants must describe sufficient experience working with state health departments, CDC cooperative agreement program awardees, national health or public health organizations and subject matter experts to identify and address technical assistance and information needs. Applicant must also describe experience in convening partners and facilitating meetings.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 28/200 words maximum
	The awardee is expected to partner, as appropriate with appropriate stakeholders, such as state health departments and/or national organizations, intervention delivery organizations/systems, intervention program owners and SMEs.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum
	The applicant organization is expected to have the capacity to directly perform the strategies and activities outlined in the proposal.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 16/100 words maximum
	Funds may be used only for reasonable program purposes, including personnel, travel, supplies and services.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum
Creating a National Framework for Medical-Dental Integration

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Chronic disease directors in state, local, and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 63/150 words maximum

This two year project will culminate in a national framework to promote actions that lead to stronger medical-dental integration. This framework will serve as a roadmap for STLT Health Departments, and will also engage other sectors (e.g., public health, health care systems, NGOs) to implement practical strategies that improve care coordination and health outcomes, particularly in individuals with multiple chronic diseases.

12 **12.7. Programs and Services**

Activities*

Year One Activities

1. Assess and document landscape of current programmatic and clinical medical-dental activities (e.g., in public health and health care systems, etc.)
2. Set criteria for engaging individuals and organizations in framework development meeting
3. Identify participants across a broad sector of organizations
4. Develop meeting approach and agenda
5. Identify details and implementation timeline related to hosting meeting (dates, proposed space, registration process, travel and other logistics)

Year Two Activites*

1. Host meeting (early in project period) (including oversight of all meeting logistics, travel preparation, registration processes, materials development etc.) .
2. Develop meeting summary that serves as national framework, to include identifying practical strategies and important interrelationships for each sector.
3. Develop broadly inclusive dissemination plan.
4. If additional funds are available, create tailored strategies for state health departments to implement recommendations.

**Applicant to submit work plan and budget for Year 1 only*

Process Measures*

	Year 1 • Engage partners as needed to assess landscape of current events. • Criteria identified for partner engagement. • Participants identified for inclusion in meeting. • Meeting approach and agenda developed. • Meeting details articulated. Year 2* • National framework setting meeting occurs. • Clearance-ready meeting summary written. • Dissemination plan created. • If funds available, tailored strategies for state health department implementation of recommendations developed. **Applicant to submit work plan and budget for Year 1 only*
Outputs*	Year 1 Outputs: White paper documenting current landscape, proposed meeting agenda and participant list, approved meeting logistics plan Year 2 Outputs*: Meeting held, clearance-ready report and dissemination plan submitted to CDC. **Applicant to submit work plan and budget for Year 1 only*
Budget Period Outcomes*	End of Year 1: CDC provided with a detailed and implementable plan for conducting meeting. End of Year 2*: CDC provided with a clearance-ready report reflecting meeting outcomes and dissemination plan. **Applicant to submit work plan and budget for Year 1 only*
Outcome Measures*	End of Year 1: CDC provided with a detailed and implementable plan for conducting meeting. End of Year 2*: CDC provided with a clearance-ready report reflecting meeting outcomes and dissemination plan. **Applicant to submit work plan and budget for Year 1 only*

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 47/200 words maximum
	Organization must be able to demonstrate significant experience conducting high-level strategic meetings convening diverse partners across the national public and dental public health, chronic disease care and medical health systems landscape; organization must demonstrate proven ability to facilitate a multi-faceted process towards a proscribed output that is national in scope and impact.
14	Applicant Program Experience:* 79/200 words maximum
	Organization must have demonstated experience working with constituents in medical and dental clinical and program environments, as well as with diverse constituents in local, state, and national public health organizations. The applicant must have experience facilitating multi-faceted and iterative meetings with diverse local, state and national participants that may have diverging or conflicting interests and expected outcomes. The applicant must have experience building and facilitating a robust strategizing and decision-making process that will support defining strategies for integration at a state/local health department and health systems level.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 40/200 words maximum
	Applicant will lead development of this project in collaboration with CDC Division of Oral Health staff. Applicant is authorized to engage additional partner organizations for collaboration purposes in assessing the current landscape or planning and implementing the meeting.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum
	Applicant is authorized to subcontract activities in support of meeting logistics, as needed.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 44/100 words maximum

	Funds may be used to support staff, subcontractor as noted above, travel and per diem for participants, consultant and speaker fees as needed, following approval by CDC Division of Oral Health.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/10 words maximum
Data Modernization for Shared Decision Support Services

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Epidemiologists and informaticians at STLT public health agencies.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$2,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

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- ☐ Improved leadership capacity to identify and prioritize public health needs
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Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

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- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

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- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

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- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

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- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

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- ☐ Increased capacity to evaluate laws and policies to affect health

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- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 71/150 words maximum

To build upon capabilities in existing shared decision support service tools that will advance the implementation of bi-directional electronic information exchange between public health and clinical partners. To adapt and modernize decision support tools to support additional critical functionality that will enhance clinical care user experience, enhance usability for public health, and allow the tool to support data exchange for the needs of multiple public health programs.

12 **12.3. Data and Information Systems**

Activities*	Modernize shared decision support services to enable new capabilities to support health care and public health, to enable decision support rules for use in healthcare based on standards such as CQL and FHIR, and to enable rapid and integrated decision support for use in public health emergencies.
Process Measures*	• List of shared service enhancements to support shared service adoption • List of enhancements to support rapid and integrated decision support for public health emergencies • Documentation of enhancements to support the production of new features
Outputs*	A) Develop, implement and support adaptations to existing shared service systems that healthcare reporters invoke to determine whether any patient information should be received by a public health program, and if so, to which public health program including but not limited to cancer, healthcare aquired infections, immunizations B) Ensure that decision support service tools are available and operational in development, test, onboarding, and production environments
Budget Period* Outcomes	• **At least two tool releases that include updates and improvements to RCKMS or other shared service** • **Cumulative list of improvements In shared services in a production enironment**
Outcome Measures*	- **Release of decision support service that has been fully tested and deployed to production environment**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 47/200 words maximum

	Receipient organization should have capacity to identify technical and architectural frameworks that can utilize data directly from an EHR for public health purposes. Organizations should have the skill sets and staff capable of achieving the project goals using highly collaborative approaches in a multi-stakeholder environment.
14	Applicant Program Experience:* 57/200 words maximum
	Recipient organization should have the experience: **- in developing informatics systems that can be hosted on the APHL AIMS Hub, and service multiple state and local health departments, and clinical organizations.** **- working with standards based organizations, healthcare, HIT, and public health organization** **- working with public health agencies to deliver technical assistance using shared decision support software**
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 19/200 words maximum
	The awardee must collaborate with CDC and other national organizations working on public health surveillance and informatics.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 24/200 words maximum
	It is likely that some sub-contract work may be needed if the applicant organization or CDC resources are unable to provide technical expertise.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum
Data Modernization Initiative: Applied Informatics Team Training (AITT)

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 12/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Epidemiologists and health department staff who work closely with epidemiologists

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$650,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.
○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 124/150 words maximum

This workforce development program's goal is to increase foundational data science capacity and capabilities of health departments in the following data science literacies - computational, statistical, machine learning, data visualization, and ethical. The prior Applied Informatics Team Training (AITT) program materials will be updated and aligned to 'Data Science Upskilling (DSU)' within the context of public health informatics. The curriculum plan will include an orientation, project-based learning, a learning community (e.g., Community of Practice (COP)), and the use of an existing 'Massive Open Online Course' (MOOC) platform for team's learners to create individual learning plan. The AITT DSU learners will be part of a learning community with CDC's DSU learners. In the future, these teams might have the potential to host an informatics fellow and/or might be granted learning extensions.

12 **12.2. Leadership and Workforce Development**

Activities*

	• Develop a project plan and timeline for deliverables (including check-in calls with your technical monitor(s)) • Host a kick-off working meeting with your CDC Technical Monitor(s) to plan for the overall workforce program strategy • Develop and provide access to all planning and implementation documents (removing Personal Individual Identifiers (PII)) • Update all AITT materials to reflect 'Data Science Upskilling' as the core curriculum and program goal • Update the following program materials: marketing/recruitment information; AITT application; application scorecards; curriculum planning document; a monitoring and evaluation plan; evaluation instruments • Regarding the application, Health Department leadership will provide a letter of support (nomination) for the team and project proposed as part of the application. • Develop performance requirements and competencies that align to data science upskilling within the public health informatics context • Market the program as a one-year learning program with the possibility of an extension year and/or potential to host a fellow (if future funds are available) • With your technical monitor, define the AITT/DSU team eligibility (at a minimum) as: 3 health department staff (with at least one member being an epidemiologist/scientist) interested in developing their data science skills • Recruit at least n=20 AITT/DSU teams, with three members per team, and a leader per team should be identified • Each team should be provided funds for software, and individual learners will receive funds for books to support their learning • At most, one leader per team will be potentially funded to present their findings at a national conference • Collaborate with CDC to obtain access to a Massive Open Online Courses (MOOCs) platform to allow learners to take individualized courses, obtain certificate(s) from course(s), and the partner group will utilize the MOOCs administrative portal as secondary data in your evaluation plan • The MOOCs platform will replace the traditional monthly webinar series, and the partner organization will facilitate the sharing of resources and applied lessons learned via an online learning community. • Secure an online platform to host and facilitate a community of practice/learning community to discuss projects, MOOCs courses and resources • Partner group will conduct a baseline learning needs assessment and use the input to curate relevant MOOCs courses and work with learners to assign courses and track learners progress. • Develop and implement a plan for facilitating a community of practice (learning community) • Develop a virtual orientation, that includes an overview of the performance requirements and an introduction to data science discipline, for the AITT/DSU program by February • Plan for an immersive training online course for 'R' and Python for the learners (virtual online course) • Access to subject matter experts to mentor and coach teams on their DSU projects • Work with CDC to integrate the Public Health Informatics Fellowship Program (PHIFP) fellows into the AITT/DSU curriculum; PHIFP fellows may offer Info-Aids and expertise to field fellow's projects via the learning community • Provide all aggregate findings from your evaluation findings to your technical monitor • AITT teams will create a final report and deliver a final presentation regarding their project and lessons learned to their learning teams and fellows, CDC technical monitor, and partner organization • Develop an end of the year report with lessons learned from the evaluation data and other programmatic data sources • Plan for a virtual graduation for AITT that includes a virtual presentation by each team • Plan for staffing and/or contracting for these types of roles: program manager/health scientist (i.e., responsible for the overall program); educator/research assistant (i.e. assist with curation of courses, COP, facilitation of discussions); evaluator; subject matter experts to assist with projects
Process Measures*	• 80% of the deliverables due-dates will be in the project plan in the first month • Partners will attend 85% or greater of the scheduled check-in calls with CDC technical monitors
Outputs*	• Provide monthly status reports outlining accomplishments, deliverables in-progress, and any challenges • Develop and implement a marketing and recruitment plan for AITT with a data science upskilling focus • Develop an AITT application and scorecard allowing for various levels of capacity to apply and compete • Create a curriculum plan that includes performance requirements, competences, a virtual orientation, suggested pre-requisite courses from MOOCs, and a community of practice plan • Host a virtual orientation for AITT/DSU by February • Administer and facilitate an ongoing community of practice for the learners for the year program • Provide a template for the learner's end of the year report and final presentation • Develop an evaluation plan and tools to evaluate the program; utilizes the MOOCs administrative portal and learner's deliverables as secondary data • Develop a final evaluation report with lessons learned from the program • Provide a graduation certificate jointly with CDC that includes presentations by graduates • Plan for staffing and/or contracting for these types of roles: program manager/health scientist (i.e., responsible for the overall program); educator/research assistant (i.e. assist with curation of courses, COP, facilitation of discussions); evaluator; subject matter experts to assist with projects
Budget Period Outcomes*	• This data science upskilling program will recruit, train, provide project-based outcomes, and evaluate the effectiveness for n=20 AITT/DSU teams with three members per team.
Outcome Measures*	• At least 80% or more of the learners will actively participate in the community of practice monthly. • At least 90% or more of the learners will attend an orientation • At least 80% or more of the learners will participate in the end of the year evaluation • All teams will complete at least 50% or more of their project deliverables

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13	Applicant Organizational Capacity:* 51/200 words maximum
	The partner organization needs the ability to conduct learning needs assessment and curate course content; monitor and evaluate learning and project outcomes, design and build a community of practice and facilitate peer learning, and build a mentor network to provide coaching. The organization has access to a nationwide network of epidemiologists.
14	Applicant Program Experience:* 39/200 words maximum
	The partner organization should have programmatic experience related to administering workforce development programs in public health informatics utilizing a team-based approach. The partner organization requires experience with building epidemiologic capacity and a history of working with epidemiologists.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 47/200 words maximum
	The organization should have a subcontractor to assist with the evaluation and obtain subject matters experts, as consultants, to assist with the technical nature of the data science projects. If not intrinsic to the organization, these experts might be identified from academia, national partner organizations, or from private or public sectors.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum
	Regarding subcontractors, it is estimated to cost $60k for an evaluator; $60k subject matter experts (consultant network) for technical projects; and R and Python online courses with instructors ($120k).
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 48/100 words maximum
	The partner group will allocate for staffing, contractors, a community of practice platform, R and Python trainings, and resources for the teams (e.g., software, books, 1 trip per team). The CDC will provide the MOOCs licenses for trainings (up to n=60 learners and n=3 administrative licenses).
	CIO CERTIFICATION
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/10 words maximum
Data System Capacities for Modernized Case-based Surveillance

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 22/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Informaticians who serve state, territorial and large local health departments that maintain case-based surveillance systems, particularly those transmitting the surveillance data to CDC.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$350,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11	Project Purpose : * 29/150 words maximum	
	Identify the critical case-based public health surveillance system capabilities, and the technology standards to support them, that will be needed within the next 5-10 years to modernize public health surveillance capabilities.	
12	**12.3. Data and Information Systems**	
	Activities*	• Identify key informants who understand disease surveillance needs and the opportunities offered by data science and health information systems technology to gather information on the capabilities that public health case-based surveillance systems will need in the future and the technology to support them. Capabilities should ensure functionality such as greater flexibility in accepting data from electronic health records to support eCR, capacity for birth defects surveillance, features for case management, more effective management of complex laboratory data associated with a case, surveillance of antimicrobial resistance disease incidence, greater flexibility to allow collection and transmission of data in an emergency response, greater portability of data for sharing and advanced analytics, adherence to data standards, strategies that promote interoperability, options for cloud based solutions. • Convene representatives from jurisdiction, and CDC programs, and public health surveillance partner organizations, along with technology experts to develop consensus. • Produce a guidance document outlining these capabilities and strategies for use by public health jurisdictions enhancing or replacing their systems and for vendors designing or improving systems.
	Process Measures*	• Identify key informants and gather information • Convene meeting for consensus building. • Develop and vet guidance document.
	Outputs*	Guidance document that aids public health jurisdictions enhancing or replacing their systems and vendors designing or improving systems.
	Budget Period Outcomes*	Guidance regarding critical case-based public health surveillance system capabilities, and the technology standards to support them, that will be needed within the next 5-10 years to modernize public health surveillance capabilities to enable public health jurisdictions to make sound, forward leaning decisions when enhancing or replacing their systems, and enable vendors to design or improve systems to fully support public health case-based surveillance.
	Outcome Measures*	Guidance is readily available for jurisdictions and vendors regarding specific public health case-based surveillance system capabilities, and the technology standards to support them, needed to modernize surveillance systems and support data needs for the next 5-10 years.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13	Applicant Organizational Capacity:* 49/200 words maximum
	Recipient organization should have extensive knowledge of and access to experts with expertise in public health information systems, including surveillance systems; general health information systems; public health informatics; public health surveillance processes and practices; data exchange; data management; data analysis and presentation; and public health decision making.
14	Applicant Program Experience:* 109/200 words maximum
	Recipient organization should have experience with informatics issues related to public health surveillance information systems and processes and to other public health information systems and processes that could interoperate with and contribute data to case-based public health surveillance, e.g., immunization information systems, birth and death registries, birth defects surveillance, environmental exposure data systems. The organization should have experience soliciting and weighing expert input on public health informatics, processes and surveillance; convening knowledgeable public health informatics representatives from across the nation, including from jurisdictions, CDC programs, public health surveillance partners and information technology experts; achieving consensus on complex informatics issues; and developing guidance to support public health and system developer decision making about designing and enhancing public health data systems and processes.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 62/200 words maximum
	Collaboration should include state, territorial and large city health jurisdictions that submit case-based surveillance data to CDC; CDC programs that receive case-based surveillance data; public health partners who contribute to case-based surveillance; and information technology experts knowledgeable about strategies that would support and improve case-based public health surveillance. Coordination with CSELS/DHIS is expected on project strategies and execution.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 20/200 words maximum
	Aspects of the project may be sub-contracted, but the recipient organization is responsible for oversight, coordination and integrity of the project.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 32/100 words maximum
	Budget should include an in-person meeting to establish consensus around guidance and development of a guidance document appropriate for distribution.
	CIO CERTIFICATION
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/10 words maximum
Development of a Local Lead-Free City Collaborative

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Chronic disease specialists across health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$130,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [x] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 148/150 words maximum

Creation of a multi-sectorial public-private collaborative that will lend itself toward outlining components of a "lead-free communities" model that prevents childhood lead poisoning and eliminates hazardous sources of lead in children's environments. The collaborative will serve as a prototype and learning community for sustaining community action committed to protecting children from harmful exposure to lead hazards. **Need:** Nationwide, thousands of children are being exposed to hazardous sources of lead in their homes, schools, daycares and other places where they live and play. Consequently, to avoid the health burden and associated costs of elevated blood lead levels, there is a critical need to comprehensively eliminate these sources of lead from children's environments in a coordinated manner by developing a "lead-free communities" model that would include well-established/recommended interventions. This endeavor will require a broad-reaching ***collaborative effort*** amongst multiple levels of partners and stakeholders from various governmental and non-governmental sectors.

12 **12.2. Leadership and Workforce Development**

Activities*	1. **Identify/recruit relevant partner organizations and their leadership to be a part of the collaborative** 2. **Host regular partner calls/meetings** 3. **Discuss recommended interventions strategies** 4. **Decide on model components** 5. **Document and layout final model components**
Process Measures*	1. **# of diverse, multi-sector partners** 2. **# of meetings/calls necessary to discuss model components (at least 1 -2 in person meetings)** 3. **Drafted meeting minutes/summary following each meeting/call**
Outputs*	1. **Established mulit-sectorial partnerships** 2. **Documentation of finalized model components**
Budget Period Outcomes*	1. **Functioning mult-sectorial Collaborative** 2. **Decided model components** 3. **Finalized report re: "lead-free community" model components**
Outcome Measures*	1. **Established multi-sectorial Collaborative** 2. **Finalized/documented report outlining "lead-free community" model components**

12.5. Partnerships

Activities*

	1. **Identify/recruit relevant partners to be a part of the collaborative** 2. **Host regular partner calls/meetings** 3. **Discuss recommended interventions strategies** 4. **Decide on model components by multi-ialpartner organizations** 5. **Document and layout final model components by multi-sectorial partner organizations**
Process Measures*	1. **# of diverse, multi-sector partners** 2. **# of meetings/calls necessary to discuss model components (at least 1 -2 in person meetings)** 3. **Drafted meeting minutes/summary following each meeting/call**
Outputs*	1. **Established mulit-sectorial partnerships** 2. **Documentation of finalized model components**
Budget Period Outcomes*	1. **Functioning mult-sectorial Collaborative** 2. **Decided model components** 3. **Finalized report re: "lead-free community" model components**
Outcome Measures*	1. **Established multi-sectorial Collaborative** 2. **Finalized/documented report outlining "lead-free community" model components**

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 49/200 words maximum
	Team of leaders who could convene a diverse, multi-sectoral group of partners and stakeholders who would form the basis of a "Lead-Free Communities Collaborative." This collaborative, in turn will outline the components of a comprehensive lead-free community model and serve as a "learning community" and prototype for other communities.
14	Applicant Program Experience:* 64/200 words maximum
	Team of leaders who could convene a diverse, multi-sectoral group of partners and stakeholders with an interest and/or expertise in lead exposure prevention and/or lead hazard elimination that will form the basis of a "Lead-Free Communities Collaborative." Identified partners might include, but not be limited to, healthcare agencies, public health departments, housing and environment sectors, children's health and environmentalists, community-based organizations, local business and philanthropists.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 29/200 words maximum
	The multi-sectorial public-private collaborative should be able to lend itself toward outlining comprehensive and coordinated components of a "lead-free communities" model that might serve as a roadmap for similar communities.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 9/200 words maximum
	Facilitation services and/or report development may be subcontracted.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 17/100 words maximum
	Funds can be used to support staff, convening and facilitation of meetings, travel and report development.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Engaging Maternal and Child Health Programs to Strengthen Vaccine Confidence

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

MCH program dierctors and CYSHCN directors in state and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 130/150 words maximum

Maternal and child health (MCH) programs are instrumental to protecting the health of mothers and children, but have been underutilized in the work to strengthen vaccine coverage and confidence. This project aims to engage maternal and child health programs as key partners in this space. The project will support efforts to (1) build collaborative relationships within and across MCH programs to support vaccine confidence and uptake; (2) strengthen state and territorial programs' capacity to find and respond to under-vaccinated communities of pregnant women and children and improve vaccine confidence and uptake; 3) identify opportunities for MCH epidemiologists to promote, support and initiate vaccine conversations with expectant mothers and fathers, new parents and families, to build vaccine confidence and improve vaccine uptake; 4) share best practices across states and territorial MCH programs .

12 **12.7. Programs and Services**

Activities*	• Provide technical assistance, tools and resources to MCH programs to improve maternal and childhood immunization confidence and uptake • Host a Vaccinate with Confidence session at a maternal and child health national meeting and other relevant meetings • Collaborate with immunization stakeholder to coordinate activities that will improve vaccine confidence and identify and respond to MCH communities at risk • Convene and educate MCH Directors in effective communication strategies with policy makers about immunization • Collect, review, and disseminate existing evidence-based resources to assist in addressing vaccine hesitancy among MCH populations • Identify and disseminate best practices for reaching and engaging with new parents, expectant mothers and families regarding immunization • Identify needs and gaps among MCH programs in addressing vaccine confidence, including assessing the acceptability and feasibility of the pediatric flipchart about childhood immunizations
Process Measures*	• Convene MCH directors • Educate MCH directors in effective communication strategies with policy makers about immunization • Identify tools and resources for dissemination to MCH programs
Outputs*	• Needs assessment for MCH programs in addressing vaccine confidence completed • Disseminated best practices for engaging with new parents, expectant mothers, and families regarding immunization
Budget Period Outcomes*	• Improved capability of MCH programs to identify and protect communities at risk from under-immunization
Outcome Measures*	• Increased percentage of MCH programs who have received technical assistance or vaccine confidence resources

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13	Applicant Organizational Capacity:* 52/200 words maximum
	Applicant must represent maternal child health programs, have a strong membership throughout the country with local chapters or affiliates, have qualified and experienced personnel with well-defined roles and responsibilities, and have the ability to partner with other healthcare providers that relate to childhood vaccines.
14	Applicant Program Experience:* 30/200 words maximum
	Applicant must demonstrate success working with maternal child health programs and the ability to reach their membership with appropriate educational and training materials to strengthen vaccine confidence.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 28/200 words maximum
	Recipient is expected to work collaboratively with public health partners, health care provider organizations, and maternal health organizations.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 33/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 88/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for grantees, consultants, contracts and sub-contracts. Awardees should expect to travel at least one staff member for a awardee meeting at CDC in Atlanta, Georgia.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Environmental health response, recovery, capacity building related to declared 2018/2019 disasters

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 19/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Environmental health scientists and specialists employed in state, tribal, local and territorial health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 49/150 words maximum

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

12 **12.1. Public Health Systems Infrastructure**

Activities*	1. Develop protocols and guidance documents to conduct environmental health (EH) assessments of disaster-impacted facilities and resulting environmental hazards 2. Assist in development of plans to recover EH systems and services 3. Assess and report on the baseline operational capacity of the EH programs
Process Measures*	• Status and number of EH protocols and guidance documents developed • Status and number of EH systems and services recovery plans developed • Assessment and report on the baseline operational capacity of the EH programs completed
Outputs*	• Developed protocols and guidance documents • Written plan for recovering EH systems and services • Report on the baseline operational capacity of the environmental health program
Budget Period Outcomes*	• Improved operational capacity to conduct EH assessments and identify EH hazards (e.g. increased rate of food inspections completed each month)
Outcome Measures*	• Frequency and number of assessments completed • Number of facilities assessed and EH hazards identified

12.2. Leadership and Workforce Development

Activities*	1. Design, plan, and deliver EH training and mentorship opportunities to strengthen EH workforce technical capacity and professional competencies 2. Support development and implementation of jurisdictional workforce development programs 3. Hire contract EH professionals and staff to support EH program recovery efforts

Process Measures*	• Status of EH training and mentorship opportunities designed and delivered • Status of workforce development program development being supported • Status of hiring contract EH professional and staff
Outputs*	• Completed and delivered EH training and mentorship programs • Recommendations for a comprehensive EH workforce development programs that addresses identified improvement areas • Increased staffing support to recover EH systems and services
Budget Period Outcomes*	Strengthened EH workforce with improved technical capabilities and professional competencies
Outcome Measures*	• Increase in technical capabilities and professional competencies (e.g., increased competency scores on post-test vs pre-test) • Increase in productivity, effectiveness, and job satisfaction among workforce

12.3. Data and Information Systems

Activities*	1. Establish contracts with data system companies or vendors for procuring and enhancing EH data information systems 2. Hire contract information technology (IT) specialists to improve EH data information systems and data management 3. Procure IT equipment and electronic data tools and resources (e.g., mobile devices, tablets, internet hotspots) to support EH assessments and services
Process Measures*	• Status of contract development with data system companies or vendors • Status of procurement of IT equipment and electronic data tools and resources • Status of hiring contract IT specialists
Outputs*	• Established contracts with data system companies • Procured IT equipment and electronic tools and resources for enhanced data collection • Hired contract IT specialists
Budget Period* Outcomes	Enhanced EH data and information systems with increased data collection and management capabilities
Outcome Measures*	• Improvement in information systems for EH data collection and management (e.g. improved data quality or improved reach of collection) • Increased availability of data to guide decision making (e.g. increased number of publications and reports available to the public)

12.7. Programs and Services

Activities*	1. Procure equipment and resources to support EH programs and services in response, recovery, mitigation, and capacity building related to a covered disaster or emergency 2. Assist with identifying and implementing evidence-based/informed EH programs and services
Process Measures*	• Status of procurement for EH equipment and resources • Status of implementing evidence-based/informed EH programs and services
Outputs*	• Procured equipment to support EH programs and services • Strategies for improved implementation of evidence based/informed programs and services
Budget Period Outcomes*	Improved effectiveness and efficiency of EH programs and services
Outcome Measures*	• Increased availability of equipment and resources to support EH programs and services • Improved implementation of evidence-based/informed programs and services

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 126/200 words maximum

	Successful recipients must have a demonstrated core organizational capacity to effectively conduct the activities for which awards are made. This organizational capacity includes skill sets such as program planning and performance management, partnership development, evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management (including developing staffing plans, developing and training workforce and developing a sustainability plan). Recipients should have adequate infrastructure (equipment and physical space), information and data systems, electronic information and communication systems, and workforce capacity and competence to execute the award. Applicants must also be fully capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with 45 or 74 C.F.R. Recipients should have EH subject matter expertise, ability to work effectively with health department EH programs, and knowledge of the EH practice and workforce.
14	Applicant Program Experience:* 48/200 words maximum
	Recipients with demonstrated experience working in and with communities in which a major disaster or emergency has been declared. Successful recipients may also demonstrate prior EH program experience or expertise in strengthening EH professional competencies in identifying, preventing, and controlling EH hazards and strengthening environmental health capacities.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 34/200 words maximum
	There are no specific expectations for collaboration with other organizations or entities. However, collaboration may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 15/200 words maximum
	Subcontractual work may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 79/100 words maximum
	Funding may support staff time, travel, shipping, printing, contracting for services or products, and purchasing supplies and equipment. Contracted services may include but are not limited to developing tools, guidance documents, protocols and surveys; conducting assessments and surveillance; training EH practitioners and other health department staff, community leaders, and the public about disaster related EH hazards and risks, and creating communications products, such as outreach and educational campaigns and materials and public health messaging. Future year funding is not guaranteed.
	CIO CERTIFICATION
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Evaluation and Program Improvement Capacity Building for STD Programs

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 14/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Infectious disease workforce: STD program staff at state, local, and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$175,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 28/150 words maximum

To meet the need for evaluation and program improvement capacity building in STD programs, given staff turnover and increased need to utilize evaluation and related program improvement strategies effectively.

12 **12.2. Leadership and Workforce Development**

Activities*	Provide a blend of training opportunities for STD program staff, to improve their ability to apply evaluation and program improvement methods to their work. Training modality may include methods such as individualized coaching, virtual online training, in-person learning exchanges, participation in relevant conferences and trainings, and site visits. The recipient is expected to provide relatively intense training and capacity building opportunities in this year to a limited set of STD programs.
Process Measures*	1) Number/% of STD programs and staff that participate in each training component offered, 2) Number/% of STD programs and staff that participate across components, 3) Number/% of participants that report being highly satisfied with each training opportunities, 4) Number/% of participants that report being highly satisfied with their overall training/ capacity building experience.
Outputs*	1) 10-20 STD programs enroll in the training program(s), 2) at least 75% of enrollees participate in each training component offered, 3) at least 75% of enrolless complete the training program overall, 4) 66% report being highly satisfied with each training opportunity, and 5) 75% report being highly satisfied with their training experience overall
Budget Period Outcomes*	1) Number/% of STD program enrollees who report having increased their knowledge and skills to apply evaluation and program improvement methods to their work, 2) Number/% of STD program enrollees who demonstrate concrete ways that they have applied their knowledge and skills to their work.
Outcome Measures*	1) 85% of STD program enrolless report increasing their knowledge and skills to apply evaluation and program improvement methods, 2) 66% of enrollees demonstrate concrete ways that they have applied their knowledge and skills to their work.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 13/200 words maximum

	Recipient needs expertise in training and capacity building, program evaluation, and quality improvement approaches.
14	Applicant Program Experience:* 16/200 words maximum
	Recipient needs some awareness of STD program operations to be most effective.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 37/200 words maximum
	The recipient is expected to work closely with CDC's Division of STD Prevention, and, as appropriate, other resources and partners for guidance and expertise in STD program operations and the evaluation and quality improvement training approaches.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 40/200 words maximum
	The recipient may wish to subcontract some of the work. Selection criteria for both would be based in part on demonstrated excellence in prior projects of a similar scope. Recipient should work with CDC to establish the scope of work and select subcontractors.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 22/100 words maximum
	Funds will likely go to fairly standard categories of personnel, contractors/consultants, travel, and costs associated with online and in-person event planning.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/29/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Expanding Implementation of "Learn the Signs. Act Early." in WIC

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 30/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public health nutritionists in state, tribal, local, and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$110,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 148/150 words maximum

To build the capacity of public health nutritionists working within state agencies delivering services of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to adapt, adopt, implement and assess the "Learn the Signs. Act Early." WIC Developmental Checklist Program into their clinics statewide. Expansion of this model to other states can help in the effort to identify earlier the 1 in 6 children in the U.S. with a developmental disability and can provide WIC staff with tools and resources to help address developmental concerns. CDC aims to fund a partner to solicit, select, and support, with regular technical assistance along with CDC, a cohort of 2 or more sub awardees supported with seed funding, to adapt, implement, and evaluate a state-specific model (based closely on CDC's WIC Developmental Checklist Program) to integrate LTSAE into WIC clinics across a multi-site region and to develop and begin implementing a specific plan and sustainable strategy for eventual (within 1-2 years) statewide expansion.

12 **12.7. Programs and Services**

Activities*	Provide funding, material support and technical assistance to improve operational capacity to evaluate, manage, and improve education and referral for earlychildhood developmental concern within WIC clinic settings.
Process Measures*	Sample measures include: number of technical assistance events and activities; number of sub awardees; number of materials provided
Outputs*	Expected outputs: 2 or more state WIC agencies funded; sufficient number of implementation materials printed and procured and used; at least 1 technical assistance activity offered monthly; Routine reporting from states; at least 1 annual report delivered by recipient
Budget Period Outcomes*	Expected outcomes: Funded state WIC teams are adequately supported to have adapted and adopted the WIC Developmental Checklist Program Implementation guide for their state, tested with pilot sites, refined and finalized. States have a sustainable statewide expansion plan in place and have begun statewide implementation.
Outcome Measures*	Minimum outcome measures: Final program implementation guide tested and refined to meet the needs of the state WIC agencies and staff; measures to describe program implementation (number of checklists distributed, completed, reviewed, number of referrals made, etc); qualitative description of new policies and or procedures in place to ensure sustainable implementation;

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 95/200 words maximum

Applicants must have:

1. Established working relationships with leaders within the Special Nutrition Supplementation Program for Women, Infants, and Children (WIC) agencies, and other organizations with a focus on infant and early childhood health and development.
2. Expertise in early childhood health topics.
3. Expertise in federal, state, and local early childhood programs and systems of service.
4. The capacity to administer and manage a minimum of 2 sub awards as well as provide programmatic and logistical support including convening regular TA calls or webinars, developing timelines and agendas, monitoring and evaluating performance, and producing an annual report.

14 Applicant Program Experience:* 38/200 words maximum

The successful applicant will have experience in the provision of technical assistance to nutrition staff and clinics that administer WIC services, and in soliciting, reviewing, and selecting applications, developing funding agreements, monitoring and evaluating performance, and producing an annual report.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 50/200 words maximum

The applicant should expect to work closely with CDC in all aspects of the cooperative agreement. The applicant should expect to develop documents, schedules, agendas, reporting mechanisms, and other items, plans, and procedures; CDC will expect to review and suggest revisions to plans and procedures; and the applicant will implement the final decisions.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 38/200 words maximum

In addition to the described sub-awardees, the applicant may wish to subcontract some portion of the activity. Any contract should be awarded on an annual basis to an individual or organization that fills a gap of required expertise.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 77/100 words maximum

Funds should be used to support a miniumum of 2 statewide agencies (annually) that administer WIC services with seed funding of about $25,000 per state for a 1 year term, based on the availability of funds; as well as costs associated with regular (at least monthly) technical assistance that may include the use of webinars, newsletters and email lists; and staff support time including an expected 0.25 FTE for program operations and logistical support.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Guidance for Health Departments Developing Data Modernization Roadmaps

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 14/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Public health informaticians in STLT health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$700,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 88/150 words maximum

The purpose of this project is to provide guidance and consultations on the development of plans (roadmaps) for modernization of data and informatics infrastructure and workforce capacity to the public health jurisdictions that receive funding through the Accelerating Public Health Data Modernization Cooperative Agreement (Data Modernization CoAg). Data modernization includes workforce, technologies, processes, and strategies that accelerate improvements to data quality, exchange, management, and use. The roadmaps will include strategies for modernizing IT and informatics infrastructure (e.g., data standards, analytics, shared services, cloud computing) and strategies for workforce enhancements to accelerate data and health information system modernization.

12 **12.2. Leadership and Workforce Development**

Activities*

- Provide guidance and consultations to the state, territorial, and local health department recipients of the Data Modernization CoAg. These recipients will have:
  - complete an assessment of their public health workforce and data and health information systems to identify opportunities for modernization.
  - identify a focal point to lead data modernization in their health departments.
  - Initiate work on a modernization roadmap within the first year of their CoAg.
- Provide templates and guidance documents for the roadmaps that reflect the needs identified in the assessments and will help accelerate improvements to workforce capacity to support data quality, exchange, management, and use in health departments.
- Conduct webinars and other outreach to health departments to discuss roadmap content that might include evidence-informed strategies for building the leadership and informatics capabilities of the jurisdictional staff working on data modernization.
- Provide technical to health departments as needed.
- Evaluate the satisfaction of the health departments with the materials, guidance, and consultations.

Process Measures*

- Number of jurisdictions that use the guidance documents to develop their roadmaps.
- Number of jurisdictions that request and receive a consultation.
- Proportion of jurisdictions who complete the evaluation.

Outputs*

- Guidance materials that incorporate the synthesis of grantee assessments (will be done by a public health partner organization).
- Guidance materials and consultations that incorporate evidence-informed strategies for workforce enhancements to support use of shared services and innovation in data and health information systems.
- Report of the evaluation results.

Budget Period Outcomes*	• Strengthened workforce competencies and capacity in developing roadmaps for modernization of data and informatics infrastructure.
Outcome Measures*	• Proportion of jurisdictions who report that the guidance was useful for developing their roadmaps. • Proportion of jurisdictions who report that consultations were useful for developing their roadmaps. • Proportion of jurisdictions that developed roadmaps.

12.3. Data and Information Systems

Activities*	• Provide guidance and consultations to the recipients of the Data Modernization CoAg. These recipients will: ◦ complete an assessment of their public health workforce and data and health information systems to identify opportunities for modernization. Assessments are due within 90 days of the start of their CoAg. ◦ identify a focal point to lead data modernization in their health departments. ◦ initiate work on a modernization roadmap within the first year of their CoAg. • Provide templates and guidance documents for the roadmaps that reflect the needs identified in the assessments and will help accelerate improvements to data quality, exchange, management, and use in health departments. • Conduct webinars and other outreach to health departments to discuss roadmap content that might include: ◦ use of shared services that promote data standards and system interoperability, enable better and more timely data exchange, and allocate resources more efficiently, and ◦ targeted enhancements and innovation in data and health information systems that enable interoperability between public health and clinical care systems, data exchange between public health systems, or data exchange across jurisdictions and among multiple public health partners. • Provide consultations to health departments as needed • Evaluate the satisfaction of the health departments with the materials, guidance, and consultations.
Process Measures*	• Number of jurisdictions that use the guidance documents to develop their roadmaps. • Number of jurisdictions that request and receive a consultation. • Number of webinars and other outreach to health departments • Conducted evaluation of health departments and analysis of results • Proportion of jurisdictions who complete the evaluation.
Outputs*	• Guidance materials that incorporate the synthesis of grantee assessments (will be done by a public health partner organization). • Guidance materials and consultations that incorporate evidence-informed strategies for use of shared services and innovation in data and health information systems. • Report of evaluaytion findings
Budget Period* Outcomes	• Improved strategies for modernizing IT and informatics infrastructure and strategies to accelerate modernization of the health information system.
Outcome Measures*	• Proportion of jurisdictions who report that the guidance was useful for developing their roadmaps. • Proportion of jurisdictions who report that consultations were useful for developing their roadmaps. • Proportion of jurisdictions implemented strategies for modernizing their health information systems

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 59/200 words maximum
	Recipient organization should have extensive knowledge of and expertise in public health information systems, including surveillance systems; general health information systems; public health informatics; data and messaging standards; data and informatics related workforce development; public health surveillance processes and practices; data exchange; data management; data analysis and presentation; and public health decision making.
14	Applicant Program Experience:* 92/200 words maximum
	Recipient organization should have experience with: 1) informatics and information technology associated issues related to implementing and maintaining public health surveillance information systems; 2) processes and data and messaging standards that promote interoperability among public health systems and with clinical information systems; 3) management of public health data through the data life cycle; and (4) developing guidance and providing consultations to support public health and system developer decision making about designing and enhancing public health data systems and processes and the workforce that support these activities.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 54/200 words maximum
	Collaboration should include State, territorial and large local health departments that will receive funding through the Accelerating Public Health Data Modernization Cooperative Agreement and public health partner organizations that support the public health functions of these jurisdictions. Coordination with CSELS is expected on the development of guidance materials.

16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum
	Aspects of the project may be sub-contracted, but the recipient organization is responsible for oversight, coordination and integrity of the project.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 4/100 words maximum
	No specific instructions.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Helping families discuss hereditary breast or ovarian cancer

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Health educators, chronic disease directors, or chronic disease specialists across state, local, tribal and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$450,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 142/150 words maximum

Given digital media's vast and nearly instantaneous impact, its use as an innovative knowledge translation approach may significantly decrease the time between knowledge generation and knowledge implementation. CDC's Bring Your Brave Campaign highlighted the need for tailored communication strategies and educational resources to facilitate family discussions about risks for hereditary breast and ovarian cancer (HBOC). This project will build health educators/chronic disease staff's capacity to create and implement a suite of digital resources to support family discussions on known or unknown family history, health behaviors associated with risk, cancer prevention strategies, and sharing young breast cancer survivors' physical and psychosocial experiences. Resources will include a digital story-telling series, factsheets, and interactive web-based components deemed suitable. Building educators' capacity to use innovative communication and information technology is expected to strengthen response to public health priorities collaboratively and strategically and improve implementation of evidence-based programs, policies, and services concerning risks for HBOC.

12 **12.4. Communication and Information Systems**

Activities*

- Train educators on creating educational resources and tools, webinars, messaging for interactive websites, and digital tools
- Develop all digital assets (e.g videos, digital storytelling series; factsheets; interactive website interface tailored for segmented audiences) and create an interactive digital family discussion resource for young women at risk for or living after a diagnosis of breast and/or ovarian cancer
- Train educators on the use of digital media and delivering information to communities
- Ensure the digital resources are hosted, update, and or approximately integrated in applicant and CDC's Bring Your Brave Campaign websites and other applicable online platforms widely accessed by the user/target audience
- Disseminate the digital resource to the communities

Process Measures*

- Number educators trained
- Acquire participants for inclusion in story telling videos
- Acquire participants permission to make storytelling videos available to public on CDC or organizational platforms
- Identify and secure space and staff (e.g. facilitators, ethnographic note takers) to conduct and support digital story telling sessions
- Engage organizational support from entity that specializes in digital storytelling (e.g., StoryCenter, etc.) to train individuals in the process (e.g., funded organizational staff) and/or facilitate the digital storytelling sessions.
- Draft design templates for social media (e.g. youtube) or smart applications
- Deploy all digital assets and make all digital assets available for public viewing
- Engage organizations, community-based organizations, medical centers, and media outlets, with wide reach to the communities to create opportunities for tool dissemination

Outputs*

	• Quarterly Reports describing digital asset development process, methods, and outcomes • After-action report, post resource development, summarizing lessons learned and areas for future opportunity to enhance the digital resource. • Quarterly reports detailing design templates, audio and visual components, and platform logistics (social media, smart applications, and other web-based platforms). • Dissemination report showing organizations contacted, dissemination efforts, and outcomes achieved.
Budget Period Outcomes*	• Increased organizational knowledge and understanding of educating young women about family discussions focused on: known or unknown family history of breast and ovarian cancer, health behaviors associated with cancer risk, cancer prevention strategies, and sharing physical and psychosocial effects experienced by young breast cancer survivors. • Strengthened organizational capability to use communication and information technology strategies to affect health decisions and actions pertaining to breast and ovarian cancer. • Increased network of partners working on breast cancer among young women. • Wide reaching tool dissemination
Outcome Measures*	• Fully developed interactive digital family discussion resource with functional digital assets (e.g videos, digital storytelling series; factsheets; interactive website interface tailored for segmented audiences) for young women at risk for or living after a diagnosis of breast and/or ovarian cancer. • Demonstrated functionality and deployment of family discussion resource on host site, social media sites (youtube) and smart application platforms. • Quarterly Reports (4) describing digital asset development process, methods, and outcomes • One after-action report, summarizing lessons learned and areas for future opportunity to enhance the digital resource. • Quarterly reports (4) detailing design templates, audio-visual components, and platform logistics (social media, smart applications, and other web-based platforms). • One "Partner engagement/ dissemination" report showing organizations contacted, dissemination efforts, and outcomes achieved.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 200/200 words maximum
	To ensure successful and timely development and dissemination of digital resources, the applicant's project staff should have: creative sensibility; experience creating interactive media, digital educational resources and web-based applications; and general knowledge of breast and ovarian cancer epidemiology, cancer survivorship, mental health, and public health practice. Developed resources shall include: 1) videos; 2) a digital storytelling series; 3) factsheets and printable resources; and a 4) "choose your own adventure" interface tailored for segmented audiences. As such, the applicant should possess the demonstrated ability to: lead, moderate, and facilitate digital story telling sessions; conduct story framing; conduct motivational interviewing; illicit user generated content to write associated stories. If the applicant does not have the capacity to support these activities, sub-contractual work will be expected to manage aforementioned logistics (see "expected sub contractual work" section below). To ensure targeted and national dissemination of resources to the target population, the applicant should have experience and current relationships with other national and community-based organizations serving young women at risk for or with a history of breast or ovarian cancer; medical centers serving cancer survivors or those at risk for HBOC; news media outlets (print, online, television, radio), and other outlets reaching the target population.
14	Applicant Program Experience:* 68/200 words maximum
	To effectively conduct the work described under the project description, the applicant should have expertise in chronic disease and cancer epidemiology, mental health, and public health practice. Additionally, the applicant should also have experience developing and disseminating digital health promotion resources. As the project aims to improve capacity in educational resource development that is digital in nature, the applicant will need to have experience in developing and disseminating interactive media, digital educational resources and web-based applications.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 93/200 words maximum
	The applicant will be expected to collaborate with CDC staff who are subject matter experts in the area of cancer prevention and control, breast cancer among young women, cancer survivorship, mental health and communications science. The applicant is also expected to collaborate with subject matter experts external to CDC in all aforementioned areas. The applicant should work with the CDC TM to; a) review formative research findings from the Bring Your Brave Campaign to inform resource development, b) plan and develop digital resources and assets, c) consider potential partnerships for dissemination of digital resources and assets, and c) to execute dissemination plans pertaining to project resources.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 89/200 words maximum
	If the applicant does not have the capacity to support and manage aforementioned logistics related to the development of digital assets (e.g. videos; digital storytelling series; factsheets; interactive website interface tailored for segmented audiences), sub-contractual work is expected. Necessary criteria for selected subcontractors should include recent (within the past year) and demonstrated ability to: create interactive media, digital educational resources and web-based applications. Subcontractors engaged in development of digital story telling content should also have the demonstrated capacity to lead, moderate, and facilitate digital story telling sessions; conduct story framing; conduct motivational interviewing; illicit user generated content to write and craft associated stories.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 66/100 words maximum

	The funds provided for this project should be used to directly address the goals outlined in the project plan. Use of funds may include, but is not limited to: costs related to personnel time, providing modest incentives for participants providing expertise in developing educational content and materials, securing software and other materials needed for digital resource adaptation, and assistance from professional firms in application development.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/25/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
HIV data privacy, confidentiality, and sharing laws and policies assessement

2 CIO:*

3 Division/Branch/Office/Unit:*

Enter other division, branch, office, or unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Public health lawyers across health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$50,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

☐ Improved leadership capacity to identify and prioritize public health needs
☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically
☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☑ Increased capacity to evaluate laws and policies to affect health

Intermediate

☑ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 46/150 words maximum

To assess the HIV data privacy, confidentiality, and sharing laws and policies of the 50 U.S. states, the District of Columbia, and Puerto Rico, particularly as they relate to non-public health disclosures or uses, to detect and better understand any potential barriers to HIV prevention, diagnosis, treatment, and response.

12 **12.6. Laws and Policies**

Activities*	• Search and review statutes and regulations that govern HIV data privacy, confidentiality and sharing as they relate to non-public health purposes • Collect and review health department written policies on HIV data privacy, confidentiality and sharing as they relate to non-public health purposes • Interview relevant health department staff about interpretation of statutes and regulations, as well as operationalization • Interview public health lawyers and other legal experts about interpretation of statutes and regulations • Identify and categorize the different types of laws covering HIV data privacy, confidentiality and sharing as they relate to non-public health purposes • Identify potential legal and policy barriers to HIV prevention, diagnosis, treatment, and response
Process Measures*	• Conducted review of stututes and regulations that govern HIV privacy, confidentiality and sharing • Conduct analysis of interviews with health department staff and public health lawyers and other legal experts • Number of types of laws covering HIV privacy, confidentiality, and sharin • Number of potential legal and policy barriers to HIV prevention, diagnosis, treatment and response
Outputs*	• Report of review of laws and policies that govern HIV data privacy, confidentiality and sharing as they relate to non-public health purposes.
Budget Period Outcomes*	• Increased capacity to evaluate laws and policies by public health lawyers that relate to HIV privacy, confidentiality, and sharing
Outcome Measures*	• Proportion of public health lawyers and health departments using the report to develop tools to help remove policy and legal barriers to HIV prevention, diagnosis, treatment, and response.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 50/200 words maximum

	The recipient organization must have expertise regarding legal and policy issues related to HIV and infectious disease laws, health department data sharing, and molecular HIV cluster detection and response. The organization must also have the ability to assess each jurisdiction's privacy and infectious disease laws and data protections.
14	Applicant Program Experience:* 39/200 words maximum
	The recipient organization must have experience working with state, territorial and local health departments, examining legal and policy issues related to HIV and infectious disease laws and health department data sharing, as well as analyzing state and territorial data sharing policies.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 53/200 words maximum
	The applicant is expected to collaborate with CDC to identify key issues. The applicant will also collaborate with relevant health departments, public health lawyers and other legal experts to better understand the legal landscape of state and territorial HIV data privacy laws, and policies.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 13/100 words maximum
	Follow the guidelines set forward by the Office of Grants Services.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Improving Capacity to Address Environmental Hazards and Excess Cancer Concerns

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

State, tribal, local and territorial epidemiologists.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$80,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 146/150 words maximum

This project aims to improve state, tribal, local, and territorial (STLT) agency capacity to respond to community concerns about potential environmental hazards and excess cancer. CDC/ATSDR is updating the 2013 "Investigating Suspected Cancer Clusters and Responding to Community Concerns: Guidelines from CDC and the Council of State and Territorial Epidemiologists." As part of the guidelines update process, CDC/ATSDR is seeking a partner organization to help ensure the updated Guidelines are practical and feasible for STLT agencies to implement. This project will identify a) strengths and weaknesses of the updated Guidelines, b) facilitators and barriers to implementation by STLT agencies, and c) specific tools, trainings, and non-financial resources needed to implement the updated Guidelines.

The successful completion of thisproject will strengthen the public health infrastructure by ensuring STLT agencies have the resources and tools to better respond to community concerns about potential environmental hazards and excess cancer.

12 **12.7. Programs and Services**

Activities*	• Partner with other national public health partner organizations doing similar work to: • Review and provide feedback (e.g., stengths and weaknesses) on draft of updated Guidelines for responding to community concerns about potential environmental hazards and excess cancer. • Identify facilitators and barriers to implementation of draft updated Guidelines by STLT agencies • Identify specific tools, trainings, and non-financial resources that would enable STLT agencies to better implement the draft updated Guidelines.
Process Measures*	• Regular check-ins through phone and email with Technical Monitor. • Number of partnerships with national public health organizations. • Number of tools, trainings, and non-financial resources to enable STLT agencies to implement Guidelines identified
Outputs*	A final report that documents strengths and weaknesses of updated Guidelines, facilitators and barriers to implementing the updated Guidelines, and specific tools, trainings, or nonfinancial resources needed by STLT agencies to enable implementation of the updated Guidelines.
Budget Period Outcomes*	

	Improved capacity to identify, prioritize, and customize programs and services to address community concerns about potential environmental hazards and excess cancer.
Outcome Measures*	Feedback and findings incorporated into CDC/ATSDR updated Guidance and used to create tools, trainings, and other resources to improve STLT agencies capacity to implement CDC/ATSDR updated Guidance.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 47/200 words maximum
	Recipient should have established organizational reach and infrastructure to successfully partner with STLT epidemiologists. Recipient should have relevant skills and experience in program management to lead a multi-disciplinary project focused on building capacity in evidence-based public health practice, specifically among state, tribal, local, and territorial epidemiologists.
14	Applicant Program Experience:* 39/200 words maximum
	Recipient should have content expertise in the fields evidence-based public health. In addition, the recipient should have past and current experience collaborating with epidemiologists and public health leaders in state, tribal, local, and territorial governmental public health departments.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 21/200 words maximum
	Recipients should collaborate with relevant organizations and public health agencies, including state, tribal, local, and territorial epidemiologists and epidemiology staff.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 18/100 words maximum
	Budget should be primarily used for meeting project objectives. No equipment should be purchased for this project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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Final

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Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Improving Immunization Information Systems (IISs) Interoperability and Immunization Data Quality

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

IIS and immunization workforce across state, tribal, local, and territorial health departments, including health information systems

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,300,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 108/150 words maximum

The Purpose of the project is to build capacity and operations within IISs by providing facilitation, consultative, and technical support to improve IIS-EHR interoperability and immunization data quality beginning at the source of a vaccination encounter through transmission of the record to an IIS. Through this project, IIS programs will have resources and tools that can be used to work with providers to increase the use of EHR products containing the appropriate immunization functionality. This project will also provide a forum where IIS Programs can collaborate with stakeholders from the EHR and HIE communities to identify and determine solutions for common existing and new interoperability challenges.

12 **12.1. Public Health Systems Infrastructure**

Activities*

1. Evaluate existing immunization capabilities in EHR products and immunization-related requirements and guidance and recommend changes that would improve IIS-EHR interoperability and data quality in IIS programs
2. Evaluate existing governance approaches for achieving ongoing consensus and recognition of products representing the appropriate immunization functionality and recommend process improvement changes
3. Evaluate existing governance approaches for identifying and resolving common IIS-EHR interoperability issues and recommend process improvement changes
4. Promote the overall project and encourage participation in efforts to maintain immunization-related requirements and guidance, testing and recognition opportunities, and opportunities for IISs and EHRs to collaborate to address common interoperability issues
5. Conduct formal evaluations to determine if the project activiteis are making an impact
6. Propose strategies for accomplishing all parts of this project
7. Work jointly with CDC on the planning and implementation of activities in fulfillment of all parts of this project through regular calls and in-person meetings, as needed
8. Participate in a post-award meeting (to occur no later than 45 days after each Notice of Award) to share information, clarify expectations, and establish regular conference calls to discuss issues and report progress.

Process Measures*

1. Number of IISs that leverage published immunization-related requirements and guidance to improve IIS-EHR interoperability and immunization data quality in their collaboration with EHRs for onboarding and other data exchange activities
2. Participant satisfaction that efforts to achieve ongoing consensus and recognition of products that advance immunization capabilities are addressing their concerns
3. Participant satisfaction that efforts to identify and resolve common IIS-EHR interoperability are meaningful and effective

Outputs*

1. IIS-EHR immunization-related requirements and guidance
2. IIS-EHR immunization-related testing and recognition approach
3. Communications plan and marketing materials
4. Evaluation plan
5. Evaluation report
6. Governance and implementations plans for the following:
    a. Maintaining the IIS-EHR immunization-related requirements and guidance
    b. Maintaining IIS-EHR immunization-related testing and recognition approach
    c. Operating and maintaining collaborative forum for IIS Programs to work with EHRs and other HIS identify solutions to common interrogability challenges.
7. Quarterly progress reports

Budget Period Outcomes*

1. Improved colloboration between IISs and EHRs

Outcome Measures*

1. IISs and clinicians have timely access to complete and accurate immunization data through improved EHR functionality and interoperability between IISs and EHRs
2. IISs have access to quality immunization data they can use to inform strategies that increase vaccination coverage and decrease harm caused by vaccine preventable diseases

12.3. Data and Information Systems

Activities*

1. Update and maintain immunization-related requirements and guidance to improve IIS-EHR interoperability and immunization data quality
2. Evaluate existing immunization capabilities in EHR products, recommend changes that would improve IIS-EHR interoperability and immunization data quality in IIS programs, and provide technical assistance to health departments and other health information systems (HIS) to validate the immunization data workflow from a provider to an IIS
3. Establish a governance and implementation plan for achieving ongoing consensus of the immunization-related requirements and guidance that includes developing, piloting and implementing testing and recognition methods, and rendering and communicating testing and recognition decisions
4. Establish formal forum for identifying and advancing solutions to common IIS-EHR interoprability issues and a governance and implementation plan for updating and operating the forum
5. Promote the overall project and encourage participation in efforts, such as maintaining immunization-related requirements and guidance, testing and recognition opportunities, and opportunities where IISs and EHRs collaborate to address common interoperability issues
6. Conduct formal evaluations to determine if the project activities are making an impact
7. Propose strategies for accomplishing all parts of this project.
8. Work jointly with CDC on the planning and implementation of activities in fulfillment of all parts of this project through regular calls and in-person meetings, as needed.
9. Participate in a post-award meeting (to occur no later than 45 days after each Notice of Award) to share information, clarify expectations, and establish regular conference calls to discuss issues and report progress

Process Measures*

1. Number of IISs that request technical assistance when they have to work with a provider to validate the mmunization functionality in an EHR that's submitting or plans to submit data to the IIS
2. Number of joint IIS and EHR calls/meetings focused on identifying and tackling common interoperability issues
3. Number of joint IIS and EHR calls/meetings where participants achieve agreement on updates to immunization-related requirements, testing and recognition methods, and rendering and communicating testing and recognition decisions
4. Number of common IIS-HER interoperability issues and solutions identified
5. Number of EHRs that provide baseline information on their immunization capabilities for use in evaluating if product changes leveraging the immunization-related requirements improve IIS-EHR interoperability and immunization data quality
6. Number of EHR products that are evaluated for their immunization capabilities, including assessing the ability to successfully exchange with IISs
7. Number of IISs and EHRs that agree to participate in activities to evaluate if the project is making an impact
8. Number of stakeholders that have awareness and understand the value of the project

Outputs*

	1. IIS-EHR immunization-related requirements and guidance 2. IIS-EHR immunization-related testing and recognition approach 3. Communications plan and marketing materials 4. Evaluation plan 5. Evaluation report 6. Governance and implementations plans for the following: a. Maintaining the IIS-EHR immunization-related requirements and guidance b. Maintaining IIS-EHR immunization-related testing and recognition approach c. Operating and maintaining collaborative forum for IIS Programs to work with EHRs and other HIS identify solutions to common interrogability challenges. 7. Quarterly progress reports
Budget Period* Outcomes	1. Improved colloboration between IISs and EHRs
Outcome Measures*	1. IISs and clinicians have timely access to complete and accurate immunization data through improved EHR functionality and interoperability between IISs and EHRs 2. IISs have access to quality immunization data they can use to inform strategies that increase vaccination coverage and harm caused by vaccine preventable diseases.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 75/200 words maximum
	Eligible applicants for this project have a large IIS membership in their organizations and have extensive experience in facilitation, standards support, and community engagement. The applicant must demonstrate an organizational infrastructure and capacity to bring together IIS professionals, evaluators, and information technology professionals to accomplish program activities, specifically illustrating ability to produce products that benefit the entire IIS community. Examples of infrastructure include a national perspective, board of directors, established communication channels, and active workgroups and committees and experience conducting similar work.
14	Applicant Program Experience:* 37/200 words maximum
	Applicants should have the ability and relevant experience to achieve the purpose, activities and outcomes of this project. Applicants must include examples of demonstrated capacity in their application
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 34/200 words maximum
	Partner will be expected to work collaboratively with: • CDC • IIS & EHR Vendors, implementers, end users & Subject Matter Experts • Grantee and Provider communities • Other non-governmental agencies in developing IIS strategic goals and objectives
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 14/100 words maximum
	Project funding should be used to achieve the project purpose and outcomes.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my

	Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Leveraging Immunization Information Systems to identify communities at risk

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

IIS and Immunization Workforce across state, tribal, local, and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 44/150 words maximum

Increase capacity of immunization programs to leverage their Immunization Information System (IIS) to identify pockets of low vaccination rates using small-area analyses and increase the capacity of the IIS to respond to vaccine preventable outbreaks.

12 **12.3. Data and Information Systems**

Activities*	• Develop strategy for addressing IIS data utilization gaps identified by previous needs assessment • Deploy technical assistance to build IIS capacity to identify pockets of need and employ small area analyses • Work with partners to identify and advance solutions to identified gaps in IIS utilization
Process Measures*	• Provide technical assistance to at least 5-10 states to build IIS capacity to identify communities at risk and employ small-area analyses • Work with at least three partner organizations to identify and advance solutions to identified gaps in IIS utilization
Outputs*	• Completed strategy for addressing IIS data utilization gaps • Completed technical assistance to 5-10 states to build IIS capacity
Budget Period* Outcomes	• Improved capacity of immunization programs to leverage IIS to identify communities at risk
Outcome Measures*	• 5-10 states reporting improved capacity to use IIS data to identify pockets of low vaccination coverage

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 53/200 words maximum

- Applicant must represent Immunization Information Systems programs and professionals
- Applicant must demonstrate an organizational capacity to accomplish program activities, specifically to support states in developing IIS capacity to identify pockets of need and employ small area analyses

14 Applicant Program Experience:* 42/200 words maximum

	Applicants should have experience in working with state IIS programs to develop capacity to conduct small area analyses to identify pockets of need, as well as disseminating best practices and products to organization members.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 37/200 words maximum
	Applicants are expected to work with state immunization programs as well as other key partners and stakeholders to identify and advance solutions to gaps in IIS utilization.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 32/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 90/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for grantees, consultants, contracts and sub-contracts. Awardees should expect to travel at least one staff member for a awardee meeting at CDC in Atlanta, Georgia.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Print

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Million Hearts Home-Based and Hybrid Cardiac Rehabilitation Think Tank

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B — Target Population Category Descriptions

6 Description of the Target Population:* 14/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
State, local, and territorial public health chronic disease directors

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$100,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 83/150 words maximum

The purpose of this cooperative agreement is to build capacity for chronic disease directors to facilitate implementation of home-based and hybrid cardiac rehabilitation programs in collaboration with community partners. Guidance on actionable steps is needed to support chronic disease directors in creating an environment where healthcare organizations can build, scale, and sustain delivery of secondary cardiovascular disease prevention programs. Facilitating implementation of these programs is particularly relevant to populations at high-risk for having a secondary cardiovascular event and without access to or the ability to attend center-based cardiac rehabilitation programs.

12 **12.7. Programs and Services**

Activities*	• Plan and convene one or more Million Hearts® Think Tank event(s) • Manage event(s) logistics in collaboration with CDC colleagues • Document input shared by Think Tank participants • Work across partners to draft and revise a strategic plan in collaboration with CDC colleagues to implement home-based and hybrid cardiac rehabilitation programs • Propose key actions that state chronic disease directors can take to increase use of home-based and hybrid cardiac rehabilitation programs in their states
Process Measures*	• Number of Million Hearts Think Tank events held • A meeting facilitator is secured to lead the Think Tank event(s) • Number of multi-disciplinary professionals with expertise related to secondary cardiovascular disease prevention and/or the delivery of home-based and hybrid cardiac rehabilitation who attend at least one Think Tank event in 2020 (goal=30-50) • Meeting attendees share what is needed and from which partners to facilitate implementation of home-based and hybrid cardiac rehabilitation programs • Number of calls and meetings held with subject matter experts to verify and validate language within the strategic plan
Outputs*	• Publication of an actionable strategic plan for the sustained implementation of home-based and hybrid cardiac rehabilitation in the U.S. • Million Hearts Think Tank event(s)
Budget Period Outcomes*	

	• Think Tank participants issue meaningful guidance on how to build, scale, and sustain home-based and hybrid cardiac rehabilitation programs in the U.S. • Chronic disease directors have the information and guidance needed to facilitate the implementation of home-based and hybrid cardiac rehabilitation programs in their states/counties/cities/territories served.
Outcome Measures*	• Number of individuals reached by guidance developed by Think Tank participants • Number of chronic disease directors reporting they feel they have the information necessary to facilitate the implementation of home-based and hybrid cardiac rehabilitation programs.

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 102/200 words maximum

The recipient organization must have the ability or the means to contract with an organization that has the skill set and knowledge needed to: plan and lead an event (or multiple events) of 30-50 multi-disciplinary professionals to identify strategies to facilitate and sustain the implementation of home-based and hybrid cardiac rehabilitation in the U.S.; document and compile key action steps from the discussion into a strategic plan; verify and validate the draft strategic plan with subject matter experts; publish a strategic plan that provides meaningful guidance on how chronic disease directors and their partners can facilitate use of home-based and hybrid cardiac rehabilitation.

14 Applicant Program Experience:* 193/200 words maximum

Applicants should have a clear understanding about the role chronic disease directors play in increasing use of evidence-based chronic disease programs and the strategic partnerships needed to sustain delivery of high impact cardiovascular disease prevention services provided outside the clinical setting.

Applicants should have knowledge of and familiarity with the Million Hearts® framework, engaged partners, and strategies for reaching established targets. This includes a foundational understanding of cardiac rehabilitation, the value of cardiac rehabilitation in preventing cardiovascular events, and the role home-based and hybrid cardiac rehabilitation programs can play in reaching the target of 70% cardiac rehabilitation participation, among those eligible, by 2022. Familiarity of the multi-disciplinary chronic disease prevention services that are included in cardiac rehabilitation (i.e. medication adherence support, nutritional counseling, smoking cessation services, and physical activity guidance) and the alternative modes of delivering these services in the home or community-setting is a particular asset to this project.

Strong communication and customer service skills are essential to engaging subject matter experts in this project and harvesting solutions to catalyze the implementation of home-based and hybrid cardiac rehabilitation.

Applicants should have the ability to work with many collaborators and curate input shared from subject matter experts to inform development of a comprehensive and actionable strategic plan.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 67/200 words maximum

Collaboration with CDC is expected, especially in the design and implementation of the Think Tank event(s). Further collaboration with the CDC and chosen subject matter experts is essential to inform development and revision of the strategic plan.

The applicant is expected to collaborate with the multi-disciplinary Million Hearts® partners. The ideal candidate would have some history of engaging with scientific and programmatic collaborators of stature.

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

Applicant would be expected to provide oversight and support to the project. Specific roles for the execution of the Think Tank event(s) may need to be done by subcontractors.

The same expectations for collaboration apply to subcontractors.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 106/100 words maximum

Funds should be used to plan and execute the Thank Tank event(s) of subject matter experts (i.e. selecting a venue, lodging and travel accommodations for a small set of meeting participants who lack the financial means to attend (approximately 5), preparation of meeting materials, providing meals for approximately 40 attendees during the event, etc.). A meeting facilitator may be needed to lead the discussion and direct the conversation to ensure project aims are met. Note takers may also be needed to document information shared by the meeting participants. Funds may also be applied to the overall development, revision, finalization, and dissemination of the strategic plan.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Save and Close | Submit | Submit without sending an email

Submission Date: 02/26/2020

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum
Paid leave policies for cancer screening and caregiving

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

public health lawyers and their clients

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$180,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☑ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☑ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 134/150 words maximum

Paid sick leave and paid family leave policies are critical to cancer patients and their families. The increased availability of paid sick leave for preventive care could represent a promising policy intervention to facilitate the receipt of recommended screening tests and counseling for cancer risk factors by working adults. In addition, paid family leave could support the growing number of adults who are unpaid caregivers of cancer survivors. The purpose of this project is to increase the capacity of public health lawyers and cancer prevention and control specialists to assess policies for paid sick leave and paid family leave and understand their implementation. This increased capacity could enhance future efforts to use these laws and policies to increase the uptake of cancer screening as recommended and improve the health and well-being of cancer survivors and their caregivers.

12 **12.6. Laws and Policies**

Activities*	1. A literature review of both peer-reviewed journal articles and grey literature (e.g., unpublished reports from organizations such as the Center for Law and Social Policy and government documents) to summarize existing research and data related to paid sick and paid family leave policies and how cancer screening and cancer survivorship are affected by these policies. 2. An in-depth policy analysis of paid family and paid sick leave policies in up to 25 jurisdictions (municipalities or states) and/or private and public organizations (including government entities such as health departments or federal agencies). The analysis would include key features of these policies and if they covered cancer screening, diagnosis, and treatment. 3. Two sets of key informant interviews. The first set of interviews would be with no more than nine states that are implementing paid sick or paid family leave laws. The purpose of these interviews would be to determine facilitators and barriers to the implementation of these policies. They would also include information about how implementers are considering cancer screening and cancer survivorship objectives during policy implementation. The second set of interviews would be with no more than nine cancer prevention and control practitioners to assess their awareness, interest, knowledge of, preparedness, and skill in working on paid sick and paid family leave policies and their needs in developing specific and targeted interventions in this area. 4. Up to three webinars on paid sick and paid family leave policies.
Process Measures*	Key informant interviews are completed with at least 5 states that are implementing paid sick or paid family leave laws. At least 10 persons participate in each of the webinars.
Outputs*	1. A short 5-10-page memo summarizing the literature review and policy analysis for CDC staff. 2. The results of the key informant interviews summarized in a memo prepared for CDC staff. 3. A fully designed implementation policy guide or resource, based on the literature review, policy analysis and key informant interviews, that is tailored to cancer prevention and control practitioners.
Budget Period Outcomes*	Awardees of the National Comprehensive Cancer Control Program, public health lawyers, and other cancer prevention and control specialists gain knowledge of best practices for the implementation of interventions involving paid leave and are able to serve as a resource to their community partners.

Outcome Measures*	At least 50% of awardees of the National Comprehensive Cancer Control Program participate in the webinars or access the implementation policy guide or resource.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 40/200 words maximum
	To effectively conduct the work described in the project description, the organization should have the appropriate staff with expertise in law, planning and policy analysis. The applicant organization also should have access to the relevant databases needed to conduct the proposed literature review.
14	Applicant Program Experience:* 50/200 words maximum
	To effectively conduct the work described in the project description, the applicant organization should have prior experience conducting research on paid leave, such as sick leave for infectious diseases and paid family leave for maternal and child health. The applicant organization also should have prior experience conducting literature reviews and key informant interviews.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 69/200 words maximum
	CDC's technical monitor and project staff will have substantial involvement that is above and beyond the normal stewardship role in awards. CDC staff will serve as consultants for the project design, the literature reviews, and dissemination of findings and project outputs. CDC will collaborate with the awardee and other CDC partners to facilitate the broad diseemination and availability of the implementation policy guide.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 36/100 words maximum
	Project funds should be used to directly address the proposed activities in the project plan. Any travel-related expenses paid using project funds should be consistent with per diem rates established by the US General Service Administration (http://gsa.gov).
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Partnership to promote public health data quality, integrity, and modernization

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B — Target Population Category Descriptions

6 Description of the Target Population:* 17/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Health strategist workforce (leaders and mid-career professionals) in state, tribal, local and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 141/150 words maximum

To convene and engage representatives of state/local health departments and key national partner organizations to discuss the implications of the Public Health Data Modernization and other initiatives on CDC science quality, integrity, and data sharing. CDC Office of Science seeks to engage key stakeholders in the planning, development, piloting, implementation, and evaluation of key initiatives aimed at accelerating data sharing capabilities, access to data, and public health impact through the use of data and tools. Priority strategies/topics of interest may include:

- Data Use Agreements (DUAs)
- Data Management Plans (DMPs)
- Human Subjects Protections (i.e. privacy and confidentiality, ethics, and IRB)
- Information Resource Sharing (access to CDC Library Resources for states)

Engagement with stakeholders to: understand context, requirements, and needs for state and local partners, identifying approaches; supporting the development, piloting, and evaluation of scientific tools and templates; and support development and TA to state/local partners with tools and resources.

12 **12.3. Data and Information Systems**

Activities*	**Planning and facilitating a stakeholder roundtable or other forums to convene partners to discuss state/local priorities for data modernization for CDC science and data quality, integrity and information sharing; develop strategic approaches/action plans for improving capabilities in partnerships with CDC and key stakeholders. (Aligns with Partnership and Communication Activities related to Data Modernizations)**
Process Measures*	1. **Number of attendees at roundtable** 2. **Number of tools/resources developed for state and local health departments** 3. **Number of state/local health departments TA is provided to**
Outputs*	**Covening of state/local health departments and key national partner organizations. Complete compilation and tracking of discussions, considerations, individual and group feedback and actions for improvements in key priority areas. Tools and resources developed for state/local HDs. TA provided to HDs to support implementation of key initiatives.**
Budget Period* Outcomes	**Implementation of at least 2 tools/resources (based on feedback) to improve state/local implementation of data modernization and other initiatives between CDC and key stakeholders**
Outcome Measures*	

	1. **Number of tools identified for implementation based on stakeholder engagement.** 2. **Number of tools/resources developed and disseminated to support states** 3. **Number of HDs properly implementing key initiatives**
12.4. Communication and Information Systems	
Activities*	1. **Development of tools and resources and provide TA to state/local HDs to promote quality, ethical and timely public health data consistent with federal data modernization efforts.** 2. **Development of tools/resources that allow key stakeholders to pilot new tools or provide feedback on CDC developed resources.**
Process Measures*	1. Percentage of key stakeholders that receive tools and resouces 2. Number of HDs that receive TA for proper implementation of key initiatives
Outputs*	**Complete summary report of feedback and considerations, approaches implemented, and critical gaps remaining for future partnership engagements.**
Budget Period Outcomes*	**Improved capacity and outline approaches/tools to support implementation of data modernization and CDC science initiatives.**
Outcome Measures*	**Number of tools/resources developed and disseminated**
12.5. Partnerships	
Activities*	**Planning and facilitating a stakeholder roundtable or other approaches to convene partners to discuss the key priorities for data modernization for CDC science quality, integrity and information sharing; and develop strategic approaches/action plans for improving capabilities in partnerships with CDC and key stakeholders.**
Process Measures*	**Representation of at least 75% of key stakeholders and partners in the roundtable event.**
Outputs*	1. **At least one in-person roundtable and 2 to 4 follow up convening of stakeholders (small groups) to discuss progress based on in person convening.** 2. **Following each session: Development of consolidated feedback, as well as considerations for approach for each topic's discussion during the roundtable.** 3. **Maintaining regular opportunities for engagement between CDC and Key stakeholders to discuss updates on approaches, progress, and next steps.**
Budget Period Outcomes*	1. **Improve understanding of data modernization and other initiatives impact on CDC science and key stakeholder; and the opportunity to improve science capacity based on stakeholder feedback and engagement in identifying approaches.** 2. **Stakeholder participants engage in on-going feedback and piloting based on recommendations from roundtables/convenings.**
Outcome Measures*	1. **75% Percent of key stakeholders and national partners attending roundtable discussion.** 2. **100% Percent of topic areas with stakeholder engagement and feedback for approaches** 3. **75% Percent of key stakeholders providing feedback and supporting piloting of tools/resources.**

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ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 106/200 words maximum

1. **Stakeholder Convenings in person and virtually; including facilitation of meeting discussion, meeting materials/documentation, and project management structure to ensure meetings achieve desired outcomes**
2. **Development of summary documents identifying feedback, consideration and approaches**
3. **Platforms for dissemination and consolidation of feedback**
4. **Tracking progress and completion towards implementation of recommendations and approaches**

14 Applicant Program Experience:* 63/200 words maximum

The applicant should have experience that demonstrates the requisite organizational capacities outlines above-or it should have a clear plan for engaging partners/sub-contractors who have demonstrated expertise in the technical areas of interests. The applicant should have experience coordinating and managing projects that involve iterative engagements with multiple organizations and stakeholder groups related to data modernization in the areas of data use agreement, human subjects, and access to data/library information sharing.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 92/200 words maximum

	It is expected that the awardee will collaborate with CDC to plan and convene meetings with subject matter experts and key stakeholders, of which at least one in person. The awardee is also expected to collaborate with CDC and the identified target audiences to create CDC's identified deliverable materials to meet the needs of these groups. Finally, depending on project needs, the awardee may be asked to engage and collaborate with organizations and individuals that represent other important, stakeholder perspectives, including potential service providers (e.g., community based organizations) and recipients.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 26/200 words maximum
	The awardee is encouraged to subcontract with entities that enhance its capacity to meet project objectives and produce high quality deliverables within the allocated budget.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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Submission Date:

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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

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Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/10 words maximum
Partnerships with Chronic Disease Directors and Prevention Research Centers to Increase Capacity in Evidence-Based Public Health

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B — Target Population Category Descriptions

6 Description of the Target Population:* 8/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
State, territorial, and local public health chronic disease directors

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$100,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs

☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☑ Increased leadership decision-making to address public health needs strategically and systematically

☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 142/150 words maximum

The purpose of this project is to develop informational and practice-based learning opportunities to increase the capacity of chronic disease directors to implement effective chronic disease prevention and health promotion programs. The applicant will conduct one in-person training course per year and implement a webinar series (4 per year) on topics related to evidence-based public health, applied prevention research, or chronic disease prevention/health promotion to strengthen chronic disease practitioners' expertise in evidence-based public health and build their self-efficacy to effectively implement public health programs. The trainings will

- Increase leadership and management skills of chronic disease prevention practitioners and their ability to train the public health workforce on implementing evidence-based public health, and
- Promote information sharing and collaboration among the public health workforce across chronic disease prevention and health promotion topics that feature tools, research, and best practices to help build the public health practice evidence in the field.

12 **12.2. Leadership and Workforce Development**

Activities*	• Plan content and scope of an in-person training course on evidence-based public health that is webcast, recorded, and can be posted on CDC's website. • Identify instructor to teach course utilizing the expertise within the PRC network • Develop training materials • Recruit and register participants • Conduct training course • Develop evaluation materials and conduct course evaluation
Process Measures*	To increase chronic disease prevention leadership expertise in evidence-based public health and their ability to identify and develop effective evidence-based public health programs, at least 20-40 chronic disease prevention practitioners will participate in the training course.
Outputs*	Training agenda, course materials, training webcast and recording, evaluation report
Budget Period Outcomes*	Course participants have improved capacity and skills to make evidence-based decisions in public health settings. Course participants have improved capacity to identify, prioritize, and customize relevant chronic disease prevention and health promotion programs and services to address public health needs. Course participants have increased capability to implement evidence-based public health programs.

Outcome Measures*	At least 65% of participants report that the training course has increased their skills in evidence-based decision-making for public health programs and their ability to implement evidence-based public health programs to address public health needs.

12.5. Partnerships

Activities*	• Plan and develop a virtual webinar learning series on chronic disease prevention and applied prevention research topics that is recorded and can be posted on CDC's website • Identify session presenters from the PRC network • Develop and coordinate session materials in formats that can be easily posted to CDC's website and can be shared • Recruit and register participants • Host and record virtual learning sessions • Develop evaluation materials and conduct session evaluations
Process Measures*	To increase collaboration and information sharing among chronic disease prevention practitioners, at least four virtual learning sessions will be conducted featuring tools, resources, research, and best practices in the field related to chronic disease prevention and health promotion and applied prevention research.
Outputs*	Virtual learning series calendar, session materials, webinar recording, evaluation report
Budget Period Outcomes*	Session participants share information, tools, and resources related to chronic disease prevention and health promotion and applied prevention research with each other and have expanded their collaborative network.
Outcome Measures*	At least 65% of session participants report that the virtual learning series has increased their capability to address chronic disease prevention more collaboratively and strategically.

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 98/200 words maximum

The applicant must demonstrate the capacity to:
- designate staff with relevant experience and expertise to manage the project
- demonstrate experience collaborating with the Prevention Research Centers
- implement and evaluate project activities
- collaborate with chronic disease directors and academic researchers to provide training and webinar sessions
- coordinate travel and training logistics
- collaborate with national partners and CDC National Center for Chronic Disease Prevention and Health Promotion divisions

14 Applicant Program Experience:* 49/200 words maximum

The applicant must demonstrate the ability to:
- build and strengthen the leadership capacity of chronic disease directors, practitioners, and partners
- secure subject matter experts
- design and deliver curricula and trainings

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 53/200 words maximum

Applicants should describe how they will collaborate with partners, CDC National Center for Chronic Disease Prevention and Health Promotion divisions, CDC chronic disease prevention and health promotion programs, and the Prevention Research Centers. The applicant should describe how these collaborations build and strengthen the leadership capacity of chronic disease directors.

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

The applicant should provide the following information for organizations providing contractual or in-kind services:
- the name(s) of the organization(s)
- method of selection
- period of performance
- their capacity and roles in carrying out the proposed activities
- how progress will be monitored
- total budget

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 61/100 words maximum

	The applicant must submit an itemized budget that is reasonable and consistent with the purpose of the project. The budget must include: • salaries and wages • fringe benefits • consultant costs • equipment • supplies • travel • other costs • contractual costs • total direct costs • total indirect costs
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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Submission Date: 02/28/2020

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum
Practical Workforce Development Resources for STLT Health Departments

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B — Target Population Category Descriptions

6 Description of the Target Population:* 21/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public health professionals in STLT health departments working to improve quality, performance, and outcomes of individuals, programs, and organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

☐ Improved leadership capacity to identify and prioritize public health needs

☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 142/150 words maximum

The funded national partner will work with CDC to to provide support to state, tribal, local and territorial (STLT) public health departments in strengthening their workforce development efforts. A component of this project will focus on helping STLT health departments understand and interpret existing workforce tools and workforce-related data in a way that is customized to their needs and also helps health departments to meet national standards and objectives related to workforce development. For example, many tools exist for supporting workforce development and use of competencies, but users are often unsure where to start and how to use them. There are also opportunities for strengthening state support to local and tribal agencies. Second, using input from the field, key partners, and a practical-driven approach, the awardee will also work to update the Core Competencies for Public Health Professionals, which are a foundational tool for workforce development and which have not been updated since 2014.

12 **12.1. Public Health Systems Infrastructure**

Activities*

1. Assess data and other inputs about workforce development from diverse sources (health department plans, accreditation data, national surveys, etc) to determine top priorities and needs for customization.
2. Identify and implement several opportunities for helping STLT health departments better use existing workforce development tools (e.g., crosswalk between Core Competencies and PHWINS so that states can better use and integrate information from both, easy to access training resources for top-identified training gaps/needs in state workforce development plans, etc.)
3. Provide guidance and examples that can be used to enhance state health department support to local health departments and tribes in the area of workforce development.

Process Measures*

1. To ensure understanding of key gaps and opportunities, data from at least 5 national sources and examples from at least 10 workforce development plans will be used in a brief assessment that informs the work.
2. To ensure work is driven by stakeholder engagement, at least 3 calls with key national partners will be used to gather input.
3. To demonstrate reach, approximate number of people reached by promotion about guidance/tools/educational opportunities
4. To demonstrate access, approximate number of people accessing the new information (joining webinars, clicking on or downloading information)

Outputs*

1. A brief overview of key gaps and opportunities, as described by nationally available workforce data, workforce development plans, and other inputs available.
2. At least 2-3 activities that aid STLTs in practical use of workforce development tools (i.e., webinar, crosswalk between PHWINS and Core Competencies, highlighted training resources)
3. New guidance and examples of how states can support local and tribal health departments in workforce development

Budget Period Outcomes*	1. Health departments improve ability to support workforce development efforts 2. SHDs have available resources, which are targeted to areas in which states have consistent training gaps or encounter challenges in meeting national PHAB standards related to workforce development 3. Improved ability of SHDs to support workforce development efforts of LHDs and tribes
Outcome Measures*	1. Number of STLT HDs reporting improved use of existing workforce development tools, in a way that helps them more effectively use Core Competencies and address PHWINS or other statewide data findings. 2. Number of HDs reporting improved ability to meet national accreditation standards related to workforce development 3. Number of participants reporting improved use of Core Competencies for Public Health Professionals
12.2. Leadership and Workforce Development	
Activities*	1. Develop and implement a plan for updating the Core Competencies for Public Health Professionals.
Process Measures*	1. To ensure work is driven by stakeholder engagement, at least 3 calls with key national partners will be used to gather input. 2. To ensure work is driven by practical experiences, draw from xx sources for information and data about Core Competencies
Outputs*	1. Assessment of key opportunities / needs for updating the Core Competencies 2. Plan for updating the Core Competencies framework 3. Outputs related to early steps in plan (plan permitting, during the first year)
Budget Period Outcomes*	1. Updated knowledge of use and challenges related to Core Competencies 2. Improved ability to meet objectives (e.g., Health People PHI objectives) related to workforce development
Outcome Measures*	1. Number of sources consulted for updated knowledge of use and challenges related to Core Competencies 2. Number of health departments reporting improved ability to meet objectives (e.g., Healthy People PHI objectives) related to workforce development

Save and continue

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 59/200 words maximum
	Applicant should have in-depth knowledge and experience working with health departments of all types – state, tribal, local, and territorial. The applicant should also have demonstrated proficiency and a visible leadership role in strengthening the governmental public health system and, particularly, providing support related to workforce development effortts in STLT public health agencies.
14	Applicant Program Experience:* 59/200 words maximum
	Applicant should have considerable experience supporting workforce development efforts, including experience developing and supporting core and discipline-specific competencies. Applicant should have partnerships with other key national organizations that may be stakeholders in these efforts and have the ability to reach the field (STLT public health agenices) either directly or through other national organizations' communication channels.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 83/200 words maximum
	The successful applicant will be expected to collaborate with CDC, particularly CSTLTS and other units of CDC that are involved in advancing workforce development efforts. Given the importance of designing activities based on field-driven input and data, collaboration with the CSTLTS technical monitor and others will be valuable for finalizing opportunities and program directions. The awardee will also be expected to collaborate with representatives from national partner organizations (through a national coalition or otherwise) and engage representatives from the field for input.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 64/200 words maximum
	The applicant ma choose to subcontract aspects of the work, if the applicant determines it would be the more efficient and effective method for implementing project activities or using project funds. Subcontractors should be selected based on bringing the necessary expertise (i.e., competency development, workforce development) or reach (i.e., organizations or individuals that may aid the grantee in reaching particular types of health departments or segments of the workforce).
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 22/100 words maximum
	Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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Submission Date: 02/28/2020

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/10 words maximum
Privacy and Electronic Data Sharing

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

STLT Leadership

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$500,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [x] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [x] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11

Project Purpose : * 37/150 words maximum

To clarify federal, state, and local privacy rules as it applies to electronic data exchange between healthcare organizations and public health. To develop clear guidance that will allow healthcare organizations to understand the application of HIPAA to electronic case reporting.

12

12.2. Leadership and Workforce Development

Activities*	Improve the knowledge of public health authorities' leadership and epidemiologists of their authority to receive electronic case data pertaining to reportable and notifiable conditions from healthcare organizations, and their ability to communicate with healthcare organizations about data sharing and privacy. Provide up to 3 virtual training webinars. Support up to
Process Measures*	• Number of trainings developed and provided • Number of participants at each training
Outputs*	Training material developed for leadership to understand electronic case data, privacy, and reportable and notifiable condition information exchange
Budget Period Outcomes*	• Strengthened capability to systematically apply and use laws and policies to improve health • Improved understanding of privacy, electronic case data, and reportable notifiable condition information exchange at up to 64 jurisdictions
Outcome Measures*	• Percentage of participants reporting improved capability to systematically apply and use law and policies to improve health • Number of jurisdictions reporting improved understanding of privacy, electronic case data, and reportable notifiable condition information exchange

12.6. Laws and Policies

Activities*	Develop communication material to clarify the legal authorities and privacy laws as applied to electronic case reporting for health care organizations, which can be used by public health authorities and others to promote bi-lateral information exchange.
Process Measures*	• Number of communication material developed • Number of communication material disseminated
Outputs*	Communications material developed to clarify privacy laws as applied to electronic case reporting for health care organizations
Budget Period Outcomes*	

	• Strengthened capability to systematically apply and use laws and policies to improve health • Improved ability for public health and healthcare organizations to communicate about legal authorities and privacy regulations for case reporting
Outcome Measures*	• Percentage of participants reporting improved capability to systematically apply and use law and policies to improve health • Percentage of participants reporting improved ability to communicate about legal authorities and privacy regulations for case reporting

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 31/200 words maximum
	Organization should have capacity to interpret legal authorities and HIPPA for electronic data sharing. Organization should have capability to develop trainings meeting CDC's training standards and develop user friendly and clear communications.
14	Applicant Program Experience:* 22/200 words maximum
	Organization should have experience developing legal guidance for lay individuals, and have experience interpreting HIPAA and other privacy regulations for public health audiences.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 0/200 words maximum
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Print

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/10 words maximum
Public Health Data Modernization Workshop

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B — Target Population Category Descriptions

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

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 135/150 words maximum

The purpose of this project is to plan, organize, and convene a two-day Public Health Data Modernization workshop in Atlanta for two persons from each of the public health jurisdictions that receive funding through the Accelerating Public Health Data Modernization Cooperative Agreement (Data Modernization CoAg). Data modernization includes workforce, technologies, processes, and strategies that accelerate improvements to data quality, exchange, management, and use. The purpose of the workshop will be to convene the lead data modernization coordinators and possibly another scientist (e.g., informatician, epidemiologists, data scientist) to improve their ability to build data and informatics capabilities in their jurisdiction. The content of the workshop should include training, sharing, and discussions about data modernization topics (e.g., data standards, analytics, shared services, cloud computing) and also include strategies for conducting workforce development in these areas.

12 **12.2. Leadership and Workforce Development**

Activities*

- The workshop will be geared to the recipients of the Data Modernization CoAg. These recipients will have:
  - completed an assessment of their public health workforce and data and health information systems to identify opportunities for modernization. Assessments are due within 90 days of the start of their CoAg.
  - identified a focal point to lead data modernization in their health departments.
- The assessments should be analyzed, synthesized and used by the public health partner to plan and develop the content of the workshop.
- The workshop should include evidence-informed strategies and content for building the leadership and informatics capabilities of the jurisdictional leads for data modernization.
- Strategies for developing capabilities should include recommendations for additional, targeted learning after the workshop (e.g., plans for peer-to-peer learning, training).
- The workshop should be evaluated to assess learning by and relevance to attendees.

Process Measures*

- Degree to which the workshop agenda matches content identified in grantee assessments relevant to leadership and workforce development
- Number of grantees who attend each day of the workshop
- Proportion of funded health departments represented each day of the workshop
- Proportion of participants who complete the workshop evaluation

Outputs*

	• Synthesis of grantee assessments • Workshop design and agenda that incorporates the synthesis of grantee assessments and CDC Quality Training Standards (www.cdc.gov/TrainingStandards). • Two-day Data Modernization Workshop that addresses workforce competency gaps and includes strategies for learning and training after the workshop. • Workshop participant feedback form based on the Recommended Training Effectiveness Questions for Postcourse Evaluations User Guide (https://www.cdc.gov/trainingdevelopment/pdf/training_effectiveness_questions_508.pdf)
Budget Period Outcomes*	Increased knowledge among workshop attendees of how to build data and informatics capabilities in their jurisdiction.
Outcome Measures*	• Proportion of participants who report an increase in knowledge at the end of the workshop. • Proportion of participants who report intent to use strategies addressed in the workshop to build relevant capabilities in their jurisdiction. • Proportion of participants who apply or use content or skills from the workshop in their jurisdiction three months post-event. • Barriers to application or use of content from the workshop at three months post-event
12.3. Data and Information Systems	
Activities*	• The workshop should include discussion and learning about strategies that could accelerate improvements to data quality, exchange, management, and use in health departments. • Strategies should include: ◦ use of shared services that promote data standards and system interoperability, enable better and more timely data exchange, and allocate resources more efficiently, and ◦ targeted enhancements and innovation in data and health information systems that enable interoperability between public health and clinical care systems, data exchange between public health systems, or data exchange across jurisdictions and among multiple public health partners.
Process Measures*	• Degree to which the workshop agenda matches content identified in grantee assessments relevant to data and information systems • Number of grantees who attend each day of the workshop • Proportion of funded health departments represented each day of the workshop • Proportion of participants who complete the workshop evaluation
Outputs*	• Synthesis of grantee assessment • workshop design and agenda that incorporates the synthesis of grantee assessments and CDC Quality Training Standards • Two-day Data Modernization Workshop that addresses strategies that could accelerate improvements to data quality, exchange, management, and use in participating jurisdictions. • Workshop participant feedback form based on the Recommended Training Effectiveness Questions for Postcourse Evaluations User Guide
Budget Period Outcomes*	Increased knowledge among workshop attendees of how to build data and informatics capabilities in their jurisdictions.
Outcome Measures*	• Proportion of participants who report an increase in knowledge at the end of the workshop. • Proportion of participants who report intent to use strategies addressed in the workshop to build relevant capabilities in their jurisdiction. • Proportion of participants who apply or use content or skills from the workshop in their jurisdiction three months post-event. • Barriers to application or use of content from the workshop at three months post-event

Save and continue

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 44/200 words maximum
	Recipient organization should have extensive knowledge of and expertise in public health information systems, including surveillance systems; general health information systems; public health informatics; public health surveillance processes and practices; data exchange; data management; data analysis and presentation; and public health decision making.
14	Applicant Program Experience:* 57/200 words maximum
	Recipient organization should have expertise and experience in the following areas: health information system assessments, informatics training, health department competencies, use of technology to accomplish public health functions, planning and hosting workshops, designing and implementing workforce development activities related to data and informatics (e.g., workforce assessments, training). Experience working with state health and local department staff on data and informatics topics.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 49/200 words maximum
	Collaboration should include state, territorial and large local health departments that will receive funding through the Accelerating Public Health Data Modernization Cooperative Agreement and public health partner organizations that support the public health functions of these jurisdictions. Coordination with CSELS is expected on workshop strategies and execution.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 28/200 words maximum

	Aspects of the project may be sub-contracted, but the recipient organization is responsible for oversight, coordination and integrity of the project.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 67/100 words maximum
	The funding to the public health partner organization for this workshop should cover the costs of planning, developing and hosting the workshop; trainers and training materials; documentation of workshop activities and outcomes; recommendations to jurisdictions for ongoing learning; and a final report that summarizes the workshop and makes recommendations for future opportunities to increase capabilities for data modernization. Budget should not include costs for travel of Data Modernization CoAg recipients to workshop.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Save and Close | Submit | Submit without sending an email

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FY 20 CIO Project Plan

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Public Health Law Certificate Program: Feasibility and Pilot Project

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

STLT Public health practitioners who need a better understanding of their laws and legal authorities and will be the prospective clients of public health attorneys.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☑ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☑ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 136/150 words maximum

Public health Law is a discipline that impacts a transdisciplinary field of health practitioners. It is necessary for public health practitioners to be proficient in skills and competencies, but also to be aware of the legal authorities that directly impact their work and their profession. Law and policy critically impacts every public health challenge and are essential tools for protecting and promoting the public's health. Current and future public health practitioners and their counsel must have foundational knowledge of our legal system and the role it plays in improving overall population health; unfortunately, many do not. To help address this gap, this project will conduct a feasibility study of the tasks needed, curriculum needed, competencies identified, and process required to develop and implement a Public Health Law Certificate Program in accredited schools of public health.

12 **12.6. Laws and Policies**

Activities*	Engage with schools and programs of public health and noational organizations that represent them to develop a strategy toward the development of Public Health Law Certificate Program. Identifying existing public health law curricula used in graduate schools and programs of public health. Conducting a cross-walk between the Public Health Law Academy trainings and the CEPH Competencies. Conducting a cross-walk between the CDC Public Health Law and Legal Epidemiology Competency Models and the CEPH Competencies. Identifying gaps and opportunities toward the design of a competency-based curricula on public health law for classroom delivery. Determining which Public Health Law Academy trainings should be required of graduate level public health students. Identifying the need for a potential public health law related service activity requirement. Developing a Public Health Law Curricula or Toolkit for professors in schools and programs of public health. Engaging with 5-7 schools and programs of public health to pilot the Public Health Law Certificate Program. Evaluating the efficacy and effectiveness of the Public Health Law Certificate Program.
Process Measures*	• **# of** specific schools of public health and national organizations identified to work closely with on the project • # of meetings convened • # of relevant legal competencies and existing law curricula identified • # of existing materials rreviewed relevant to a law certificate program in a school of public health.
Outputs*	The development of a model and recommendations for implementing a law certificate program in schools of public health that is feasible and realistic with a cost estimate of implementing the project in future years. A report of the findings representing the views of at least 5-7 accredited schools of public health and the national organization that represents them. Identifying specific steps needed and resources required.
Budget Period Outcomes*	Increased understanding of the feasibility and the cost of integrating a public health law certificate program into an accredited school of public health.
Outcome Measures*	• One report of the findings delivered to CDC that represents the views of at least 5-7 accredited schools of public health and the national organization that represents them.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 94/200 words maximum

	The successful applicant organization will have experience working with a wide range of national partners and schools of public health on legal issues that impact public health outcomes. The staff of the successful applicant organization will be able to demonstrate success in the development of cutting edge, original thinking types of endeavors and creatively identify the best strategies to reach concensus outcomes related to public health law issues. The successful applicant will need to demonstrate work in the area of cumpetency development, curriculum design, and learning theory as it applies to public health law.
14	Applicant Program Experience:* 68/200 words maximum
	The successful applicant organization will have program experience working with CDC and other entities on compentency models, educational requirements, systems change, and concensus building. The partner must have law related experience and the ability to network with accredited schools of public health and/or the national organization representing them to determine the interest and steps needed to implement a Public Health Law Certificate credential for masters level students.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 30/200 words maximum
	The successful applicant organization will need to work closely with schools of public health and the national organization(s) that represent their interest or control curriculum changes in their programming.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 5/200 words maximum
	TBD by the grantee
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 3/100 words maximum
	Not applicable
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/10 words maximum
Reporting of Death Data for Jurisdictions Participating in the National Syndromic Surveillance Program

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 39/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public health departments conducting syndromic surveillance using the tools provided through the National Syndromic Surveillance Program (NSSP) and the public health partner organization that provides the current infrastructure for death reporting to the National Center for Health Statistics.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 49/150 words maximum

To create a pathway for public health jurisdictions participating in the National Syndromic Surveillance Program (NSSP) to use existing infrastructure and national standards to transmit timely death data to the BioSense Platform, allowing them to enhance their syndromic surveillance analyses and efficiently integrate death data into near real time public health decision making.

12

12.1. Public Health Systems Infrastructure

Activities*	• **Hold meetings/conference calls with state registrars, Syndromic Surveillance Community of Practice (CoP) members and NSSP to determine appropriate access to and use of these data.** • **Hold meetings/conference calls with state public health department epidemiologists, syndromic surveillance staff, vital records registrars and policy makers to achieve agreement for sharing the state's death data for use in syndromic surveillance and submitting the data to NSSP.** • **Provide technical assistance to vital records registrars to configure the State and Territorial Exchange of Vital Statistics (STEVE) application, which is developed and maintained by the National Association for Public Health Statistics and Information Systems (NAPHSIS), to route death data to NSSP for use in syndromic surveillance.**
Process Measures*	• **Agreement between CDC and state health departments on what data elements are shared at varying levels of public health, what are allowable uses of the data, and any special caveats to using the data.** • **Number of states engaged in the discussions** • **Number of states in planning to transmit data** • **Number of states that have configured STEVE for the transmissions** • **Number of states regularly submitting death data to the NSSP BioSense Platform**
Outputs*	• **Vetted documents and SOPs for appropriate data access and use** • **Sharing of death data with NSSP thru STEVE.**
Budget Period Outcomes*	**Increased capacity and capibility to share death data through NSSP for local and national use**
Outcome Measures*	**Percent change of states with timely and complete death data available for syndromic surveillance.**

12.3. Data and Information Systems

Activities*	**Create a centralized "mailbox" using STEVE allowing participating jurisdictions to automate the routing of mortality data and updates to the NSSP's BioSense platform, to enable jurisdiction control of participation and access, and to enable automated downloads by NSSP.**

Process Measures*	• **Specifications developed** • **Mailbox implemented and tested** • **Data flow from jurisdictions to NSSP initiated**
Outputs*	**STEVE national mailbox enables automated flow of mortality data from jurisdictions to NSSP's BioSense Platform.**
Budget Period* Outcomes	**Improved capacity of jurisdictions to route mortality data to the NSSP's BioSense platform**
Outcome Measures*	**Percent change in mortality records available through NSSP for syndromic analysis.**

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 59/200 words maximum
	Organization must have working relationships with state and local health departments and with state vital statistics registrars; ability to convene (in person or virtually) health department staff in discussions to achieve consensus on data sharing and use; ability to work on the STEVE system or be able to contract with an organization able to work on STEVE.
14	Applicant Program Experience:* 55/200 words maximum
	Recipient organization should be experienced in negotiating data use agreements and in implementing data transmissions and must be able to establish data transmissions and routing in STEVE or be able to contract for these activities.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 69/200 words maximum
	The recipient organization must collaborate with syndromic surveillance and death registry staff at state public health agencies, with the National Association for Public Health Statistics and Information Systems (NAPHSIS), and with NSSP and its community of practice. The collaborations with health departments will include epidemiology and death registry staff, policy makers and information technology specialists.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum
	Aspects of the project may be sub-contracted, but the recipient organization is responsible for oversight, coordination and integrity of the project.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 51/100 words maximum
	Funds should be allocated for convening (virtually or in person) state and local health departments as well as vital statistics registrars, NAPHSIS and NSSP. Money should also be allocated for the technical staff and programming needed to adjust STEVE.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Self-Measured Blood Pressure Monitoring (SMBP) Health Information Technology Environmental Scan

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Public health informaticians in STLT health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$150,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 141/150 words maximum

Self-measured blood pressure monitoring (SMBP) is an evidence-based strategy for reducing blood pressure and improving control in patients with hypertension when combined with additional clinical support. Ideal SMBP includes a virtual patient-clinician feedback loop where data flow interoperably from patients at home to their clinical team's electronic health record and back.

The purpose of this project is to conduct an environmental scan of the current state of potential informatics solutions to solve the SMBP interoperable feedback loop issue (for automatic upper arm monitors only). The scan should include pertinent federal data policy and/or technology standards initiatives, public or private work that has been done on capturing and using patient-generated data, health systems who have developed a health IT solution, current patient portal and electronic health record system capability, patient health record solutions (e.g., Google Health), opportunities with SMART on FHIR apps (i.e., SMART markers), and other relevant topics, including infomatics related recommendations to and from the field.

12 **12.7. Programs and Services**

Activities*	• Conduct environmental scan of the current state of potential informatics solutions to solve the SMBP interoperable feedback loop issue (for automatic upper arm monitors only) • Draft report summarizing findings of environmental scan
Process Measures*	Calls and meetings are held with subject matter experts
Outputs*	• Final summary report of the environmental scan • Concrete informatics-related recommendations for STLT infomaticians, CDC and other partners to pursue to bolster widespread SMBP implementation
Budget Period Outcomes*	The recipient organization will issue a final summary report containing recommendtations regarding informatics solutions to solve the SMBP interoperable feedback loop issue.
Outcome Measures*	STLT departments of health and clinicians will have recommendations for how to achieve widespread SMBP implementation.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 100/200 words maximum

	The recipient organization must have the ability and knowledge needed to: conduct an environmental scan of informatics solutions to the SMBP interoperability feedback loop; synthesize federal data/informatics policy and/or technology standards initiatives, public or private work that has been done on capturing and using patient-generated data, health systems who have developed a health IT solution in the published literature and beyond, current patient portal and electronic health record system capability, patient health record solutions, opportunities with SMART on FHIR apps, and other relevant topics; and produce a comprehensive summary report of findings and write recommendations supported by the findings.
14	Applicant Program Experience:* 17/200 words maximum
	Familiarity with federal data/informatics policy and interoperability standards, federal health IT directives, and public health informatics.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 22/200 words maximum
	Collaboration with CDC is expected, especially in the framing of the environmental scan.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum
	Applicant would be expected to provide oversight and support to the project, and subcontractors might be needed to carry out the work.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 27/100 words maximum
	Funds should be used to plan and execute the SMBP environmental scan and associated final report summarizing findings and recommendation(s).
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/26/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public health lawyers and their clients

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$400,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [x] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [x] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 145/150 words maximum

This purpose of this project is to (1) conduct a qualitative assessment of efforts within state, local, and territorial public health departments to advance health equity, (2) examine the extent to which law and policy has been identified as informing the health equity (HE) and social determinants of health (SDOH)work of these departments, and (3) develop resources for public health practitioners engaged in the study and practice of public health law. The qualitative analysis should include an assessment of laws passed and implemented by state, territorial and local jurisdictions to pursue health equity and to address the social determinants of health; the content of those laws; interviews with public health practitioners – lawyers and nonlawyers – who focus on equity-related issues within their departments; and policies, procedures, practices, and programming implemented in pursuit of health equity. This analysis should inform leaders and practitioners in a manner that builds capacity and prioritizes needs related to HE & SDOH.

12 **12.2. Leadership and Workforce Development**

Activities*	Assess a cross section of public health department efforts to engage with the social determinants of health and to implement strategies for achieving health equity. Assess whether and how public health departments use law and policy strategies to pursue these ends.
Process Measures*	Approaches to this phase of the project include: Developing an analysis of existing and publicly available efforts by health departments to pursue health equity and address the social determinants and conducting qualitative interviews to better understand public health department concerns about use of legal and policy tools to advance health equity. The size and scope of the analysis depends largely on what is reasonable to achieve within a one-year period.
Outputs*	

	Contribute to the limited body of literature on how public health departments are engaging with law and policy in existing and new ways to advance health equity. Identify strategies they are using, concerns and challenges they confront, needs that must be met, opportunities they've identified, and potential success stories or models. Develop resources that may include, but are not limited to: (1) Introductory materials on the relationship between law, health and health equity, and where law fits in the policy-planning process; (2)(a) Case studies of efforts by state, local, and tribal jurisdictions to pursue health equity, either by developing their own laws, responding to changes in the law or pursuing policy changes (thereby forgoing specifically legal strategies), and development of strategic partnerships to pursue health equity; (2)(b) Analytical exercises for examining these case studies and those methods that proved to be most effective; (2)(c) Analytical exercises for assessing the benefits as well as the limitations or gaps in laws. (3)(a) A catalogue of sample laws that implicate determinants of health and health equity (e.g., health equity laws, as well as laws meant to address disparities, such as inclusionary zoning laws or sugar-sweetened beverage laws); (3)(b) Strategies for developing, drafting, promulgating, getting support for, passing, and implementing such laws and policies.
Budget Period Outcomes*	Improved capacity to implement effective HE & SDOH STLT strategies.
Outcome Measures*	Outcome Measures will include the number of persons trained who utilize the resources developed.
12.6. Laws and Policies	
Activities*	Examine the results of the assessment and identify the types of laws, policies, and strategies that can support the efforts of health departments.
Process Measures*	Develop models for policy analysis, policy development, legal analysis, drafting of statutes and regulations that can advance health equity. Develop materials for toolkits. Resources should be targeted toward all types of STLTs
Outputs*	Possible resources may include toolkits, powerpoints, webinars, or similar deliverables, but should include: (1) Introductory materials on the relationship between law, health and health equity, and where law fits in the policy-planning process; (2)(a) Case studies of efforts by state, local, and tribal jurisdictions to pursue health equity, either by developing their own laws, responding to changes in the law or pursuing policy changes (thereby forgoing specifically legal strategies), and development of strategic partnerships to pursue health equity; (2)(b) Analytical exercises for examining these case studies and those methods that proved to be most effective; (3)(a) A catalogue of sample laws and policies that implicate determinants of health and health equity (e.g., health equity laws, as well as laws meant to address disparities, such as inclusionary zoning laws or sugar-sweetened beverage laws); (3)(b) Analytical exercises for assessing the benefits as well as the limitations or gaps in laws. (4) Methods for evaluating equity outcomes.
Budget Period Outcomes*	Strengthened capability of STLT attorneys and public health practitioners to incorporate HE & SDOH research and legal epidemiology
Outcome Measures*	Outcome Measures will include the number of persons trained who utilize the resources developed.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 58/200 words maximum
	The successful applicant organization must be able to demonstrate the capacity to perform ongoing legal research as it relates to STLT public health departments with specific experience related to Health Equity and Social Determinants of Health. Staff must include legal researchers, staff with health equity project experience, and leadership familiar with issues related to social determinants of health.
14	Applicant Program Experience:* 14/200 words maximum
	Past experience must specifically include projects directly related to the described organizational capacity.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 35/200 words maximum
	The successful applicant must be able to demonstrate specific past experience working directly with STLT health departments and collecting data related to various types of STLT jurisdictions related to size, scope, and the delivery of services.
16	

	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 6/200 words maximum
	TBD by the successful Grantee.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	None.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Strengthen the Network of Data Users to Build Tribal Public Health Infrastructure

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 14/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Data users and epidemiologists within local and tribal organizations, specifically those awarded under OT18-1803

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 99/150 words maximum

This project primarily supports tribal data and information systems capacity-building at recipient organizations awarded under the OT18-1803 cooperative agreement. The purpose of this project is to develop resources for data users and epidemiologists in tribal and local health departments and develop trainings that promote the analysis of AI/AN populations in federal health data sets. The resources, which will include data management plans and a toolkit, and the training modules will be piloted for recipients of the OT18-1803 cooperative agreement (CoAg). For various reasons, baseline resources for tribal data and information systems vary across recipient organizations as well as recipient organization staff familiarity with tribal data management techniques.

12 **12.3. Data and Information Systems**

Activities* The purpose of this project is to develop resources for Tribal data users and Tribal epidemiologists and develop trainings promoting the analysis of AI/AN populations in federal health data sets. This activity can be accomplished though the sub-activities below.

1. Assess Tribal data capacity at OT18-1803 recipient organizations and assist Tribal data users with data management techniques, including the development of data management plans (DMP).
2. Convene a network of Tribal data users to collect best practices and success stories in tribal data and information systems, comprising into a toolkit. Identify resources needed and potential areas for knowledge growth to be included in toolkit.
3. Develop training modules on working with AI/AN data management
    - Modules on didactic exposition of federal surveys (i.e. BRFSS, NHIS, NHANES, NSDUH, etc.) and other key areas:
        - Decision tree to help align the areas of interest with appropriate data set.
        - Limitations and considerations for selected data set.
        - Data access issues, including navigating the application process for data repositories.
        - Inferences and implications of weighted processes.
        - Development of Data Management Plans (DMPs).
    - AI/AN volunteers will review modules content for appropriate learning approaches and case uses.
    - Provide access to training modules to OT18-1803 recipients and later to other public health organizations that work with Tribal Nations.

Process Measures*

	1. Number of data management plans (DMPs) developed (Goal: At least 15 DMPs) 2. Number participants convened to collect best practices and success stories, as well as in the collection, maintenance, interpertation, and confidentiality of data and the dissemination of findings (Goal: At least 15 participants) 3. Number of culturally appropriate training modules developed (Goal: At least 5 modules)
Outputs*	1. Data management plans will be developed 2. A toolkit will be developed 3. Training modules posted on recipients website with accompanying documentation that compliments each module.
Budget Period* Outcomes	By July 2021, use of training modules will increase participant knowledge of the need and use for data management systems.
Outcome Measures*	Number of trainees that have updated or developed their data management plans within the last year. (Goal: At least 5) Number of trainees that report increased knowledge as a result of completing each module.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 44/200 words maximum
	Should have the ablility to work with OT18-1803 recipients data managers/data users at various levels of knowledge. Should have the knowledge and skills in epidemiology and biostatistics. Should have the knowledge and skills in the development of data management plans, database management, dataset development, etc.
14	Applicant Program Experience:* 24/200 words maximum
	Experience in working on public health databases and data sets. Experience in developing data management plans, databases, datasets. Experience in working with epidemiologist/biostatistician at public health departments.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 18/200 words maximum
	Recipient is expected to collaborate with CDC and other national partners to plan and implement program activities.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 15/200 words maximum
	Recipient may subcontract, as needed, to ensure completion of program activities and achieved outcomes.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 33/100 words maximum
	Funds in year one should be prioritized for data management plans and training module development and in the following year for the toolkit and subsequent technical assistance for the training modules.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 04/09/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Strengthening disaster response/recovery activities improving capacity to conduct disaster epidemiology

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Epidemiologists in state, tribal, local, and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$205,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [x] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 135/150 words maximum

This project aims to improve state, tribal, local, and territorial (STLT) health department epidemiologists' capacity to respond to disasters and emergencies. Timely morbidity surveillance of sheltered populations is crucial for identifying and addressing immediate needs and provides information to better prepare for future disasters. Currently, morbidity surveillance in shelters is paper-based resulting in incomplete, inaccurate, and inconsistent data. This project aims to modernize American Red Cross shelter surveillance activities by piloting an electronic platform. Further, this project will help build capacity among STLT partners (a) through support of disaster epidemiology trainings and activities (e.g., the Community Assessment for Public Health Emergency Response) and (b) by providing a forum for STLT partners to share successes and best practices in the field of disaster epidemiology, collaborate on relevant and timely learning opportunities, and network and build partnerships across different disciplines/sectors in the fields of disaster preparedness, response, and recovery.

12 **12.2. Leadership and Workforce Development**

Activities*	Strengthen capacity of public health workforce to conduct disaster epidemiology activities through field support of trainings (e.g., facilitation of meeting space) and other disaster epidemiology-related activities
Process Measures*	Email summarizing planning activity to improve disaster epidemiology capacity
Outputs*	Document summarizing support activity(ies) including number of people involved
Budget Period Outcomes*	Improved capacity of leaders and public health workforce to identify and prioritize public health needs related to disaster preparedness, reposnse, and recovery
Outcome Measures*	Successful completion of at least 1 disaster epidemiology training or activity (e.g., Community Assessment for Public Health Emergency Response)

12.3. Data and Information Systems

Activities*	Modernization of American Red Cross shelter health surveillance data collection, transmission, and analysis during disasters
Process Measures*	Email summarizing status of modernization efforts by December 2020; Receipt of electronic data during agreed upon pilot disaster/emergency
Outputs*	Collection, transmission, and analysis of real-time data during disasters (starting with one pilot response) in an electronic system implemented by the Red Cross with technology and support from a technology partner
Budget Period* Outcomes	

	Improved capacity to collect accurate and timely public health shelter morbidity surveillance to make informed decisions
Outcome Measures*	Number of participants reporting improved capacity to collect public health shelter morbidity surveillance Availability of shelter health surveillance electronically to be used to guide decision-making

12.5. Partnerships

Activities*	Provide a forum for STLT partners to share disaster epidemiology successes and best practices, lessons learned, and other relevant disaster-related activities
Process Measures*	Email summarizing conversations with at least 5 STLT partners to plan forum; Monthly summary (via email) of planning and how activities will strengthen partnerships
Outputs*	Document summarizing the event including attendance, topics addressed, and next steps to continue to improve disaster preparedness, response, and recovery capacity
Budget Period Outcomes*	Improved capacity to establish and maintain partnerships within and across the field of disaster epidemiology to strengthen capacity to respond to disasters and emergencies successfully and collaboratively
Outcome Measures*	Successful completion of partnership-building activity with at least 30 STLT partners in attendance

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 54/200 words maximum

Recipient should have established organizational reach and infrastructure to successfully partner with STLT epidemiologists. Recipient should have relevant skills and experience in program management to lead a multi-disciplinary project focused on building capacity in evidence-based public health practice, specifically among state, tribal, local, and territorial epidemiologists.

14 Applicant Program Experience:* 51/200 words maximum

Recipient should have content expertise in the fields of applied epidemiology, disasters, emergency preparedness, and evidence-based public health. In addition, the recipient should have past and current experience collaborating with epidemiologists and public health leaders in state, tribal, local, and territorial governmental public health departments

COLLABORATIVE WORK

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

Recipients should collaborate with relevant organizations (e.g., American Red Cross) and public health agencies, including state, tribal, local, and territorial epidemiologists and epidemiology staff.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 32/200 words maximum

Subcontract work should be selected based on experience and expertise working with the American Red Cross in their surveillance modernization efforts

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 53/100 words maximum

Budget should be primarily used for modernization of shelter morbidity surveillance. Funds may be used for travel to strengthen capability of public health workforce to prepare for, respond to, and recover from disasters or emergencies. No equipment should be purchased with these funds.

CIO CERTIFICATION

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Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Strengthening Education and Training Capacity for National Program of Cancer Registries

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Chronic disease directors across STLTs

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$150,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 75/150 words maximum

The purpose of this project is to build upon current education and training capacity available within NPCR funded registries and to enhance the education/training tools and infrastructure to ensure that all NPCR registries, regardless of size and level of funding have the educational tools they need to operate an efficient and effective cancer registry.

This project will fund one awardee to enhanceand disseminate an existing platform to support educational needs to all NPCR grantees (DP17-1701).

12 **12.1. Public Health Systems Infrastructure**

Activities*

- Continue to disseminate a web-based educational portal or platform for up to 54 registries/programs to host their educational opportunities and tools for their target population (e.g. FLccSC- Fundamental Learning Collaborative for the Cancer Surveillance Community)
- Make the platform adaptable to each registry/program.
- The platform should be capable of hosting courses, webinars, tools, pre- and post- tests, and evaluations
- Registry/program will have their own dedicated development site (the backend) and a separate registry/program-specific student site (the frontend).
- Work with Registry/program to prepare site and create course and modify and adapt site as needed
- Provide help desk for each registry/program including system orientation, resolution of onboarding issues, etc.
- Web-based educational portal should be available 24/7
- Resolve any software issues that may arise and perform major enhancements as needed
- Provide capacity for registries to share educational courses
- Annual report to CDC inclusive of who is using the portal, improvement in Knowledge, Attitude and Practice

Process Measures* How many grantees are effectively utilizing the learning management platform that is currently available to grantees?

How many grantees are actively using the platform by providing courses to reporters?

Quarterly progress reports are submitted to CDC outlining how many registries are utilizing the learning management system and number of courses shared and made available to other registries.

# of NPCR registries utilizing the Learning Mangement System
# of courses offered on the platform

# of courses being shared across registries

# of technical assistance calls addressed with NPCR grantees

Outputs*	Platform developed Annual report of platform use provided to CDC
Budget Period Outcomes*	100% of funded registries are aware of the learning management platform and all interested registries are onboarded and supported to utilize the platform Platform is able to accommodate 100% participation by NPCR grantees
Outcome Measures*	• Improved adoption of new required data items • 75 percent of NPCR registries are utilizing the learning management system • Increased educational opportunities are offered to cancer reporters in each state • Increased number of registries utilizing the a learning management system to provide education and training

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 67/200 words maximum

- Documented history of establishing and maintaining productive and effective partnerships with NPCR-funded cancer registries;
- Previous experience providing access to learning management platforms, leading national meeting and webinars for NPCR registries.
- Ability to evaluate project and provide reports to CDC.
- Provide logistical support for 54 registries/DCPC to use education platform

14 Applicant Program Experience:* 85/200 words maximum

The applicant must demonstrate comprehensive understanding, extensive experience and strong existing collaborations with state health departments. They must demonstate expertise and experience working with Central Cancer Registries of state or local health departments. They should have the technical and logistical experience overseeing the development and implementation of and hosting educational platform.

They must have prior experience disseminating a Learning Management system to cancer registires. They should demonstrate comprehensive understanding of cancer prevention and control programs at state and local health departments.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 43/200 words maximum

Awardee will be expected to foster collaborations between any subcontractors needed, health departments, and other organizations within the state (e.g. academic institutions) in order to support the sustainability of project activities. Furthermore, collaboration between the funded applicant and CDC also is expected.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 63/200 words maximum

The awardee may subcontract this project to a qualified entity with relevant experience to carry out the work described. Recommended selection criteria include:

- Demonstrated experience developing a web-based educational portal or platform
- Experience with cancer registry operations and trainings
- Experience onboarding NPCR Registries onto an educational platform
- Experience hosting multiple educational sites for health departments and their boni-fide agents
- Experience providing progress reports to CDC

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 77/100 words maximum

Project funds should be used to directly address the proposed activities in the project plan. We anticipate that the project will be funded for a second year (pending availability of funds) to continue to provide the platform to NPCR grantees. Continue to provide technical support related to the tool; and evaluate the utilization of the tool. It is anticipated that this project will be funded in year 4 based on availability of funds.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/10 words maximum
Strengthening Infrastructure through Tribal Workforce Development

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 22/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public health professionals in tribal and local health departments working to improve quality, performance, and outcomes of individuals, programs, and organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 92/150 words maximum

To identify workforce development challenges and gaps in Indian Country and then develop resources/tools for OT18-1803 tribal recipients to utilize as pilot testers to strengthen their workforce. By strengthening tribal public health workforce in Indian Country, there will be an increase in knowledge retained by public health staff and leaders, a pathway to improve opportunities for fellowships/internships in tribal health departments, and increased outreach to tribal colleges and high schools in tribal communities to promote public health as a career field helping increase interest for participation in CDC's Public Health Associate Program.

12 **12.2. Leadership and Workforce Development**

Activities*

1. Engage tribal nations and analyze existing data to identify gaps within tribal health department's workforce (what are the workforce development needs and what tools already exist for workforce development for tribes), identify relevant workforce development competencies specific to tribal nations, and examine potential barriers.
2. Based on identified gaps from analysis, recipient will work with tribal nations to adapt a small set of outreach and engagement tools for tribal communities to emphasize partnership outreach to tribal colleges and high schools in tribal communities for succession planning for use in Tribal settings. The toolkits would:
   a. present different ways to utilize high school internships and college mentoring/internships to engage students in learning and gaining interest in public health; highlighting success stories of people who have utilized local tribal colleges/high schools to support their health department and community;
   b. inform students and recent graduates of tribal communities of opportunities for Tribal public health employment (i.e. CDC's PHAP program);
   c. include development of a tribal workforce development plan template and identify workforce competencies that would be most relevant to tribal nations (this would be a good opportunity to identify unique competencies that would exist within tribal nations, such as mentoring or peer-to-peer learning). Tools and resources will emphasize partnership outreach to tribal colleges and high schools for succession planning and retention of those new to Tribal public health.
3. Present the finalized toolkits through webinars/listening sessions to tribal communities, highlighting the benefits of partnership outreach to local colleges for workforce development.

Process Measures* At least 75% of the OT18-1803 recipient have attended webinars/listening sessions.

Outputs*

	1. Information gathered to identify gaps within tribal health departments workforce, identify relevant workforce competencies, and potential barriers for tribal communities. 2.Outreach and engagement to at least 10 tribal colleges and high schools within tribal communities informing them of potential internships, employment, etc. available in Tribal health departments; 3. Toolkits developed for tribal communities. 4. Webinar/listening sessions conducted to inform OT18-1803 recipients (American Indian/Alaska Native communities) on the toolkit, CDC PHAP opportunities, and other Tribal public health opportunities
Budget Period Outcomes*	Tribal Nations will have improved knowledge of public health workforce development and training programs (such as PHAP) that are culturally relevant for tribal communities.
Outcome Measures*	At least 75% of the OT18-1803 recipients report attending a webinar/listening session and are working towards identifying public health workforce development opportunities.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 81/200 words maximum
	• Should have ability to analyze available public health workforce data and other available data to identify gaps, training opportunites, and topics for workforce toolkit development. • Should have ability to engage Tribal Nations to identify gaps within Tribal public health workforce. • Should have ability to engage with tribal public health organizations (i.e. OT18-1803 recipients, health departments, NGOs, community health centers, etc.). • Should have ablility to engage with Tribal colleges, high schools, etc. to promote public health as a career field. • Should have the ability to develop toolkits and present the toolkits via webinar/listening sessions.
14	Applicant Program Experience:* 56/200 words maximum
	• Experience with analzying public health and workforce data. • Experience with Tribal public health organizations (i.e. health departments, NGOs, community health centers, etc.). • Experience with outreach to Tribal colleges, Tribal high schools, etc. • Experience with toolkit development. • Experience with the presentation of information to Tribal health organizations via webinar/listening sessions.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 16/200 words maximum
	The recipient is expected to work closely with CSTLTS to ensure intended outcomes are achieved.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 19/200 words maximum
	Subcontracting is not expected. Prior approval from CDC is required before engaging in activities with contractors or consultants.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/10 words maximum
Toxicology/Overdose Morbidity Fellow

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Health strategist workforce addresing non-fatal overdose reporting across health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$160,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 118/150 words maximum

The purpose of this project is to select and train a fellow to work with staff on the Overdose Morbidity Team who are using multiple data sources to detect new and emerging drugs that may increase overdose risk. Drug Overdose Surveillance and Epidemiology (DOSE) system. The fellow will monitor emerging substances, assist in building case definitions for data coming from toxicology or poison systems, and aid in the analysis and dissemination of these data to inform prevention activities and build capacity to collect timely and comprehensive nonfatal overdoses. The fellow must have an advanced degree in public health, toxicology, and must have laboratory experience or clinical toxicology experience, advanced data analysis skills, or experience in computer science.

12 **12.1. Public Health Systems Infrastructure**

Activities*	Recruitment and selection of a fellow for the Overdose Morbidity Team
Process Measures*	CDC approves the fellow selection
Outputs*	Fellow for Overdose Morbidity Team begins work
Budget Period Outcomes*	Fellow assists in monitoring emerging substances; Fellow assists in building case definitions; Fellow analyzes data; Fellow disseminates data; Fellow establishes and maintains partnerships
Outcome Measures*	Increased timliness and comprehensiveness of nonfatal overdose data

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 16/200 words maximum

Recipient should have extensive experience recruiting, hiring and onboarding public health and clinical toxicology professionals.

14 Applicant Program Experience:* 47/200 words maximum

	Recipient should have experience working within the field of overdose prevention and response, staffing and providing surge support to agencies to aid in agencies' response to the overdose epidemic, and have a keen understanding of CDC's approach to overdose prevention and the interface between public health and public safety.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 18/200 words maximum
	The organization must collaborate with CDC on the recruitment and selection of a fellow for this work.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 6/200 words maximum
	There are no expected subcontractors
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 12/100 words maximum
	Funds for proposed travel must be aligned with the project activities.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Using information science to build an immunzation coalition learning collaborative

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Public health informaticians; state and local and territorial health departments; and their associated coalitions and partners

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$400,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 109/150 words maximum

Nationally, the availability of immunization coalitions and their effectiveness championing vaccine acceptance varies. The development of an immunization coalition learning collaborative will establish a national resource for coalitions to share information, resources, and key strategies. The learning collaborative will maintain an active list of coalitions and partners to include informaticians and state and local health departments as a resource for mentorship for new or emerging coalitions. This project also aims to better integrate parent-groups into immunization coalition activities. This project will strengthen vaccine confidence and the effectiveness of immunization coalitions by paving the way for collaboration between informaticians, local health departments, and other partners to build a national learning collaborative.

12 **12.4. Communication and Information Systems**

Activities*	• Assess number, location, and status of existing immunzation coalitions • Develop a coalition learning collaborative and platform for maintaining a current and active list of immunzation coalitions and related information systems • Provide a framework for coalition mentorship • Engage with parent-focused groups with experience engaging with parents around immunzation issues to improve collaboration between parent groups and immunzation coalitions
Process Measures*	• Within six months of project initiation conduct a needs assessment of state immunization coalitions • Within six months of project identify 3-5 coalition pairs for membership • Engage with at least one parent-focused immunization group to build collaboration between parental groups and immunization coalitions
Outputs*	• Completed needs assessment of immunization coalitions • Established a learning network or community of practice to support effective coalition practices
Budget Period Outcomes*	• Improved identification of needs, gaps, and opportunities for effective immunization coalitions • Stronger network of and communcation between immunization coalitions • Better engagement with parent-focused immunization groups
Outcome Measures*	• Identification of 100% of state immunization coalitions • Outreach to 100% of state immunization coalitions • Participation of 75% of state immunization coalitions in needs assessment • Participation of 6-10 state immunization coalitions in learning network or community of practice • Engagement with at least one parent-focused immunzation group

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 13/200 words maximum
	Applicant must have the organizational capacity to complete the required activities.
14	Applicant Program Experience:* 18/200 words maximum
	Information technology and coalition building to improve flow of information across a national or global population.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 17/200 words maximum
	Extensive collaboration with immunization coalitions, parent-focused immunzation groups, and other public health partners is expected.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 36/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 88/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for grantees, consultants, contracts and sub-contracts. Awardees should expect to travel at least one staff member for a awardee meeting at CDC in Atlanta, Georgia.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

Category C
CIO
Project Plans

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum

Advancing Arthritis Public Health Priorities through Communication Strategies

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

The target population includes physicians; hospitals; health systems; health centers

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$285,500 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 147/150 words maximum

More than 54 million adults have arthritis and this is projected to increase to 78 million by 2040. Arthritis and its limitations can be managed effectively, and symptoms improved through routine physical activity (PA) and participation in self-management education (SME) programs. Low-cost, arthritis-appropriate, evidence-based interventions (AAEBIs) shown to decrease arthritis pain and/or disability and improve quality of life are available across the US but are underused by people who can benefit from them. Lack of awareness about AAEBIs, their benefits, and how to access them remain a challenge and a barrier to participation as does the lack of program offerings available in some communities (e.g. rural, underserved, etc.).

The purpose of this project is to conduct communication and marketing activities to raise awareness about arthritis burden, management, recognized arthritis interventions) (packaged programs and non-packaged/ general arthritis self-management behaviors), and burden and impact associated with arthritis pain nationwide.

12 **12.4. Communication and Information Systems**

Activities*

- Create messages, tools and products and conduct marketing and communication activities nationwide, and particularly in states or communities with a high saturation of AAEBI program offerings and in states, communities or populations with high arthritis burden, to promote **two or more** of the following topics;
  - General, proven interventions for arthritis management (i.e. PA, SME, joint injury prevention, achievement and maintenance of a healthy weight and seeing a doctor for physician-initiated treatment protocol)
  - Recognized AAEBIs (PA and/or SME) for arthritis management
  - HCP PA counseling for adults with arthritis, and/or
  - Pain and arthritis and non-drug methods for arthritis pain relief (e.g. physical activity and SME)
- Create and implement a national communication campaign to increase awareness and/or address challenges and gaps related to the selected topic(s) above, focused on **one or more** of the following populations aligned with the selected topic(s):
  - Adults with arthritis
  - Social determinants of health related to arthritis and arthritis related care and self-management behaviors
  - Health care providers and systems
  - Health plans and insurers
  - Employers
  - High burden arthritis populations
    - Veterans (arthritis)
    - Low SES
    - African Americans
    - Hispanics/ Latinos
    - Rural populations, etc.

Process Measures*

Note: Process measures are dependent upon the selected topic(s) and audiences. The following are examples of potential process measures.

- Media impressions from campaigns
- Partnerships with organizations reaching underserved populations to address health disparities (e.g. as evidenced by a project-relevant action plan and partners' letters of commitment to implement the plan)
- Increased communication-related technical assistance (i.e. via new tools and resources) to advance the work of CDC Arthritis Program funded grantees.

Outputs*

- Messages, tools and products which raise awareness about arthritis burden, management, recognized arthritis interventions (packaged and non-packaged/ general), and burden and impact associated with arthritis pain nationwide.
- Campaign and marketing implementation and evaluation plans
- Marketing and communication placements which promote raise awareness about arthritis burden, management, recognized arthritis interventions (packaged and non-packaged/ general), and burden and impact associated with arthritis pain nationwide (e.g. executed podcasts, radio or tv spots or segments, tv or web ads, social media posts or tweets, etc.).

Budget Period Outcomes*

- Creation of a national communication campaign and supporting tools.
- Implementation of a national communication campaign.
- Increased arthritis communication products, resources and information.

Outcome Measures*

- Increased arthritis awareness.
- Increased awareness and knowledge about arthritis-appropriate evidence-based interventions and their benefits for arthritis management.
- Increased traffic to web resources and information about recognized AAEBIs
- Increased enrollment in AAEBIs offered by funded state and national arthritis partners and others
- Increased self-management behaviors among adults with arthritis

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 50/200 words maximum

The organization must demonstrate previous experience and success in developing, implementing and evaluating health communication campaigns and marketing to various public health or healthcare audiences and high risk or underserved populations and must demonstrate their current organizational capacity to carry out the strategies and activities associated with this project.

14 Applicant Program Experience:* 90/200 words maximum

Applicants must describe their capacity to implement national health communication campaigns and ability to reach various target audiences. Preference may be given to organizations with the capacity to demonstrate the following:

1. Successful history of developing and carrying out national health education campaigns.
2. Experience in working with and identifying the needs of various audiences in order to develop messages that resonate and motivate action.
3. Capacity and proven prior success in engaging various types of audience-appropriate media across the country to publish, disseminate or execute campaign and/or health communication messages or materials.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 21/200 words maximum

The awardee is expected to partner, as appropriate, with organizations that can aid in meeting the goals of this project.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 47/200 words maximum

The applicant may contract with organizations and individuals possessing the technical knowledge or capacity to assist with activities identified in this proposal. However, the applicant organization is expected to have the capacity to directly perform the majority of the strategies and activities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 70/100 words maximum

- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable and relevant program purposes, including personnel, supplies, communication and marketing materials, database enhancement, and services, such as contractual.
- Funds may not be used for the purchase of furniture or other equipment.
- Recipients may not use funds for construction.
- Recipients may not use funds for any activities or products inconsistent with the purposes and intent of the project plan.

CIO CERTIFICATION

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum

Awareness of Congenital Heart Defects Among Healthcare Clinicians

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Pediatric healthcare clinicians

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$400,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 69/150 words maximum

The goals are to increase: (1) awareness of congenital heart defects (CHDs) among multiple primary care provider groups (e.g. pediatricians, obstetrician-gynecologists, internal medicine physicians, family practitioners, nurses, urgent care staff, and emergency medicine doctors), (2) awareness of the need for individuals with a CHD to receive lifelong cardiac specialty care, and (3) ways to identify and refer individuals with a CHD to appropriate cardiac specialty care.

12 **12.5. Partnerships**

Activities*

In collaboration with the CDC, an implementation partner, national clinical organizations, and other relevant partners, increase awareness among primary care providers of children, adolescents and adults about CHDs through the following activities:

- Conduct a review of previous successful awareness activities among primary care providers about children and adults with special healthcare needs.
- Develop and implement a plan to increase: 1) general awareness of CHDs, 2) awareness of the need for lifelong specialty care among individuals with CHDs, and 3) ways to identify and refer patients with CHD to appropriate specialty cardiac care. Communication materials or products need to be flexible or easily modifiable for use among multiple primary care provider groups. Some possible examples of broad strategies include:
  - Inclusion of CHD-specific questions on clinical licensure/board certification exams
  - Explore the possibility and effectiveness of including CHD information in applications aimed at health care profesionnals (e.g. epocrates, UptoDate)
  - Information dissemination through national clinical organizations and at national and/or regional clinical conferences
- Develop an evaluation plan and measure the effectiveness of the awareness strategies.

Process Measures*

- Hold calls to discuss past successful awareness activities and ideas for CHD awareness activities
- Decide upon one or more awareness activities and target audiences
- Calls and meetings with clinical professional organizations to discuss feasibility and implementation of awareness activites
- Implementation of one or more awareness activities with 2 or more provider types
- Develop an evaluation plan.

Outputs*

- Proposed CHD awareness strategies including strengths, limitations and past successes
- Description and protocol of finalized awareness activities with timeline for implementation
- CDC approved, finalized awareness communication materials or products
- Evaluation of the CHD awareness activities to determine their impact and effectiveness shared with CDC in writing and verbally.

Budget Period Outcomes*	Increased awareness of CHDs, need for lifelong cardiac specialty care, and ways to identify and refer patients with CHD to appropriate cardiac specialty care among primary care and urgent care providers.
Outcome Measures*	• Receipt of congenital cardiology care per Amercian Heart Association/American College of Cardiology guidelines for individuals with CHDs • Decreased gaps in congenital cardiology care for individuals living with CHDs • Increased referrals to appropriate cardiology care from primary care and urgent care providers for individuals living with CHDs not receiving recommended cardiology care • Increased collaboration between primary/urgent care and congenital cardiology care providers • Improved health of individuals living with CHDs.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 58/200 words maximum

The recipient organization should have access to a network of public health practitioners and clinicians with expertise in clinical healthcare among children and adults with special healthcare needs especially pediatric healthcare clinicians. Skill sets should include clinical care, awareness, communication, and evaluation. The recipient organization should have experience conducting successful clinician awareness activities.

14 Applicant Program Experience:* 48/200 words maximum

- Demonstracted ability to develop and implement clinical and public health awareness activities, successfully educated clinicians on current health issues, and encouraged clinicians to adopt evidence-based or promising activities.
- Established capacity to evaluate the effectiveness of clinical awareness activities.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 74/200 words maximum

Applicant is expected to collaborate with a partner with health education and health communication experience to develop communication materials that can be easily amended to be applied to various clinical target populations. Plan and coordinate awareness and evaluation activities with national clinical primary and urgent care organizations, CDC, and other relevant federal and private CHD stakeholders. Throughout the cooperative agreement, CDC will provide technical assistance into the aims, objectives, and activities.

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

Subcontractual work is expected over the entire project period. For any gaps in capacity or experience, the applicant should demonstrate their ability to identify, collaborate with, and oversee work of qualified subrecipients or subcontractors.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 88/100 words maximum

Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs.

Funds may not be used for capital expenditures, such as construction and renovations.

Funds may not be used for clinical care.

Funds for conducting awareness activities at conferences and workshops such as registration, travel, per diem, room rental, audio-visual and related expenses are allowed. Except for travel-related per diem expenses of recipient, consultants, contracts, and subcontracts/subrecipients, funds may not be used for other food and beverage expenses.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/26/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 2/10 words maximum
CityHealth Expansion Support

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Community-based organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$150,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11

Project Purpose : * 144/150 words maximum

In 2021, CityHealth will expand 40 cities to the nation's largest 75 urban areas. Given the increased challenge of working effectively across such diverse localities, CityHealth will need to find ways to efficiently identify and work with key stakeholders, specifically community-based organizations (CBOs). This project proposes approaches to educating and engaging local urban stakeholders about health-promoting initiatives. Updating and enhancing the website, allowing stakeholders to compare data across cities, dig in to the health implications of policy interventions, and/or visualize the vast dataset that they currently manage will be critical to the success of this expansion. The project also seeks to explore opportunities to recognize outstanding efforts to promote sustainability and environmental stewardship related to population health and/or recognition Cities with outstanding infectious control policies/efforts. Additional resources will allow the team to explore the connections between local sustainability initiatives and improved health outcomes.

12

12.3. Data and Information Systems

Activities*	Explore connections between local sustainability policies and improved health outcomes Update website to allow for comparison of data across cities
Process Measures*	Number of cities who have provided some level of buy-in among local leadership/stakeholders to working with CityHealth
Outputs*	Briefing document on connections between local sustainability policies and improved health outcomes Formal agreement for cities to share data across other cities to allow for comparisons
Budget Period Outcomes*	Draft of briefing document on connections between local sustainability policies and improved health outcomes A plan for how to obtain a formal agreement for cities to share data across other cities to allow for comparisons
Outcome Measures*	Number of cities who have worked/are working with CityHealth during the length of this project

12.7. Programs and Services

Activities*	Update and enhance website Explore developing a new medal (recognition of outstanding efforts to promote sustainability and environmental stewardship related to population health)

Process Measures*	Number of unique visits to CityHealth website
Outputs*	Updated website Briefing of policy interventions and their health implications Platform for stakeholders to compare data across cities Plan for the development of a new medal
Budget Period Outcomes*	Website updates Plan for development of a new medal
Outcome Measures*	Number of unique visits to the CityHealth website within 30 days of launching post-updates

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 34/200 words maximum
	The recipient must have the organizational capacity to engage and collaborate with local and urban stakeholders at a national level. They must have the ability to create and maintain relationships with various city leaders/stakeholders and philanthropic organizations.
14	Applicant Program Experience:* 41/200 words maximum
	• Should have experience in updating and maintaining website • Should have experience in data visualization and creating a virtual platform for data comparisons • Experience and understanding of how philanthropic organizations support, fund, and manage public health initiatives
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 16/200 words maximum
	The recipient is expected to work with the CSTLTS Technical Monitor to determine partner organizations for collaboration.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 18/200 words maximum
	The recipient is expected to develop criteria to select and work with subcontractors, as needed to successfully complete project activities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/10 words maximum

Connecting pediatricians with communities at risk and primary care providers to strengthen vaccine confidence

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Pediatric Health Care Clinicians

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 142/150 words maximum

While immunization rates may be high at a national or state level, some communities—especially insular, close-knit communities—are at risk from low vaccine coverage and the spread of vaccine misinformation. This demands a focus on finding and protecting communities at risk, empowering families with accurate information about vaccines, and stopping vaccine myths and misinformation.

This project will connect pediatricians—longstanding partners in promoting immunization—with communities at risk from under-immunization and vaccine misinformation. The funded partner organization will work with public health partners, immunization coalitions, and women's health provider organizations to find communities at risk and provide pediatric immunization champions to strengthen vaccine confidence in these communities using culturally appropriate strategies. This project will also identify social media strategies that pediatricians can use to counter vaccine misinformation and strengthen vaccine confidence and encourage collaboration between pediatric and maternal health practitioners to strengthen vaccine confidence among expectant and new parents.

12 **12.7. Programs and Services**

Activities*	• Work with local pediatrician and primary care organizations and chapters, women's health organizations, and other partners to identify communities at risk from under-vaccination and vaccine misinformation. • Develop a strategy for a sustainable pediatric vaccine champions network to work closely with state and local health departments to reach communities at-risk using culturally appropriate communication messages • Work directly with maternal health and primary practitioners to assess the acceptability and feasibility of use of the immunization flipchart and other patient-centered resources and tools in prenatal and postpartum clinics to strengthen vaccine confidence among expectant and new parents • Identify a sustainable strategy to develop a social media toolkit that pediatricians can use to counter or minimize the effect of vaccine misinformation and personal attacks
Process Measures*	• Number of communities at risk from under-vaccination and vaccine misinformation that could benefit from engagement with pediatric vaccine champions • Number of pediatricians and primary care organizations engaged at the community level • Number of pediatric vaccine champions selected, trained, and deployed for engagement with LHDs and outreach to at-risk communities • Focus group, qualitative or quantitative data on acceptability and feasibility of flipchart use in prenatal clinics, including use by various members of the healthcare team (e.g., nurses, medical assistants)
Outputs*	• Vaccinate with confidence champions network • Acceptability and feasibility data by provider type • Social media strategy

Budget Period Outcomes*	• Deployment of pediatric and primary care vaccination champions to communities at risk
Outcome Measures*	• Increased use of pediatric immunzation champions in communiteis at risk

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 47/200 words maximum
	Applicant must represent pediatric providers who provide vaccinations to children and adolescents. Have a strong membership throughout the country with local chapters or affiliates. Have qualified and experienced personnel with well-defined roles and responsibilities Have the ability to partner with other healthcare providers that vaccinate.
14	Applicant Program Experience:* 39/200 words maximum
	Applicant must demonstrate success working with pediatric providers at the local and community level through work with state chapters and the ability to reach their membership with appropriate educational and training materials to strengthen vaccine confidence.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 29/200 words maximum
	The applicant will work collaboratively with primary healthcare providers that vaccinate and other immunization stakeholders (chapter organization, states and local immunization programs, provider organization and other appropriate agencies) as necessary.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 33/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 98/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs. Funds for conference and training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for grantees, consultants, contracts and sub-contracts. Funds may not be used for surveillance incentives such as gift cards, etc. Awardees should expect to travel at least one staff member for a awardee meeting at CDC in Atlanta, Georgia.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Engaging Community Health Centers as Partners to Strengthen Vaccine Confidence

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Health centers and the patients and communities in which they serve.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 94/150 words maximum

While immunization rates may be high at a national or state level, some communities—especially insular, close-knit communities—are at risk from low vaccine coverage and the spread of vaccine misinformation. Community health centers can play a key role in building vaccine confidence in at-risk groups and empowering families with accurate, accessible information about vaccines. This project will build community health center capacity to effectively address vaccine hesitancy and build vaccine confidence among CHC patients and identify gaps and opportunities for CHCs to further strengthen their work to strengthen vaccine confidence with at-risk populations.

12 **12.7. Programs and Services**

Activities*	• Identify needs and gaps in immunization services among community health centers and opportunities for community health centers to better engage with vaccine hesitant communities • Develop and disseminate resources for community health centers to identify and effectively engage with vaccine hesitant patients, especially in high-risk communities • Develop strategic partnerships to improve vaccine confidence among community health center patients and equip community health center staff with resources to have effective vaccine conversations with parents • Build community health center capacity to effectively work with at-risk communities, and disseminate effective approaches
Process Measures*	• At least three external partners to strengthen CHC engagement on vaccine confidence issues. • Conduct needs/gap assessment of community health centers to identify ways to better serve and engage with communities at risk from under-vaccination • Conduct analysis of needs/gap assessment
Outputs*	• Resources for CHCs to identify and effective engage with vaccine hesitant patients in high-risk communitiies • Completed needs/gap assessment in immunization services among CHCs • Report of findings from the needs/gap assessment analysis
Budget Period Outcomes*	• Increased new strategic partnerships to improve vaccine confidence among CHC patients • Improve capacity of CHCs to effectively work with at-risk communities
Outcome Measures*	• Number of new strategic partnerships • Number of CHCs engaged to develop needs/risk assessment

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13	Applicant Organizational Capacity:* 35/200 words maximum
	Recipient must have experience providing guidance and organizing Community Health Centers serving underserved populations in the US, including capacity to work on immunization issues and interacting with underserved communities.
14	Applicant Program Experience:* 22/200 words maximum
	Recipient must have experience providing guidance and organizing CHCs and partners among U.S. underserved communities.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 15/200 words maximum
	Recipient is expected to work collaboratively with public health partners.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 36/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 90/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for grantees, consultants, contracts and sub-contracts. Awardees should expect to travel at least one staff member for a awardee meeting at CDC in Atlanta, Georgia.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/10 words maximum
Engaging governors to strengthen vaccine confidence

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Governors and their staff

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.
○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☑ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 69/150 words maximum

Governors are enormously influential in the immunization space—state executive branches run immunization programs and play an influential leadership role on health issues in the state. Engagement with state governors' offices is critical to counter vaccine myths and misinformation and address the drivers of vaccine preventable disease outbreaks. This project aims to strengthen understanding of immunization benefits and policy issues among state governors and their staff.

12 **12.6. Laws and Policies**

Activities*	• Provide direct technical assistance to state governors offices to address vaccination rates in their state, protect at-risk communities, and identify strategies to improve immunization rates and prevent outbreaks of vaccine-preventable diseases • Facilitate peer-to-peer networking across states; improve collaboration between state governors' offices and state health officials. • Highlight innovative state strategies to promote immunization through strong public health leadership, communications, policy, and partnerships
Process Measures*	• Number of states receiving technical assistance • Number of technical assistance resources (memos, white papers, calls, webinars) for state leaders
Outputs*	• New vaccine hesitancy resources and materials for state governors' offices and their staff • Disseminated innovative state strategies to promote immunization and vaccine cofidence
Budget Period Outcomes*	• Improved strategies to promote immunization through strong public health leadership. communications, policy, and partnerships • Strengthened collaboration btween state governors offices and state health officials to strengthen vaccine confidence • Increased provision of technical assistance to states to address vaccine hesitancy and protect communities at risk
Outcome Measures*	• Increased number of states (10-12) receiving technical assistance. • Increased number of innovative state strategies to promote immunization to more than 50% of states.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 12/200 words maximum

	Applicant must have the organizational cpacity to complete the required activities.
14	Applicant Program Experience:* 23/200 words maximum
	Applicant must have reach and credibility with state governors offices and experience providing technical assistance and other resources to this audience.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 26/200 words maximum
	Applicant is expected to collaborate with other key public health and immunization stakeholders, including within state government (e.g., state legislator organizations, state health official organizations).
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 36/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 87/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for grantees, consultants, contracts and sub-contracts. Awardees should expect to travel at least one staff member for a awardee meeting at CDC in Atlanta, Georgia.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Engaging women's health care providers for effective vaccine conversations

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Obstetrician-gynecologists and other women's health care providers

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 111/150 words maximum

Health care providers are a critical and trusted source for information about adult and child immunizations. Past public health efforts to support immunization conversations with providers have focused primarily on pediatricians and primary care providers, which misses key early opportunities for these conversations during women's healthcare. This is especially important because evidence supports that parents may make decisions about vaccination before a child is born. This project aims to engage ob-gyns and other women's health care providers to introduce the concept of childhood immunizations as part of routine prenatal and postpartum care; strengthen vaccine confidence; and identify opportunities to provide new and expectant parents with reliable, accessible information about vaccines.

12 **12.7. Programs and Services**

Activities*	• Build on maternal immunization activities and strategies to strengthen ob-gyns and other maternal care provider knowledge about vaccine hesitancy • Collaborate with pediatric, primary care and other maternal health organizations to assess the use patient-centered tools and resources to introduce childhood immunizations during prenatal and postpartum care • Build foundational knowledge and visibility about vaccine hesitancy related to pediatric immunization among ob-gyns and other maternal care providers (e.g., presentations at local or national meetings) including existing maternal immunization champions at district, section and healthcare system level • Conduct acceptability and feasibility assessment for implementation of broader patient-centered messaging, education and tools related to pediatric immunizations during visits with ob-gyns and other maternal health providers and identify potential challenges and opportunities • Develop a strategy for better engagement with maternal health care providers and coordination with LHDs, the community, and other key stakeholders on maternal and pediatric immunization issues to strengthen vaccine confidence
Process Measures*	• Engagement with at least two external organizations on the development and dissemination of patient-centered tools to promote maternal and childhood immunization during prenatal and postpartum care • Plan and complete an acceptability and feasibility assessment for patient information resources • Completed strategy for better engaging with maternal health care providers to strengthen vaccine confidence and increased coordination with immunization and other stakeholders
Outputs*	• Toolkit to improve vaccine confidence messaging to families • Completed acceptability and feasibility assessment • Direct engagement with key maternal health care audiences about vaccine confidence
Budget Period Outcomes*	• Improved capacity to identify, prioritize, and customize relevant programs and services to address vaccine confidence • Improved strategic approach for strengthening vaccine confidence during women's healthcare visits, including prenatal and postpartum care

	Outcome Measures*	• Increase in number of resources resources for maternal health and primary care providers to engage in effective vaccine conversations • Increase in number of new strategies for introducing information about childhood immunizations at the time of maternal vaccination discussions • Increase in number of new patient-centered resources and tools • Increase in number of engagements by OBGYNS with LHDs and communities at risk

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 48/200 words maximum
	Applicant must represent obstetric providers and whose membership provides care to pregnant women. Have a strong membership throughout the country with local chapters or affiliates. Have qualified and experienced personnel with well-defined roles and responsibilities Have the ability to partner with other healthcare providers that relate to childhood vaccines.
14	Applicant Program Experience:* 28/200 words maximum
	Applicant must demonstrate success working with obstetric providers and the ability to reach their membership with appropriate educational and training materials to strengthen vaccine confidence.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 28/200 words maximum
	Recipient is expected to work collaboratively with public health partners, health care provider organizations, and maternal health organizations.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 89/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for grantees, consultants, contracts and sub-contracts. Awardees should expect to travel at least one staff member for a awardee meeting at CDC in Atlanta, Georgia.
	CIO CERTIFICATION
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/10 words maximum
Evaluation of electronic health records for cancer-associated venous thromboembolism determination in US hospitals

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Entities associated with US hospitals and health systems

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 146/150 words maximum

Venous thromboembolism (VTE), including both deep vein thrombosis (DVT) and pulmonary embolism (PE), is an important and growing public health problem. The precise number of people affected by VTE is unknown; however, estimates suggest that 300,000 to 900,000 events occur in the United States yearly, with healthcare costs up to $10 billion. Cancer is an independent risk factor for VTE and the second leading cause of death in cancer patients after the cancer itself. Early detection and awareness of VTE in a cancer patient is crucial to proper treatment and management since a VTE can increase the likelihood of mortality for a cancer patient 2-6 fold. There is a need for advanced techniques to identify new diagnoses of cancer-associated VTE. The objective of this project is to evaluate the capability of electronic health record systems to produce clinical reports on VTE and cancer-associated VTE.

12 **12.3. Data and Information Systems**

Activities*	• Document existing collaborations with hospitals/hospital systems or electronic health record (EHR) vendors that can provide information on the capability of producing clinical reports that contain information such as free text imaging study reports and discharge summaries, and structured data elements, such as discharge diagnosis codes, that are available in the EHRs and could be used as part of a natural language processing system for VTE and cancer-associated VTE determinations • For each identified hospitals/hospital systems or EHR system, characterize the attributes of clinical documents and structured data elements embedded in each system that are relevant for clinical reports on VTE and cancer-associated VTE, including availability, quality, consistency, and timeliness. • Identify the clinical document types and/or structured data which can serve as data sources for VTE and cancer-associated VTE reports • Develop guidance materials, protocols, and data collection forms to assist collaborating hospitals/hospital systems or EHR systems in conducting the assessment of report generating capabilities
Process Measures*	• Number of commitments from several hospitals/hospital systems of various sizes (number of hospital beds: small <100, medium 100-299, and large 300+) to provide information on their EHR report generating capabilities for VTE and cancer- associated VTE • Number of barriers and obstacles identified for hospitals/hospital systems or EHR vendors that do not have the capability to produce clinical reports for VTE and cancer-associated VTE • Number of challenges encountered in creating the clinical reports and the steps taken to overcome/address those challenges • Number of regularly scheduled and ad hoc meetings for the purposes of planning, undertaking, monitoring, and completing collaborative work on the project
Outputs*	

	• Documentation of the process for characterizing the attributes of clinical documents and structured data elements for clinical reports of VTE and cancer- associated VTE determinations • Documentation of the availability, quality, consistency, and timeliness of free text documents that may be used for generating a report used for VTE and cancer- associated VTE • Materials produced that can be distributed to collaborating hospitals/hospital systems or EHR systems to aid in the assessment of their report generating capabilities • Produce a final report summarizing the clinical report capabilities of the EHRs assessed
Budget Period* Outcomes	• Determine the capabilities of EHR systems to produce reports for cancer-associated VTE determinations
Outcome Measures*	• Improved knowledge of the capability of EHR systems to develop reports focused on cancer-associated VTE determinations

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 75/200 words maximum
	The selected awardee is required to 1) provide a letter of support from collaborating hospitals/hospital systems that are known to or are likely to provide treatment for cancer- associated VTE patients 2) demonstrate an understanding of the use of EHR to produce clinical reports and 3) capacity to collect data, conduct analysis, and develop a project report within the period of performance.
14	Applicant Program Experience:* 18/200 words maximum
	The selected awardee should have experience in collaborating with many hospitals/hospital systems in the area of VTE prevention.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 50/200 words maximum
	CDC staff will work collaboratively with awardee. CDC staff will include Division of Blood Disorders as well as the Division of Cancer Prevention and Control. All results and associated presentations, abstracts, reports and manuscripts will include CDC as a collaborator and will require CDC scientific clearance before publication/presentation.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 40/200 words maximum
	Subcontractor work is recommended, if necessary to complete any expected outputs. Subcontractors should be selected based on their ability and experience to perform the scope of work described in this project plan.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 55/100 words maximum
	Funds may be used for: Salaries and wages Fringe benefits Consultant costs Supplies Travel Other categories (meetings) Contractual costs Total indirect costs Total direct costs
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Improving Linkages to Address OUD among Pregnant and Postpartum Women

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,300,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.
○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11	Project Purpose : * 116/150 words maximum	
	This project would support capacity building efforts for a wide range of community partners to better address opioid use disorder among pregnant and postpartum women. Funded organizations would provide support and TA to maternal mortality review committees and perinatal quality collaboratives which are made up of diverse multidisciplinary partners. This project will build upon efforts to advance the surveillance of both fatal and nonfatal opioid use, while strengthening state coordination to advance policy and program, including quality improvement, to help women and infants impacted by opioid use disorder. This project will link existing projects together (working with MMRCs, PQCs, PRAMS, and others) to accelerate impact; ensure robust data is fully connected to communities, state teams and quality improvement efforts though PQCs; and increase the likelihood of sustainability.	
12	**12.5. Partnerships**	
	Activities*	Provide support, technical assistance, and training to MMRCs, PQCs, and others to strengthen the data available on the impacts of maternal OUD and ensure it informs action to prevent and address OUD among pregnant and postpartum women. Provide support, technical assistance and training to PQCs to support implementation of best practices and prevention recommendations for pregnant and postpartum women with OUD and infants with NAS. Provide support for data analysis for key sources of data on opioid use among pregnant and postpartum women and infants with NAS. Host a convening of key partners (national organizations, MMRCs, PQCs, PRAMS, state and community leaders, and others) to share data, lessons learned and best practices to document the burden of OUD among pregnant and postpartum women and inform changes in policies, programs, and practices based on the best available data.
	Process Measures*	Training and TA provided Meeting convened Tools and resources developed Information Sharing
	Outputs*	Training Tools Technical Assistance Convening to share best practices
	Budget Period Outcomes*	Increased information sharing within and between states and communities on best practices to understand the burden of OUD on pregnant and post partum women and utilizing that data to inform action.

	Outcome Measures*	Increase identification and uptake of recommendations from MMRCs on OUD-related deaths by states or Perinatal Quality Collaboratives to make changes at the clinical, program, or policy level. Disseminate data and lessons learned from MMRCs, PQCs, learning communities, communities/states, and national partners. Increase the number of quality improvement initiatives adopted by PQCs to improve outcomes related to maternal OUD and NAS.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 74/200 words maximum
	The applicant must demonstrate the following organizational capacity: • Have a documented history of establishing effective relationships within and across sectors to address maternal opioid use disorder and maternal mortality. • Appropriately trained staff for project implementation, includingMPH-trained epidemiologists and public health practitioners with ability to provide technical assistance on data and action related to addressing maternal opioid use disorder • Have a documented history of partnership with CDC to launch new programs and establish pilot projects.
14	Applicant Program Experience:* 99/200 words maximum
	The applicant must demonstrate the following program experience: • Extensive experience implementing sound public health programs. • Extensive experience convening organizations from diverse sectors to collaborate and address public health challenges. • Experience supporting complex, multi-partner initiatives between CDC and other partners to build capacity to review and prevent maternal deaths. Experience supporting overdose review committees to better document and understand maternal deaths using the Maternal Mortality Review Information Appication (MMRIA) • Experience providing training to organizations to use data for informing prevention strategies at multiple levels. • Experience providing technical assistance and training to address maternal opioid use disorder (data and programmatic efforts).
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 62/200 words maximum
	This project will result in increased collaboration between multiple programs within the CDC Division of Reproductive Health, and our partnering organizations around using data to drive action to address maternal OUD. Recipients will also be encouraged to build and sustain strategic partnerships and collaborations with programs that have a role in implementing efforts to document and address maternal OUD.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 41/200 words maximum
	The applicant is expected to dedicate funding (amount TBD, subsequent to award of cooperative agreement) to subcontracts with some key entitites that can assist in identifying best practices for MMRCs and other related activities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 03/31/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/10 words maximum
Improving return-to-school for students with TBI

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$400,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 148/150 words maximum

To improve capacity of pediatric clinicians to implement and evaluate TBI-school-based telehealth programs to address public health needs collaboratively with key partners (school personnel) and other stakeholders (such as school boards). This initiative will help students return to the classroom in a safe manner while minimizing disruption. The purpose of this program is to:

1. Improve capacity of pediatric clinicians to educate school personnel (e.g., school nurses, teachers, administrators) about their state's law surrounding concussions and youth, as well as best practices in assisting students return to school (and play) following a TBI.

2. Have pediatric clinicians help increase the self-efficacy of personnel to recognize concussion symptoms and develop a plan to help the student safely return to their normal activities after their injury, with a focus on returning to school.

3. Establish baseline practices/policies regarding RTL in participating schools; evaluate utilization of best practices/processes pre- and post-teleECHO implementation.

12 **12.7. Programs and Services**

Activities*

	• Implement and evaluate a school-based TBI telehealth program led by pediatric clinicians that utilizes the ECHO model(https://echo.unm.edu/about-echo/). • Allow school personnel (e.g. school nurses, teachers, administrators) to receive training from pediatric clinicians who specialize in TBI through the ECHO model in place of the need to travel to attend concussion safety training in person, which could potentially be 50 to 100 miles from their home community. • Create a community of practice that would allow participants to learn more about TBI generally, state-specific return-to-school and return-to-play laws, the recovery process, and best practices related to the return to school (and play) following a TBI. • Through a discussion of case presentations moderated by pediatric clinicians who are expert in TBI, participants can receive guidance about how to assist specific students who have recently experienced a TBI. This program will allow (a) students to receive improved monitoring and care for TBI at their school and (b) school personnel to use their acquired knowledge to manage future students' TBI recovery and improve overall TBI education outcomes. The program would also allow school personnel to connect to other school personnel that occupy their roles at other schools– for example, one school nurse could share experiences with another school nurse in a separate district. **Other activities for this project include:** • Identify a set of pediatric clinician subject matter experts who can lead the presentation of the curriculum (composed of brief didactic sessions at the beginning of each session) and who can lead the telehealth sessions. A curriculum was previously developed for a pilot of this type of TeleECHO program. This curricum may be available for use within this new implementation. • Leverage an existing network of school-based personnel to recruit participants for the TBI school-based TeleECHO program. • Set up the opportunity for participants to receive continuing education credit as anadditional incentive for school personnel to participate. • Plan and perform a process (and potentially outcome) evaluation of the school telehealth program that includes successes and recommended improvements for future efforts. The evaluation would establish baseline practices and policies regarding RTL in participating schools, and then evaluate utilization of best practices and processes pre- and post-teleECHO implementation. This evaluation effort should include a longer-term (e.g. 60 days) follow-up component.
Process Measures*	• Identify a set of pediatric clinician TBI subject matter experts to lead the curriculum. • Recruit sufficient number of participants for ECHO in order to enable statistical analysis of the pre- and post-TeleECHO evaluation. • Development of an evaluation instrument
Outputs*	• If prior curriculum is not available, create a TBI-specific curriculum (comprised of brief didactic sessions) for a school-based TeleECHO program. • Leverage existing relationships to promote participation in program among school personnel. • Leverage communication and information technology to increase knowledge among school personnel regarding return to school (and play) best practices • Track participation in program • Identify successes and opportunities to improve upon the pilot TeleECHO program • Create a dataset of pre- and post-program evaluation metrics
Budget Period Outcomes*	• Increasde number of school personnel utilizing best practices to help their students safely return to school (and play). • Improved awareness among education stakeholders (states, teacher and school nurse associations, etc.) of the benefits of school-based TBI TeleECHO program participation. • Strengthened communication between academic personnel, parents, and pediatric healthcare providers related to the management of students' TBI. • Improved professional development of school personnel related to improved management of students' TBI. • Increased self-efficacy of school personnel to safely return students to school and activity after experiencing a TBI. • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision and practice for the management of students with TBI. • Documentation of changes in RTL-related policies and practices measured before and after implementation of ECHO program.
Outcome Measures*	•Number of school personnel enrolled in the ECHO program •Response rate for pre- and post-test evaluation •Demonstration of changes in policies and practices regarding RTL/RTP in school, for example: •Formalized policies regarding RTL and RTP put into place •Identify a RTL champion in each participating school •Percent increase in perceived self-efficacy of school personnel to safely return students to school and activity after experiencing a TBI •Estimated number of children impacted by TeleECHO program

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 88/200 words maximum
	The desired recipient organization must have existing relationships with a network of pediatric clinicians who are expert in TBI matters as well as existing relationships with school systems. They will have experience with and know how to use continuing education programs, which will be an incentive for school personnel to participate in the program. The organization must be able to identify pediatric clinicians who can lead the telehealth program, in particular someone with expertise in pediatric traumatic brain injury (TBI) and the management of TBI in schools.
14	Applicant Program Experience:* 17/200 words maximum

	The organization will have previously networked with school personnel and engaged their participation in health initiatives.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 81/200 words maximum
	The desired organization must include or have access to pediatric traumatic brain injury (TBI) and concussion safety subject matter experts and must have expertise in creating and managing a telehealth program. It would be particularly helpful is the organization had experience working under the TeleECHO system. Organization is expected to work with outside experts to identify appropriate TBI curriculum topics and objectives as well as potential participants for the telehealth program, and conduct anevaluation of pre/post-program changes in policies and practices.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 82/200 words maximum
	If needed, the funded organization can sub-contract with a group that can serve as the telehealth "hub." This is typically an organization that staffs workers from different sectors (e.g. healthcare, education, etc.). This collaborating group could identify someone who can lead the telehealth program, in particular someone with expertise in pediatric traumatic brain injury (TBI) and the management of TBI in schools. If applicable, the sub-contracted organization may serve as experts in both TBI and the TeleECHO model of telehealth programs.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 73/100 words maximum
	Funds will be used to plan and implement a TBI telehealth program for schools. This includes the development or modifications to the curriculum (brief didactic sessions to be conveyed at the beginning of each telehealth session) for educators within schools, identification and recruitment of participants, obtaining appropriate technology, setting up the continuing education credit, implementation of the telehealth program, and conducting of an evaluation of the program including a pre/post program implementation.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Increasing health system tobacco intervention capacity through clinical quality improvement.

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 19/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Hospital systems (delivering cancer prevention services in integrated healthcare delivery systems)

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$150,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 141/150 words maximum

This purpose of this project is to identify and support a group of integrated healthcare delivery systems (project sites) to use clinical quality improvement strategies to improve the delivery of treatment for tobacco use and dependence using existing CDC tools and resources, including those from Million Hearts ® . The recipient target population--hospital systems--will build capacity and provide technical assistance and quality improvement coaching to support project sites in these efforts. The recipient will prioritize project sites that serve populations with a disproportionately high burden of tobacco use and that posess demonstrated readiness to implement activities to improve the likelihood of successful outcomes. Lessons learned from project sites will be documented by the recipient and shared through various communication mechanisms to inform and support scaling similar strategies for sustainable implementation in a broader network of health systems.

12 **12.1. Public Health Systems Infrastructure**

Activities*

- Assess integrated healthcare delivery systems for tobacco use burden and institutional readiness to advance strategies for integrating treatment of tobacco use and depenendence into routine care.
- Based on assessment, recipient will solict and select approximately 5-10 integrated healthcare delivery systems (noted to have high tobacco use burden and institutional readiness) as project sites (or as otherwise determined by recipient and CDC after the award is made)
- Once project sites are selected, recipient will assess and establish a baseline for each site from which to evaluate change following implementation of clinical quality improvement interventions.
- Components assessed to establish the baseline will include each project site's organizational capacity and infrastructure and the extent to which tobacco use screening and treatment is or is not already integrated within clinical activities.
- Recipient will establish partnerships at project sites at both the leadership and clinical staff levels to build system buy-in and drive sustainable system-level changes to improve the delivery of treatment for tobacco use and dependence.
- With assistance from the recipient, project sites will identify evidence-based strategies to be implemented using clinical quality improvement processes and develop an implementation and evaluation plan.
- Recipient will provide technical assistance to project sites to implement clinical quality improvement initiatives to integrate treatment of tobacco use and dependence into routine clinical care.
- Recipient will provide technical assistance to project sites to evaluate clinical quality improvement initiatives funded under this project.

Process Measures*

- Demonstration of the recipient's capacity for providing technical assistance, training, and other support regarding treatment of tobacco use and dependence.
- Number of organizational-level strategies adopted by project sites to integrate treatment of tobacco use and dependence into routine clinical care, including in outpatient, inpatient, and behavioral health settings.
- Advancement of capacity within project sites to utilize technological solutions to improve delivery of tobacco cessation treatments.

Outputs*

	• Action plan for each project site based on site assessment describing existing gaps and strategies to address those gaps through project implementation. • Documentation of technical assistance provided by recipient to project sites. • Evaluation plan and reports. • Assessment of technological capacity within project sites and documentation of strategy and/or recommendations on how each can leverage and enhance technological solutions to integrate tobacco treatment into clinical care (e.g., EHR/HIT modificiations, use of technology such as ECHO or telehealth, developing automatic referral to ancillary treatment services, etc.).
Budget Period Outcomes*	• Improved operational capacity of each project site to evaluate, manage, and improve their delivery of treatment for tobacco use and dependence. • Identification and documentation of infrastructural components implemented within project sites that contributed to improved outcomes so that findings can be shared with other healthcare systems for additional uptake.
Outcome Measures*	• Increase the percentage of project site patients screened for tobacco use. • Increase in the percentage of project site patients who use tobacco receiving treatment for tobacco use and dependence. • Increase the percentage of project site patients who receive treatment for tobacco use and dependence receiving follow-up care.
12.2. Leadership and Workforce Development	
Activities*	• Recipient will provide timely, accurate, and actionable technical assistance and training to project site management and clinical staff to test, implement, and scale evidence-based tobacco treatment interventions. • Recipient will utilize workforce development strategies to incentivize healthcare professionals and systems to engage in clinical quality improvement activities, such as development of continuing medical education or maintenance of certification credits associated with practice improvement and training activities related to the current project.
Process Measures*	• Increase recipient's capacity to provide technical assistance, training, and other support to healthcare providers and systems on: 1) evidence-based strategies for the treatment of tobacco use and dependence; and 2) the use of clinical quality improvement to improve delivery of treatment for tobacco use and dependence. • Increase the number and availability of educational trainings, resources, tools, or other materials to provide technical assistance on the two aforementioned items.
Outputs*	• Documentation of technical assistance and training provided by recipient to project sites. • Curriculum, handouts, and materials used, adapted, and/or developed as part of training and technical assistance delivered related to strategies.
Budget Period Outcomes*	• Improved ability and capacity of recipient to provide technical assistance regarding clinical quality improvement strategies to improve treatment of tobacco use and dependence. • Improved ability and capacity of project sites to provide treatment for tobacco use and dependence. • Improved knowledge of leadership and workforce components and other evidence-based strategies that contribute to improved outcomes related to tobacco cessation among the broader network of health systems engaged in cancer prevention through dissemination of lessons learned following project implementation.
Outcome Measures*	• Percentage of increase in knowledge and understanding among project site staff and recipient staff providing technical assistance regarding treatment of tobacco use and dependence as measured by knowledge checks. • Percentage of increase in knowledge and understanding among project site staff and recipient staff providing technical assistance regarding evidence-based tobacco cessation resources available to healthcare providers and systems as measured by knowledge checks. • Perenctage of increase in knowledge and understanding among recipient staff providing technical assistance regarding evidence-based and -informed strategies to improve treatment of tobacco use and dependence using clinical quality improvement processes.
12.7. Programs and Services	
Activities*	• Identify best practices, successes, challenges, and lessons learned regarding: 1) utilization of clinical quality improvement process to improve delivery of treatment for tobacco use and; 2) strategies to improve delivery of treatment for tobacco use from project sites and other healthcare systems doing similar work. • Recipiet will develop a plan to disseminate best practices and lessons learned from project sites through various channels (e.g., reports, web content, meetings or conferences attended by health system stakeholders, etc.) for the benefit of healthcare system stakeholders. • Broadly disseminate resources for integrated healthcare delivery systems to improve the delivery of treatment for tobacco use and dependence.
Process Measures*	• Increase the number of integrated healthcare delivery systems receiving and contributing to documents and opportunities related to sharing best practices, successes, challenges, and lessons learned from those implementing strategies to improve the delivery of tobacco use and dependence.
Outputs*	• Dissemination plan created and implemented by recipient for sharing information through various channels (e.g., peer-to-peer calls, webinars, list-servs, presentations, grand rounds, etc.). • Development and distribution of communication materials by recipient (e.g., factsheets, success stories, etc.), developed based on findings from project site implementation to facilitate broader uptake and implementation of strategies to improve delivery of tobacco use treatment in outpatient, inpatient, and behavioral health clinical care settings.
Budget Period Outcomes*	• Broad dissemination of best practices and lessons learned by recipient, in conjunction with project sites, among healthcare professionals and systems to improve capacity to implement evidence-based programs, policies, and services to address tobacco use and dependence.
Outcome Measures*	

- Percentage of increase in knowledge of evidence-based strategies to improve delivery of tobacco use treatment among a broad network of health systems based on dissemiatnion of findings from project implementation.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 182/200 words maximum
	The recipient organization must be an established and trusted source of information and skills among healthcare providers and systems for clinical cancer prevention activities. The organization must have the ability to reach and engage with integrated healthcare delivery systems in a wide geographic range across the U.S. The organization must have demonstrated capacity for delivering technical assistance regarding clinical quality improvement to healthcare delivery systems across the U.S. and have specific expertise in advising project sites on addressing infrastructural challenges to improve readiness to implement public health strategies to affect health outcomes. The organization should have demonstrated ability to partner with integrated healthcare delivery systems to improve delivery of clinical cancer prevention services. It must have expertise and infrastructure to organize and conduct training and technical assistance in support of evidence-based clinical interventions. Recipient organization should be well acquainted with existing CDC resources, including Million Hearts materials, and how the strategic use and/or adaptation of these materials can improve delivery of treatment for tobacco use and dependence. Recipient organization should have partnerships in place that would allow for dissemination of findings from the project implementation to benefit a broader range of healthcare systems to encourage uptake and scale-up of activities.
14	Applicant Program Experience:* 158/200 words maximum
	The recipient organization should have prior experience conducting training and providing technical assistance to implement evidence-based clinical interventions in integrated healthcare delivery systems. The recipient organization must have experience using clinical quality improvement processes to improve delivery of clinical cancer prevention services. The recipient organization should have a strong grasp of tobacco-related sociodemographic and geographic disparities and use that information to inform how and where to best implement tobacco cessation strategies in selected project sites as detailed within the project plan. The recipient organization must have data management and analysis experience, or capacity to subcontract for this expertise, and be able to monitor tobacco use rates in the participating project sites and evaluate implementation of selected interventins and related quality improvement initiatives. The recipient organization should have experience gathering, synthesizing, and disseminating best practices and lessons learned regarding clinical quality improvement efforts, including development of communications materials appropriate and effective for healthcare audiences. The recipient organization should have experience with and established infrastructure to disseminate information to a wide public health and healthcare audience.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 97/200 words maximum
	The recipient will be expected to collaborate with other CDC NOFO recipients that address similar issues, including but not limited to state tobacco control programs, comprehensive cancer control programs, and other public health chronic disease programs that may be engaged in similar health systems work. The goal of such collaboration will be to ensure synergy of effort in health systems work to improve tobacco use treatment and to amplify the impact of health systems interventions. The recipient will addtionally be expected to collaborate with CDC's Office on Smoking and Health throughout the duration of the project period.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 41/100 words maximum
	Recipient organization should budget for the following travel: • Reverse site visit to Atlanta for 2 people for 2 days, 2 nights during the project period. • OSH Partners meeting in Atlanta for 1 person for 2 days, 2 nights during the project period.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Increasing HIV testing using EHR information and automated lab orders

2 CIO:*

3 Division/Branch/Office/Unit:*

Enter other division, branch, office, or unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Health centers (& primary care providers) and the patients and communities in which they serve

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,188,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

○ The CIO will fund the project for one year.

◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships

☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

☐ Improved leadership capacity to identify and prioritize public health needs
☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically
☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 150/150 words maximum

HIV testing identifies undiagnosed persons with HIV and increases opportunities for HIV preexposure prophylaxis for those without HIV. The project will support healthcare systems to increase HIV testing of racial/ethnic minority populations disproportionately affected by HIV. The project will support the development, implementation, and evaluation of clinical decision support (CDS) tools for routine opt-out HIV testing and risk-based HIV testing based on clinical information in EHRs in clinical settings that serve minority populations in jurisdictions included in the *Ending the HIV Epidemic: A Plan for America* (EHE) initiative. During implementation of the CDS tool, persons who need an HIV test will be identified based on information in their EHR. If either routine opt-out HIV testing or risk-based testing HIV testing is indicated, the EHR system will generate an automatic lab order for an HIV test. This system approach will increase HIV testing without requiring action by busy clinicians.

12 **12.7. Programs and Services**

Activities*

- From at least large 3 healthcare systems whose patient populations includes at least 50% black and Hispanic persons, extract and deliver to CDC at least 2 years of retrospective EHR data that includes information for persons who were tested for HIV; diagnosed with HIV; initiated PrEP or nPEP; were diagnosed with an STD or HCV; were tested for an STD or HCV; had a diagnosis of opioid use disorder
- Provide retrospective EHR data to CDC to develop an algorithm for a CDS tool (analysis completed by CDC)
- Based on CDC algorithm, develop CDS tools that identify persons who need a (1) routine opt-out HIV test or (2) risk-based HIV test using EHR information
- Implement the CDS tools with links to an automatically generated lab order for an HIV testIn at least 3 healthcare systems
- One year post-implementation, extract and deliver to CDC EHR data from the healthcare systems that implemented CDS tools
- Analyze post-implementation data to evaluate the effectiveness of the CDS tools for routine opt-out and risk-based HIV testing (completed by CDC)
- Conduct healthcare system leadership and workforce training activities to support development and implementation of CDS tools for HIV testing
- Develop toolkit for scale-up of HIV testing using CDS tools

Process Measures*

- At least 3 health systems provide EHR data to CDC/DHAP
- At least 3 health systems implement HIV testing that used EHR data linked to automated orders for HIV testing
- At least one training session conducted to support healthcare system leadership to implement CDS tools
- At least one training session conducted to support healthcare system workforce to implement CDS tools

Outputs*

	• CDS tool for routine opt-out HIV testing • CDS tool for risk-based HIV testing • Training materials for healthcare system leadership and workforce • Toolkit to guide healthcare systems to develop and implement HIV testing with CDS tools and automated lab orders
Budget Period Outcomes*	• Improved Retrospective EHR data for persons with newly diagnosed HIV, PrEP use, or nPEP use delivered to CDC/DHAP • Improved CDS tools • CDS tools implemented with link to automated lab orders • Evaluation data from EHRs delivered to CDC/DHAP • Increased training materials and conduct training for healthcare system leadership and workforce
Outcome Measures*	• At least a 50% increase in the proportion of persons with an HIV test among persons with EHR indications for ◦ Routine opt-out HIV testing ◦ Risk-based HIV testing • Diagnostic yield of HIV testing

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 109/200 words maximum
	The organization should provide capacity to develop, implement, and evaluate CDS tools that can be integrated in EHR systems and linked to lab orders in real time. Expertise in extracting EHR data from healthcare systems and creating an analyzable dataset is required. Expertise in programming CDS tools that can be integrated in a healthcare system's EHR is also required, as well as expertise in programming the healthcare system to generate automated lab orders in response to information in an individual patient's EHR in real time. The organization should also have experience supporting healthcare system leadership and its workforce to implement new operating procedures that increase provision of recommended services.
14	Applicant Program Experience:* 84/200 words maximum
	The recipient should have experience developing CDS tools that can be integrated in EHR data systems and that can generate automated lab orders in real time. The recipient should have experience working with healthcare systems that serve persons in minority populations, such as community health centers (CHCs) or other primary care providers. The recipient must have a history of successful collaboration with healthcare system leadership teams to achieve support for changes in operating procedures that would allow the use CDS tools in the EHR with automated lab orders for HIV testing.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 129/200 words maximum
	The project will involve a collaborative partnership with CDC/DHAP to develop, implement, and evaluate CDS tools for routine opt-out HIV testing and risk-based HIV testing. The recipient will extract data from the EHR both pre- and post-CDS implementation, prepare a dataset with standardized variables, and transmit the dataset to CDC/DHAP. CDC/DHAP will conduct all analyses of extracted data and will develop algorithms to identify persons who require a routine opt-out HIV test or a risk-based HIV test. The recipient will develop programming for the CDS tools and automated HIV testing orders in each health system's EHRs. The recipient will identify and sub-contract with healthcare systems that will implement H`IV testing that uses CDS tools. The recipient will program the CDS and linked lab orders for an HIV test in the healthcare systems' EHRs, based on the algorithms developed by CDC/DHAP.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 53/200 words maximum
	The recipient will execute subcontracts as needed to complete all activities of this project, including with organizations that have expertise with system level approaches to delivery of recommended health services, and expertise with EHR programing and CDS tool programming. The recipient will also execute contracts with healthcare systems that will implement the CDS tools developed in this project.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 100/100 words maximum
	Funds will be used by the recipient to • Pre-implementation, extract at least 2 years of retrospective EHR data from at least 3 healthcare systems and deliver to CDC/DHAP for analyses • Work collaboratively to develop a sensitive and specific algorithm that will be used as a CDS tool • Develop CDS tools for ◦ Routine opt-out HIV testing ◦ Risk-based HIV testing • Implement the CDS in at least 3 healthcare systems with links to automated orders for HIV testing • One year post-implementation, extract one year of EHR data to deliver to CDC/DHAP for CDS tool evaluation • Develop training materials and conduct training for healthcare system leadership and workforce
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Jurisdictional Risk Assessments: A landscape analysis and evaluation of tools

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$450,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 84/150 words maximum

Assess availability and quality of existing emergency preparedness Jurisdictional Risk Assessments (JRAs) and evaluate the efficacy and effectiveness of a subset of those JRAs to create an evidence-base of JRAs for local health departments that ensures the JRAs can be completed efficiently and that the resulting information is usable and can improve emergency preparedness, response and recovery. Final products should be used to support dissemination and training of effective JRAs to ensure local health departments have the capacity to complete this required Public Health Emergency Preparedness capability.

12 **12.7. Programs and Services**

Activities*

- Develop work plans
- Establish data collection methods and sampling frame for JRA Assessment, Efficacy Study and Effectiveness Study
- Development tools for JRA Assessment, Efficacy Study and Effectiveness Study
- Conduct data collection for JRA Assessment
- Conduct data analysis and draft white paper reporting findings for JRA Assessment
- Report findings to CDC
- Create dissemination plan to support capacity building

Process Measures*

- To ensure an adequate selection of JRAs are available to build capacity in a diverse set of jurisdictions, at least 5 and up to 9 JRAs will be evaluated and enhanced as needed.
- To ensure adequate access to the selection of JRAs, at least 5 JRAs will be available in a sustainable technology environment.

Outputs*

- JRA Assessment Methods
- JRA Efficacy Study Methods
- JRA Effectiveness Study Methods
- Database(s) and data management plan
- JRA Assessment Tool
- JRA Efficacy Assessment Tool
- Effectiveness Assessment Tool
- Documentation of Collection of up to JRAs
- JRA Assessment Results (up to 100 JRAs)
- White paper describing state of JRAs
- Results briefing

Budget Period Outcomes*

	Enhance CDC and local knowledge of landscape of JRAs, their content, quality, usability and effectiveness at improving local emergency plans
Outcome Measures*	• # of JRAs assessed for efficacy • # of JRAs assessed for effectiveness

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 107/200 words maximum
	Recipient organization must have capacity to: • Assess and evaluate the effectiveness of existing jurisdictional risk assessments (JRAs) to ensure appropriate tools are available to support state and local health departments in conducting and using the results of JRAs. • Access JRAs from at least 100 state or local health departments • Understand and translate the content of JRAs, some of which may use complex modeling techniques • Provide a technology solution that will make JRAs accessible to state and local health departments for at least 5 years post award • Host webinars and conduct site visits to build local capacity to conduct JRAs and use results for emergency planning
14	Applicant Program Experience:* 68/200 words maximum
	Recipient Organization must have experience in the following: • Supporting public health emergency response capacity building activities at the county and city level • Collecting and assessing JRAs • Evaluating programs and/or tools for program assessment and/or improvement • Working in the field of emergency preparedness and response, particularly with CDC PHEP awardees • Translating and disseminating evidence-based tools • Providing trainings in multiple formats • Hosting tools on a sustainable technology platform
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 45/200 words maximum
	Awardee is expected to collaborate with the following: • Scientists, project officers, and subject matter experts from CDC's Center for Preparedness and Response • Schools of Public Health with emergency preparedness experiences, especially in the area of jurisdictional or related risk assessments
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 52/200 words maximum
	Because this work must be conducted quickly to meet needs of state and local health department, we recommend subcontracting with an academic institution or company that has subject matter expertise in JRAs and can support assessment, evaluation (including conduct of focus groups and stakeholder interviews), translation , dissemination and training.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 43/100 words maximum
	Funds may not be used for purchase of equipment such as computers or tablets, however, if data collection software or other supports are needed, those expenses may be allowable. May include travel to CDC for SME input and briefings.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/26/2020 You will be directed to a confirmation screen upon successful save or submission.

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National Partnership Branch
Final

FY 20 CIO Project Plan

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Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/10 words maximum
National Hypertension Control Roundtable

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

6 Description of the Target Population:* 21/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

At least 50 partner organizations from the academic, for profit, non-profit and governmental sectors working to prevent and treat hypertension

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 41/150 words maximum

To convene, facilitate, and manage a national, multi-sector roundtable or organzation committed to improving national hypertension control rates from ~50% to 80% by 2025. Roundtable participants will benefit from peer learning by discussing needs and challenges, sharing resources and effective programs, and developing partnerships.

12 **12.5. Partnerships**

Activities*	(1) Convene, manage, facilitate and provide staffing support to the national roundtable and its ancillary committees and subcommittees; (2) Plan and execute the annual meeting of the national roundtable annually in Q3 or Q4 of the project period; (3) document national roundtable activities and achievements through summary documents from the annual meeting, committee meetings, and subcommittee meetings; (4) document ongoing activities of national roundtable members in support of improved national hypertension control rates; (5) develop repository of capacity-building resources developed or shared by roundtable participants
Process Measures*	(1) # of focused subcommitees; (2) # of annual meeting attendees; (3) # of summary documents developed
Outputs*	(1) Monthly summary reports regarding national roundtable, committee, and subcommittee plans and actions; (2) monthly status reports on the annual meeting planning efforts; (3) annual summary report of the achievements of the national roundtable including documented efforts of individual member efforts
Budget Period Outcomes*	(1) Documented efforts to improve national hypertension control rates collectively as a national roundtable and individually as members of the national roundtable (2) increased opportunities to collaborate with CDC and among national roundtable members
Outcome Measures*	(1) # of efforts or activities taken collectively as a national roundtable; (2) percentage of roundtable members reporting increased access to new partnerships as a result of participating in roundtable

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 28/200 words maximum

	The recipient should demonstrate an existing level of subject matter expertise in chronic disease prevention with some level of experience with cardiovascular health and/or hypertension preferred.
14	Applicant Program Experience:* 33/200 words maximum
	The recipient should also demonstrate experience convening, managing, and facilitating large scale public health programs and/or partnership activities. The recipient should also have experience managing the logistics and facilitation of large scale meetings and conferences.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 27/200 words maximum
	The recipient will be expected to collaborate with CDC staff, the national roundtable's leadership team and membership and other key stakeholders supporting the national roundtable's efforts.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 44/200 words maximum
	CDC does not anticipate the need for subcontractor support, however, if gaps in support are identified that require such support the experience descriptions provided above (Box 13: Organizational Capacity and Box 14: Program Experience) shall be applied to the selection of any subcontractor.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 16/100 words maximum
	Recipient may use funds only for reasonable program purposes including personnel, travel, supplies and services.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/12/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
PH WINS Data Visualization Dashboard and Consortium Workforce Development Project

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community-based organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$325,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11	Project Purpose : * 146/150 words maximum	
	The partner organization will develop an interactive data visualization dashboard that will provide key data on CBO & STLT workforce for each of the following subject areas: preparedness/response; chronic disease; environmental health; injury prevention/control and substance misuse; immunizations; epi/surveillance and lab; influenza; STIs, HIV, Hepatitis, and TB. The dashboard will contain information on worker engagement (including job, organization and pay satisfaction, intent to leave, and perceptions of workplace environment), training needs (in strategic skills such as systems thinking, change management, budgeting/financial management, effective communication, and using data for decision-making), awareness and perceived impact of emerging concepts (such as evidence-based public health practice, quality improvement, and health in all policies), and demographics. This project will support the National Consortium for Public Health Workforce Development Summit. Specifically, this project will support the acquisition of a change leader who can direct the summit, communications to promote the summit, and post-summit reports and report dissemination.	
12	**12.2. Leadership and Workforce Development**	
	Activities*	Partner will create an interactive data visualization dashboard that can be filtered by subject areas mentioned above Partner will meet with national organizations to plan marketing and communications for dashboard Partner will work with data derived from PH WINS Partner will work with the planning committee for the National Consortium for Public Health Workforce Development (Consortium) to identify a change leader who will facilitate their summit in April 2021 Partner will work to create communications to promote the summit
	Process Measures*	# of meetings with PH WINS staff/team # of meetings with Consortium staff/team
	Outputs*	PH WINS dashboard developed around above mentioned categories Change Leader identified for Consortium summit Drafted promotional material for the summit
	Budget Period Outcomes*	Increased awareness of and engagement with workforce-related data housed in dashboard.
	Outcome Measures*	Number of unique website visitors to dashboard site within 30 days of going live

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 39/200 words maximum
	• Should have ability to create and maintain a dashboard • Should have ability to collaborate with multiple partners (including government and not for-protift organizations) • Should have ability to subcontract for dashboard creations • Should have ability to subcontract for Change Leader/meeting facilitator
14	Applicant Program Experience:* 16/200 words maximum
	• Experience with dashboard creation • Experience with working with and/or funding subcontractors
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 32/200 words maximum
	Collaborate with the de Beaumont Foundation on PH WINS program Collaborate with the de Beaumont Foundation to identify a change leader Collaborate with the de Beaumont Foundation to successfully execute the Consortium summit
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum
	Have working relationship and Memorandum of Understanding with the de Beaumont Foundation and the ability to support the de Beaumont Foundaton and their selection of subcontractors
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

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Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/10 words maximum

Promoting the Physical Activity Guidelines through Youth Sports at the Local or Community Level

2 CIO:*

3 Division/Branch/Office/Unit:*

Enter other division, branch, office, or unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

Target Population Category Descriptions

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

YMCAs nationwide

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$100,000 (Whole numbers only)

○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 149/150 words maximum

This project aims to increase awareness and dissemination of the *Physical Activity Guidelines for Americans* (PAG) with the goal of increasing the number of Americans meeting the PAG. We are particularly interested in youth meeting the PAG through increased sports participation. The PAG (released in November 2018) provides evidence-based recommendations for adults and youth ages 3 through 17 to safely get the physical activity they need to stay healthy. Accompanying the release of the PAG was an associated communications campaign, Move Your Way (MYW), providing 40+ resources in English and Spanish for a variety of target audiences. The MYW campaign will include new youth sports resources (release May 2020) to support implementation of the *National Youth Sports Strategy* (NYSS). ODPHP is interested in partnering with organizations to support dissemination and promotion of physical activity at the local/community level through the MYW materials and/or NYSS (released in September 2019).

12 **12.5. Partnerships**

Activities*	Develop additional partnerships to further expand reach and dissemination of the Physical Activity Guidelines, Move Your Way campaign, and/or National Youth Sports Strategy.
Process Measures*	Number of additional partnerships identified to expand reach of messaging. Number of programs or policies disseminating physical activity messages.
Outputs*	Increased access to and/or participation in physical activity and sport programs, especially for underserved youth.
Budget Period Outcomes*	Increased access to the Physical Activity Guidelines for Americans. Increased participation in youth sports.
Outcome Measures*	Number of local/community partners promoting the Physical Activity Guidelines for Americans.

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 136/200 words maximum

The successful partner will have strong partnerships and connections with non-profits or community programs around the nation. The partner must also have capacity to conduct direct outreach and make meaningful contact with local program directors or community leaders and have interest in promoting physical activity and interest in working with populations with lower levels of physical activity and sports participation. The partner will also have the capacity to successfully influence the target population for the purposes of integrating physical activity into community health programming. The partner will also have the capacity to successfully develop and disseminate communication products and educational materials about the PAG or NYSS using existing outreach channels (e.g., listservs, news publications, social media). The partner must have capacity to plan, organize, and implement a national-level meeting or event. The successful partner will have the organizational capacity to be responsive to ODPHP in a timely manner.

14 Applicant Program Experience:* 81/200 words maximum

The successful partner will have experience working with local organizations to promote community health initiatives. The partner must demonstrate experience working with local leaders in providing technical assistance and capacity building related to community health activities. The partner should have experience promoting federal initiatives and evaluating the effectiveness of their promotional efforts. The partner should also have experience with integrating public health initiatives into existing public health tools and resources (e.g., website platforms, programs, communication channels, etc.) and maximizing their accessibility to local community health leaders across the country.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 60/200 words maximum

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

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

There is no expectation for subcontractual work.

BUDGET INSTRUCTIONS

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

A final budget for this project should be approved by the Office of Disease Prevention and Health Promotion prior to implementation.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Save and Close | Submit | Submit without sending an email

Submission Date: 02/28/2020

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Protecting pregnant women and their infants from infectious threats

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

Obstetricians and Gynecologists and other women's healthcare providers

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$400,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 146/150 words maximum

CDC's NCBDDD seeks to work collaboratively with national organizations reaching obstetricians and gynecologists and other women's healthcare providers to address emerging and re-emerging infectious diseases and their impact on women, pregnant women and their infants. Proposed activities for this project are intended to meet the following overarching objectives:

- Reduce morbidity associated with infections affecting women, pregnant women and infants by promoting screening guidelines, enhancing collaboration with national, state and local public health and supporting timely treatment and referral to services.
- Ensure women's healthcare providers are equipped with the most up-to-date, evidence-based information about emerging and remerging infections affecting pregnant and postpartum women, through training, education, and health system and community engagement.
- Inform and disseminate clinical guidance related to new, emerging and re-emerging infections and infection prevention and control to protect and assist pregnant women and their infants, as well as the healthcare providers caring for these populations.

12 **12.2. Leadership and Workforce Development**

Activities*	• Evaluate/assess provider knowledge, awareness, and practices related to screening, management and public health reporting for emerging and reemerging infections (e.g., COVID-19, hepatitis C, syphilis), including barriers and facilitators at the individual and systems levels. • Maintain a community of OBGYN consultants to serve as champions and facilitate trainings and presentations at the national, regional and local levels (e.g., national meetings, regional and local meetings, healthcare systems, local review boards and clinical practice settings) or via telehealth. • Facilitate a session on "Emerging Public Health Topics and Infectious Diseases" at relevant meetings • Disseminate information on opportunities for OBGYNs to gain public health experience
Process Measures*	• Participation in a minimum of 5 trainings or presentations reaching a broad audience related to infectious disease topics • Infectious disease specific session hosted at a national or district level meeting
Outputs*	• Provider Assessment and Outreach and Evaluation Strategy • Up-to-date list of infectious disease consultants • Grand rounds style presentation for training women's healthcare providers
Budget Period Outcomes*	• Improved knowledge, awareness and screening of infectious disease related issues regarding emerging and re-emerging threats
Outcome Measures*	• A minimum of 75% of attendees (at Grand Rounds, trainings, or special sessions) reporting an increase in knowledge in subject area

12.5. Partnerships

Activities*	• Develop a shared resource directory for emerging and re-emerging infections, which could include local OBGYNs willing to engage with local and state health departments and collaborate on infection-related issues • Work with state and local public health organizations to obtain and disseminate a list of contacts for infectious disease testing (e.g. COVID-19) not available in the clinical setting • Establish relationships between local and state public health departments and women's healthcare providers to facilitate coordinated outreach • Coordinate with other relevant organizations as appropriate
Process Measures*	• At least 5 providers or health systems contacted and agreed to be a part of the resource directory for emerging and re-emerging infections • Connections established between local and state health department and local district/section provider champions in at least 5 local jurisdictions • Participation in a minimum of 5 national, state, local public health activities
Outputs*	• Development of resource directory • Newly established relationships between state and local health departments and women's healthcare provider champions • Partnerships with relevant organizations to promote greater knowledge
Budget Period Outcomes*	• Established pathways for communication that can be leveraged during public health emergencies, such as those established in FL and MA during the Zika outbreak • Increased collaboration between local/state public health and clinical partners
Outcome Measures*	• Enhanced communication and correspondence between state/local health departments and women's healthcare provider champions
12.7. Programs and Services	
Activities*	• Collaboration on the development and dissemination of clinical guidance as well as screening and reporting tools for emerging and re-emerging infections and infection control guidance • Dissemination of screening and treatment guidance for emerging and re-emerging infections (e.g., hepatitis C, syphilis, Zika, COVID-19) at the local/section, state/district, and national level, including opportunities for referral for hepatitis C treatment prior to pregnancy among gynecology patients and after pregnancy among postpartum patients • Encourage timely reporting of infectious diseases and pregnancy status to local and state health officials, including improved collaboration with federal, state and local laboratories to ensure pregnancy status is included in testing requests (e.g. COVID-19) • Collaborate to develop and disseminate clinical decision support tools for screening women, pregnant women and newborns for infectious disease and referral for treatment • Participate in activities related to prioritization of infectious diseases of clinical and public health importance
Process Measures*	• Development of a strategy to enhance provider knowledge of new guidelines (e.g., hepatitis C, STD screening, travel-related) • Clinical guidance or related materials/tools disseminated to organization membership within 1 month of publication • Tracking downloads/views of tools or guidance posted online
Outputs*	• Clinical guidance, screening protocols, or related materials/tools drafted in collaboration with women's healthcare providers • Implementation plan to disseminate guidance to women's healthcare providers at the national, district and section level • Guidance for infectious diseases and pregnancy status reporting to state/local health officials • Clinical decision support tools developed, disseminated and evaluated for usefulness • Review of prioritization of infectious diseases by women's healthcare providers
Budget Period Outcomes*	• Increased capacity among women's healthcare providers to care for pregnant women and their infants affected by infectious diseases • Improved timeliness of dissemination of evidence-based guidance and uptake among women's healthcare providers
Outcome Measures*	• Guidance disseminated to providers members • 25% of providers reporting improved knowledge of new screening guidelines or implementation of clinical management guidance for at least one infectious disease

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 65/200 words maximum
	1. Access to a network of women's healthcare providers throughout the US who care for women and pregnant mothers, including those affected by new, emerging and re-emerging infections 2. Experience with large collaborative projects with federal, state or public health entities 3. Active membership of healthcare providers who currently provide care to women and pregnant mothers 4. Established role educating and providing guidance to women's healthcare providers
14	Applicant Program Experience:* 50/200 words maximum
	1. Demonstrated ability to develop, disseminate and promote implementation of national clinical guidelines for the care of women, including pregnant women 2. Demonstrated ability to successfully educate healthcare providers who care for women including pregnant women 3. Established processes to encourage and promote the adoption of evidence-based practices for screening for infections

	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 42/200 words maximum
	The awardee is expected to collaborate with CDC, state and local health officials/departments, clinical organizations and professional, and other relevant partners. Throughout the cooperative agreement, CDC will provide technical assistance into the aims, objectives, and activities.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 40/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 95/100 words maximum
	Funds are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction/renovations; reimbursement of clinical services; for promotional items such as mugs or stipends or for surveillance incentives such as gift cards. Conference /training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for grantee, consultants, contracts, and sub-contracts. Awardee must seek pre-approval for any other costs not mentioned.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum
Providing state legislators with accurate information on vaccines

2 CIO:*

3 Division/Branch/Office/Unit:*

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

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

CIO POC email address(es):*

CIO POC phone number(es):*

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

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

State legislators and legislative staff

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 116/150 words maximum

Vaccine myths and misinformation can be targeted at diverse audiences: patients, parents, health care providers, and policy makers. A key way to mitigate the effect of these myths is to ensure key stakeholders have access to timely, accurate, tailored, and accessible information about vaccine safety and effectiveness. This project aims to engage state legislators as key stakeholders in the fight against vaccine information. The project will increase collaboration, capacity, and knowledge among stakeholders; support the development and dissemination of information about immunization designed for state legislators; engage with partners across state and local governments so legislators can see the entire landscape of immunization activities; and bring together state legislators to examine immunization issues in greater depth.

12 **12.5. Partnerships**

Activities*	• Support state-specific work on immunization policy issues, convening groups of legislators to analyze and understand policy options affecting immunization in their states • Collaborate with partners to foster stronger connection and communication between state legislators and state health officers • Develop accurate, accessible materials on immunization for state policy makers • Convene state policy makers to provide education and information about immunization and immunization policy issues
Process Measures*	• Number of legislators and legislative staff participating in meetings • Number of legislators and legislative staff receiving communication materials • Number of external partner engagements to foster connection and communication between state legislators and other key stakeholders
Outputs*	• Technical assistance provided to policymakers participating in project activities • Webinars, meetings, or other engagements with state policymakers • Communication resources on key vaccine confidence and immunization topics
Budget Period Outcomes*	• Improved capacity among participating state legislators and staff to identify, prioritize, and customize relevant programs and services to address public health needs around immunizations.
Outcome Measures*	• Increased implementation of strategies or best practices related to immunization • Increased exposure to educational products, meetings, or technical assistance related to immunization topics to build state legislators' capacity to evaluate laws and policies to affect and improve health.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 20/200 words maximum
	Applicant must have the capacity to perform the required project activities and ability to reach the target audience.
14	Applicant Program Experience:* 26/200 words maximum
	Applicant must have experience and credibility with state legislators and legislative staff, and experience developing communication materials and providing technical assistance to these audiences.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 23/200 words maximum
	Applicant is expected to collaborate with other key public health and immunization stakeholders and partners, within and outside of state government.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 36/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 90/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for grantees, consultants, contracts and sub-contracts. Awardees should expect to travel at least one staff member for a awardee meeting at CDC in Atlanta, Georgia.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Quality Improvement of Adolescent Reproductive Health Services in Community Health Centers

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 8/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Providers, staff, and leadership at community health centers

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$213,800 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

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- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 122/150 words maximum

This project aims to support implementation of quality adolescent reproductive health services in U.S. publicly-funded health centers, particularly federally-qualified health centers (FQHCs). Implementation of clinical quality improvement (QI) initiatives is a primary strategy for changing organizational- and provider-level factors to facilitate delivery of quality care. Multiple organizations have supported local-level QI projects to strengthen adolescent reproductive health services (e.g., CDC-funded Teens Access Quality Initiative). Tools and resources for implementing best practices in adolescent reproductive health care will be packaged to support QI and pilot tested in community health centers in year 1. If funding is available in subsequent years, a second phase will involve scale-up to implement and evaluate the QI package within a network of health centers. Complementary activities related to increasing adolescent access to quality services may also be initiated if funding is available.

12 **12.7. Programs and Services**

Activities*

- Convene governmental and non-governmental entities engaged in adolescent reproductive health QI initiatives in primary care, family practice, pediatric, and other publicly-funded health care settings, especially publicly-funded settings such as community health centers, for the purpose of sharing:
  - implementation models
  - barriers and facilitators to implementation
  - specific existing tools and resources and any gaps
  - complementary efforts to increase adolescent access to services (e.g., partnerships with youth-serving organizations, parent engagement, direct marketing to adolescents, service integration, telehealth

The convening should include key implementation stakeholders at the federal, state levels, (e.g., Health Resources and Services Administration Bureau of Primary Health Care, select state-level primary care associations, and health center controlled networks) and solicit their input on how to leverage existing QI initiatives and secure buy-in for QI implementation.

- Develop a QI package for community health centers to support QI implementation related to evidence-informed best practices for adolescent reproductive health care. This package should outline key drivers of change and include actionable strategies as well as specific tools and resources that facilitate implementation of the strategies based on clinic capacity and readiness. For examples of potential QI package formats that might be appropriate, please see change packages and action guides from CDC. It is anticipated that most tools and resources included in the QI package will be collated from existing initiatives and may include: assessment instruments; training modules; work flow templates; job aids; model policies/protocols; materials for adolescents and parents; and performance measures and evaluation instruments. Development of tools and resources to address identified gaps may be needed.
- Collaborate with national and state-level organizations/associations to identify needs, leverage existing initiatives, and secure buy-in for implementation of the QI package in FQHCs specifically, including a pilot of the QI package in at least one community health center to generate feasibility data.

Process Measures*

	• Number of participants invited for the convening, including potential national and state-level implementation partners and will have initiated scan for potential pilot sites • Drivers of change and actionable strategies will be drafted; will have a list of potential pilot sites to discuss with technical monitor • Number convenings of governmental and non-governmental entities engaged in adolescent reproductive health QI initiatives • Completion of an environmental scan to identify existing tools and resources; will have initiated actions to confirm pilot site(s) • Review tools and resources and selected materials for inclusion in the QI package; • Draft QI package; pilot site(s) will have established QI team in preparation for implementing the QI package • Amount of feedback collected from subject matter experts and practitioners on the draft QI package; implementation of the QI package in pilot site (s) will be underway • Amount of data collected and analyzed feasibility data from the pilot site(s)
Outputs*	• Meeting report from the convening that includes: ◦ Summary of barriers and facilitators to implementation of quality improvement activities ◦ Collated lists of potential key drivers, change ideas and specific tools and resources already available ◦ Summary of available evidence for each specific tool/resource ◦ Analysis of gaps in available tools/resources and next steps for development ◦ Key considerations for securing buy-in of implementing partners ◦ Descriptions of program activities and, if applicable, evaluation, related to increasing adolescent access to services, including barriers and facilitators • Formatted QI package for web-based dissemination and QI implementation via standard QI process (e.g., Plan-Do-Study-Act) • Tools/resources, if development of new materials is needed • Final report from pilot testing implementation of QI package in at least one community health center, with specific suggestions for refinement of the QI package based on the feasibility data • Preliminary implementation plan for outcome evaluation of QI package in a network of community health centers (to be conducted in a subsequent phase, if funding available)
Budget Period Outcomes*	• Development of a QI package to improve capacity of community health center staff to implement adolescent reproductive health quality improvement • Development of a QI package to increase capacity of community health center staff to implement best practices for adolescent reproductive health care, including but not limited to: ◦ Eliminating client cost barriers (financing, reimbursement, payment options) ◦ Ensuring confidentiality, including providing time alone between adolescent and their provider at every clinic visit and increasing awareness of minors' rights and consent laws ◦ Offering convenient hours and walk-in appointments ◦ Identifying sexually active adolescents at every clinic visit ◦ Using standardized methods/tools to assess pregnancy intentions and STD/HIV risk ◦ Providing client-centered contraceptive counseling ◦ Offering reproductive health services in line with established national guidelines, including Providing Quality Family Planning Services, U.S. Medical Eligibility Criteria for Contraceptive Use, U.S Selected Practice Recommendations for Contraceptive Use, Recommendations for Providing Quality STD Clinical Services, and STD Treatment Guidelines. • Feasibility assessment of QI package implementation in a community health center(s) that addresses whether the QI package increases awareness and use of tools to support adolescent reproductive health best practices
Outcome Measures*	Example feasibility measures include: • 20% increase in percent of health center staff in pilot site(s) who are aware of specific tools from the QI package to support implementation of adolescent reproductive health best practices • 20% increase in percent of health center staff in pilot site(s) who use specific tools from the QI package to support implementation of adolescent reproductive health best practices Depending on timing of pilot implementation, preliminary data on QI implementation outcomes may be collected. For example: • 20% increase in percent of health center staff who identify a need for adolescent reproductive health QI • 20% increase in percent of health center staff with improved knowledge, attitudes, and skills related to adolescent reproductive health best practices

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 84/200 words maximum
	• Demonstrated capacity to provide training and technical assistance on QI to community health center staff and leadership, including FQHCs • Demonstrated capacity to develop partnerships with both governmental and non-governmental entities to support implementation of quality care in community health centers • Demonstrated capacity to convene governmental and non-governmental entities to share implementation lessons learned and facilitate collaboration • Documented expertise related to quality improvement of clinical services • Existing mechanisms for dissemination to community health centers • Appropriately trained staff to oversee project implementation, including budgeting, program management, and reporting
14	Applicant Program Experience:* 49/200 words maximum

- Experience convening governmental and non-governmental stakeholders
- Experience developing QI packages to facilitate implementation of QI in community health centers, including in collaboration with federal partners
- Experience developing partnerships via primary care associations or health center controlled networks to pilot QI initiatives
- Experience disseminating QI materials via partner networks

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 94/200 words maximum

The recipient is expected to collaborate with organizations who can provide tools and resources to support adolescent reproductive health-focused QI. In addition to federal partners, other collaborating organizations will include non-governmental entities, such as community-based organizations, academic centers, and professional associations. Individual experts in adolescent reproductive health should also be consulted as part of the QI package development process. Additionally, the recipient is expected to collaborate with organizations who can facilitate QI implementation through networks of federally-qualified health centers. Specifically, this may include the Health Resources and Services Administration Bureau of Primary Health Care, select state-level primary care associations, and health center controlled networks.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 111/200 words maximum

It is expected that up to 25% of the funds for this project period will need to be sub-contracted to a training and technical assistance (TTA) provider who can provide subject matter expertise on adolescent-friendly reproductive health services during the QI package development process.

The sub-contractor should be awarded to a TTA provider with:

- Nationally recognized expertise as a TTA provider to clinic staff to address adolescent reproductive health services
- Substantial experience providing TTA to reproductive health providers
- Documented expertise in the implementation of adolescent reproductive health quality improvement initiatives in primary care, pediatric, or community health center settings
- Documented history of effective collaboration with national organizations (e.g., federal agencies, professional associations)

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 19/100 words maximum

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

CIO CERTIFICATION

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Submission Date: 02/26/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Strategies to Address SDOH that Impact Maternal and Infant Health

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

Maternal and child health professionals

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11	Project Purpose : * 25/150 words maximum	
	To identify best practices and support implementation of evidence based/informed programs that are demonstrating success in addressing the SDOH impacting maternal and infant health	
12	**12.3. Data and Information Systems**	
	Activities*	• **Identify strategies to improve data on SDoH, identify and disseminate strategies to implement community dashboards, identify and disseminate best practices to disaggregate quality improvement data by race.**
	Process Measures*	• **Number identified sources of data for SDoH relating to maternal and infant outcomes.** • **Number resources shared**
	Outputs*	• **Community Dashboards.** • **Trainings and information on data sources and best practices.**
	Budget Period Outcomes*	**Improved capacity to identify and use data to track SDoH that impact maternal and infant health.**
	Outcome Measures*	Number participants reporting improved ability to track SDoH
	12.7. Programs and Services	
	Activities*	• **Identify available best practices to address SDoH.** • **Determine if those practices work to improve mother and infant health.** • **Compile and disseminate best practices to address SDoH and improve outcomes for maternal and infant health.**
	Process Measures*	• **Number identified best practices to address SDoH that impact maternal and infant health.**
	Outputs*	• **Compilation (report) of best practices** • **Trainings; toolkit or resource guide; webinars; meetings to disseminate best practices.**
	Budget Period Outcomes*	• **Increase the number of tools available to assist collaborators that are working to address social determinants of health, health equity, and poor birth outcomes.**

	Outcome Measures*	• **Number of maternal and child health professionals reporting use of tools to address SDoH**

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 171/200 words maximum
	• **Recipient should demonstrate capacity to identify and disseminate best practices to help mothers and babies survive and thrive.** • **Demonstrated ability to provide training and technical assistance to community organizations to address maternal and infant health.** • **Demonstrated ability to support women throughout their pregnancy.** • **Demonstrated experience in pioneering efforts to find solutions to the biggest health threats to moms and babies.** • **Demonstrated capacity to convene community organizations and key stakeholders to share lessons learned and support best practicies to improve maternal and infant health.**
14	Applicant Program Experience:* 111/200 words maximum
	• **Extensive experience convening governmental and non-governmental stakeholders to address issues in maternal and infant health.** • **Extensive experience developing training and tools for community organizations to improve maternal and infant health.** • **Extensive experience supporting community organizations to address disparities in maternal and infant health.** • **Extensive experience developing collaboratives to improve outcomes in maternal and infant health.**
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 47/200 words maximum
	• **Expect recipient to have experience developing collaboratives that work together to understand the impact of SDoH and ability to bring partners together to identify best practices related to SDoH metrics.**
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 18/200 words maximum
	• **N/A**
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 58/100 words maximum
	• **Funds should be used to advance SdoH policy and practice, spread SDoH best practices and energize communities to achieve equity and improve outcomes for women and infants via the implementation of evidence-based programs and policies.**
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Strengthening the Capacity of Schools to Manage Chronic Conditions in Schools

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Pediatric health care clinicians

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$150,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

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

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11	Project Purpose : * 22/150 words maximum	
	To build on identified opportunities at previous convening focused on strengthening the capacity of schools to help students manage chronic conditions.	
12	**12.5. Partnerships**	
	Activities*	1. Reconvene key stakeholders virtually to identify progress in addressing action items and assistance needed. 2. Prioritize action items.
	Process Measures*	3 virtual meetings conducted.
	Outputs*	Summary of prioritization and status of action items.
	Budget Period Outcomes*	Prioritize and address chronic conditions in a collaborative and strategic manner
	Outcome Measures*	50% of top 3 action items addressed.
	12.7. Programs and Services	
	Activities*	1. Convene group of stakeholders to idenitfy core tenets of the management of chronic conditions in schools.
	Process Measures*	3-4 meetings and follow-up conducted.
	Outputs*	Report describing core tenets identified to address chronic conditions in schools
	Budget Period Outcomes*	Input synethesized, vetted, and summarized. Improved capacity to identify, prioritize, and customize relevant programs and services to address chronic conditions in schools.
	Outcome Measures*	Increase in participants reporting improved capacity to identify, prioritize, and customize programs and services to address chronic conditions in schools.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 26/200 words maximum
	The applicant should have substantive experience in addressing school-based health services and in working with education and health agencies as well as other non-governmental organizations.
14	Applicant Program Experience:* 21/200 words maximum
	Applicant should have experience in leading convenings that lead to action and result in measurable outcomes to improve public health.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 16/200 words maximum
	The applicant is expected to work with multiple partners to accomplish action items and consensus.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/10 words maximum
Supporting Community Organizations to Strengthen Vaccine Confidence

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community-based organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 107/150 words maximum

While immunization rates may be high at a national or state level, some communities—especially insular, close-knit communities—are at risk from low vaccine coverage and the spread of vaccine misinformation. Reaching these vaccine-hesitant groups requires effective engagement with community-based organizations, who can serve as credible, trusted messengers on the safety and effectiveness of vaccines for insular communities in a way that state and national organizations cannot.

This project aims to support community-based organizations to strengthen vaccine confidence and equip trusted local messengers to reach at-risk communities. The funded partner will identify and support promising community-based organizations that have credibility with key communities or groups to strengthen vaccine confidence.

12 **12.5. Partnerships**

Activities*

- Support community-based organizations to strengthen vaccine confidence
- Identify and support community-based organizations with innovative approaches to countering vaccine misinformation
- Educate and assist community organizations to serve as trusted messengers to promote immunization in at-risk communities
- Develop strategies to provide rapid surge support and resources to community-based organizations to prepare and respond to VPD disease outbreaks
- Support creative, science-based, trusted, community-based initiatives to educate high-risk communities about vaccination and VPDs, such as hotlines and innovative communication materials.
- Evaluate community-based organization activities and develop lessons learned to improve engagement with communities at risk.

Process Measures*

- Trainings held for CBOs
- Develop community-based partner engagement plan
- Identification and support of at least 6 community-based partners in areas of high need and/or reach with key groups

Outputs*

- Completed community-based partner engagement plan
- Development of criteria for identifying community-based partners with promise for impact in strengthening vaccine confidence
- Direct support of key community-based partners
- Development and implementation of culturally appropriate resources or materials by key community-based organizations to groups at risk from under-vaccination or vaccine misinformation

Budget Period Outcomes*	• Completed evaluation of community-based partner activities • New community-specific resources or materials for groups at risk • Completed strategy for community-based partner engagement to support vaccine confidence
Outcome Measures*	• Engagement with at least 6 community-based partners • Completion of evaluation of community-based partner activities

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 28/200 words maximum
	Applicant must have the capacity to complete the required activities, engage with diverse stakeholders and community-based organizations, and support a broad range of innovative, community-based projects.
14	Applicant Program Experience:* 29/200 words maximum
	Applicant must have extensive experience engaging with community partners, supporting diverse projects in support of public health and immunization activities, and strong relationships with public health partners.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 27/200 words maximum
	Collaboration is essential to this project. Awardee is expected to collaborate with mutliple, diverse community-based organizations to support vaccine confidence and protect communities at risk.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 48/200 words maximum
	Subcontractual work is expected to be a subtantial part of this project. Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 88/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility and related expenses are allowed. Funds may not be used for food and beverage services except for travel related per diem for grantees, consultants, contracts and sub-contracts. Awardees should expect to travel at least one staff member for a awardee meeting at CDC in Atlanta, Georgia.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/10 words maximum
Supporting Lead Free Communities through Partner Coordination

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community-based Organization

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$65,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

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

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

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

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 146/150 words maximum

To create a multi-sectorial public-private collaborative that will lend itself toward outlining components of a “lead-free communities” model.

Nationwide, thousands of children are being exposed to hazardous sources of lead in their homes, schools, daycares and other places where they live and play. To avoid the health burden & associated costs of elevated blood lead levels, there is critical need to eliminate the most common sources of lead from children's environments in a comprehensive and coordinated primary prevention manner (before exposure occurs). An important public health goal is to develop a "lead-free community" model including well-established interventions/recommendations for removal of lead hazards from children's environments. Development of such a model will require a broad-reaching ***collaborative effort*** amongst multiple levels of partners and stakeholders from various governmental and non-governmental sectors.

12 **12.5. Partnerships**

Activities*

Convene 1 or more workshops of Lead SMEs and stakeholders (20-30 people) to work to flesh out a plan for the Lead-Free Communities Collaborative to address elimination of lead exposures in children's environment. Travel for some attendees maybe needed.

Ground-truthing meeting (s) will outline the components of a comprehensive lead-free community model. Identified partners might include, but not be limited to, healthcare agencies, public health departments, housing and environment sectors, children's health and environmentalists, community-based organizations, local business and philanthropists.

If deemed as the next step through ground-truthing meeting (s) with stakeholders, identify and recruit a diverse, multi-sectoral group of partners and stakeholders with an interest and/or expertise in lead exposure prevention and/or lead hazard elimination that will form the basis of a "Lead-Free Communities Collaborative."

Process Measures*

	1. 1. Number of new partners playing an active role in the project 2. Number of meetings and calls held with partners 3. Successful development of a Lead-Free Community model 4. Number of attendees at workshop(s)
Outputs*	Convene 1 or more workshops of Lead SMEs and stakeholders (20-30 people). Meeting summaries, attendance, and evaluation of the meeting(s) will also be completed, along with logistics. Workshop proceedings will include: outline the components of a comprehensive lead-free community model and may also include the list of identified and recruited members of the initial Lead-Free Communities Collaborative, if deemed as next step of ground-truthing stakeholder meeting(s). Organizing and documentation of meetings held of the Lead-Free Communities Collaborative, including associated attend and notes as applicable.
Budget Period Outcomes*	Increased coordination among Lead stakeholders Development of a roadmap to work toward lead elimination in children's environments
Outcome Measures*	% who indicate a sense of increased coordination in the Lead space around lead elimination from children's environments

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 55/200 words maximum
	Ability to convene community based organizations, lead SMEs, and other related stakeholders in 1 or more ground truthing workshop that will result in the formation of a team of leaders that will form the basis of a "Lead-Free Communities Collaborative and who will work to start to develop a roadmap for subsequent activities to guide the Lead-Free Communities Collaborative's work.
14	Applicant Program Experience:* 20/200 words maximum
	Experience convening stakeholder meetings, supporting formation of expert groups and developing programmatic materials to inform program development/new initiatives.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 36/200 words maximum
	This will be a collaborative process and will likely require collaboration and coordination with many stakeholders, including but not be limited to, healthcare agencies, public health departments, housing and environment sectors, children's health and environmentalists, community-based organizations, local business and philanthropists.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 20/200 words maximum
	Subcontracts can be used if deemed supportive to accomplish program objectives. Subcontracting will be done in coordination with CDC.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 18/100 words maximum
	Funds should be used to support staff time, logistics, travel support, and meeting convening related expenses.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/10 words maximum
Training Public Health Practitioners and Data Scientists on American Indian and Alaska Native Data Access

2 CIO:*

3 Division/Branch/Office/Unit:*

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

CIO POC email address(es):*

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

CIO POC phone number(es):*

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

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

CBOs serving racial/ethnic minority communities

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$150,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
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- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 139/150 words maximum

Develop training modules for prospective users (e.g. public health practitioners, epidemiologists and biostaticians, students and non-profit organization data users in multiple sectors of public health) in order to promote the analysis of AI/AN populations in federal health data sets. Further, public service and academia partners responsible for the development of state, tribal, local and territorial data which is used to develop budgets and target resources for public health programming, etc. will be a primary target as their health statistics and methodology has a direct bearing on information for decision-makers. In addition to promotion through regular dissemination activities (website, email lists, and social media as appropriate), we will ask stakeholders to also publicize the modules. CDC/NCHS data sets will be highlighted. Modules will be available on-demand to users thru a website; written material to accompany each module will be developed.

12 **12.3. Data and Information Systems**

Activities*	Recipient will develop training modules in 4 key areas: (1) decision tree to help align the areas of interest with appropriate data sets; (2) limitations and considerations for selected data sets; (3) data access issues, including navitating the application processed for data repositories; (4) inferences and implications of weighted processes. Modules will provide didactic exposition of each survey (i.e. BRFSS, NHIS, NHANES, NSDUH, etc.) and feature use-case scenarios. Recipient will develop accompanying documentation for each module which will be available for users.
Process Measures*	At least 4 training modules are developed that are culturally appropriate.
Outputs*	1.Development of 4 training modules. 2. Development of accompanying documentation that compliments the modules 3. AI/AN volunteers will review the modules content for appropriate learning approaches and case uses; currated stories from community organizations. 4. website posting of modules on recipients site 5. TA will be available to users via e-mail to trainees up to 1 year post-training .
Budget Period Outcomes*	By July 2021, 4 training modules and accompanying documenation will have been developed, vetted, and shared widely with the tribal health departments, Indian community health organizations, and others.
Outcome Measures*	

		Number of trainees that have completed each module.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 46/200 words maximum
	Should have knowledge of data quality,underrepesented populations data needs, and advocacy at the national level. Should have knowledge in public health data sets, national health surveillance instruments, and epi experience. Should have knowledge in the development of and implementation of training modules. Should be able to maintain a website.
14	Applicant Program Experience:* 42/200 words maximum
	Experience in public health data sets, national health surveillance instruments, and epi experience. Experience in data quality,underrepesented populations data needs, and advocacy at the national level Experience in development and implemention of training modules for Tribal and urban public health organizations. Experience in web-based training.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 18/200 words maximum
	The recipient is expected to collaborate with CDC and other partners, as appropriate, to complete activities
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum
	Subcontracting is permitted to accomplish specific activities. Should subcontracting be proposed by the recipient, CDC will work with the recipient to identify selection criteria.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/27/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Translating Evidence to Practice: Implementation Tools for Preventing Opioid Overdose

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 9/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community based organizations and community behavioral health organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$500,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 143/150 words maximum

CDC funds 66 state, territorial, county, & city health departments through its Overdose Data to Action (OD2A) program. The funded health departments are required to implement & evaluate interventions at the state & local level for preventing opioid overuse, misuse, use disorder, & overdose.

Across the country, public health, public safety, & other entities have been encouraged to use evidence-based strategies to reduce opioid overdose deaths,& many natural multi-sectorial experiments are happening around the country. Unfortunately, neither these "experiments" nor the tools developed by CDC & partners contain detailed information about start-up, implementation, or evaluation of many evidence-based strategies. This project would build on the insights from CDC Epi-Aids, the growing evidence base, tools such as CDC's "Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States," & several pilot projects occurring among OD2A-funded state & local health departments & NACCHO demonstration projects to incorporate real-world implementation guidance, lessons learned, & concrete "how to" steps for implementing partners.

12 **12.7. Programs and Services**

Activities*

	Proposed Activities: Based on CDC's "Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States" develop implementation and evaluation materials for three to five of the following strategies: • Targeted Naloxone Distribution • Medication-Assisted Treatment (MAT) • Academic Detailing • Eliminating Prior-Authorization Requirements for Medications for Opioid Use Disorder • Screening for Fentanyl in Routine Clinical Toxicology Testing • 911 Good Samaritan Laws • Initiating Buprenorphine-based MAT in Emergency Departments • Syringe Services Programs Additional strategies, not listed here, may be proposed based on: • Consultation with CDC and field experts • Evidence of public health impact • Desirability by implementing partners • Feasibility for scale-up For three to five strategies, create usable "how to" instructions to facilitate uptake: • Develop training materials, how-to steps, case examples, and other resources to facilitate implementation of each of these strategies • Develop evaluation plan and metrics to evaluate the strategies and their implementation • Create camera-ready copies of materials that will be reproduced for larger audiences Develop a promotion plan, disseminate and promote tools and training materials via websites and webinars
Process Measures*	Number of experts engaged Partners that gain access Training materials and tools developed
Outputs*	Expected Outputs: A set of implementation tools for three to five of the proposed evidence-based strategies; evaluation approach for these strategies
Budget Period Outcomes*	Expected Outcomes: Increase in uptake of tools and resources available for communities to implement evidence-based strategies. Increase in the implementation of evidence-based strategies in communities.
Outcome Measures*	Website views Toolkit downloads Webinar participants

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 46/200 words maximum
	Must have adequate staffing and organizational capacity to identify evidence-based strategies, work in public health settings, work in communities and with partners, implement trainings, develop tools and resources, and leverage networks of partners to promote and disseminate tools and resources.
14	Applicant Program Experience:* 43/200 words maximum
	Applicant should have experience developing and/or implementing evidence-based public health strategies. Experience with drug overdose or opioid overdose-related programs is a plus. Extensive experience working in public health settings and in communities. Experience implementing training, technical assistance in communities.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 31/200 words maximum
	Meaningful collaborations with groups most directly involved with informing, implementing or evaluating drug and/or opioid overdose prevention strategies at the state and community levels.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 34/200 words maximum

	The applicant may subcontract or partner with various state and community organizations and subject matter experts to support the delivery and implementation of evidence-based strategies as appropriate.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 16/100 words maximum
	Budget should include travel and contracting, as appropriate.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Using community-based organizations to increase swim-survival skills among vulnerable youth.

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 28/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community-based organizations (i.e., YMCAs nationwide) offering programs and services for youth, including swim lessons, with a specific focus on youth development, healthy living, and social responsibility.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 117/150 words maximum

About one out of five people who die from drowning are youth under the age of 14. Some youth are more at risk of drowning than others, including racial/ethnic minorities. American Indians/Alaskan Natives are two times more likely to drown than whites, and African Americans are 1.4 times as likely to drown as whites. These disparities are especially prominent in swimming pool related drowning deaths where African American children are more than five times more likely to drown than white children. Teaching school-aged children swimming and water-safety skills is one of six effective strategies for reducing drowning identified by WHO. Therefore, the purpose of this project is to help community-based organizations deliver drowning prevention-related basic swimming and water-safety skill programs to youth at greater risk of drowning.

12 **12.3. Data and Information Systems**

Activities*	• Develop a plan to identify and reach vulnerable youth who have not participated in swim lessons • Develop a systemwide process for collecting basic swimming and water-safety skills data (among participants, among instructors, and swim curriculum elements) • Create and pilot test a uniform data collection tool to assess participant basic swimming and water-safety skill level before and after class participation • Create tools for evaluating program level success as measured by reaching vulnerable populations and increasing swim abilities
Process Measures*	• Describe data needed to determine reach into vulnerable populations, and to analyze basic swimming and water-safety skills of program participants • Describe indicators needed to calculate program and participant related costs • Identify validated tools that could measure basic swim and water-safety skills in youth • Identify validated tools that could measure curriculum fidelity • Determine indicators of program feasibility and success across the participating organization
Outputs*	• Draft data collection tools to capture basic swim skill and water-safety skill among program participants • Draft data collection tools to capture instructor adherence to established curriculum • Draft evaluation plan and program evaluation tools • Report on barriers to implementing a systemwide process for collecting basic swim skill/water safety skill data, as well as barriers to program participation
Budget Period* Outcomes	• Pilot data collection form(s) in community-based programs • Provide strategies for implementing a systemwide process for collecting basic swim skill and water-safety skill data, program reach, and instructor fidelity to curriculum • Propose a systemwide process for collecting uniform data collection • Create uniform data collection form(s) that addresses progressive competency of swim and water safety-skill

Outcome Measures*	• Systemwide process for collecting program level data created and tested

12.5. Partnerships

Activities*	• Engage local stakeholders and other groups in the community with an interest in youth drowning prevention and established networks that reach vulnerable youth • Track program opportunities and barriers in the area of stakeholder engagement and reach to vulnerable youth
Process Measures*	• Describe process of local community group and stakeholder engagement that help reach youth most at risk for drowning
Outputs*	• Written partnership strategy in place to identify and recruit youth most at risk for drowning • Written stakeholder engagement lesson learned guide that could be used to improve engagement at other sites
Budget Period Outcomes*	• Work with local stakeholders to identify ways of recruiting youth for pilot program.
Outcome Measures*	• Partnership strategy in place to identify and recruit youth most at risk for drowning. • Communications plan in place to disseminate program findings and highlight successes.

12.7. Programs and Services

Activities*	• Develop a program that teaches basic swimming and water-safety skills to vulnerable youth at the highest risk of drowning. • Identify key program elements that reach at risk youth and improve basic swimming and water-safety skills • Develop indicators from which to measure program reach and the feasibility of delivering swim lessons in diverse communities (e.g., in rural and urban communities; low socioeconomic communities). • Determine how program feasibility and sustainability will be evaluated. • Determine how overall impact will be evaluated. • Develop training materials and tools for programs, instructors, and vulnerable youth. • Develop a plan to address barriers to youth participation (e.g., lack of proper equipment, transportation to the site, class scheduling)
Process Measures*	• Determine the proportion of current program participants who are from underrepresented and underserved communities • Evaluate organization's present reach to vulnerable youth • Develop process for enhancing reach to vulnerable youth not currently part of the program and evaluate barriers to enhancing reach
Outputs*	• Develop a report Identifying the specific basic swim and water safety-skills that will be taught. • Develop a report Identifying strategies that engage youth and families from vulnerable communities. • Describe potential program limitations to reaching youth from underserved communities
Budget Period Outcomes*	• Develop a program manual including training materials and tools for programs, instructors, and youth. • Complete pilot test of the program in 2-3 sites
Outcome Measures*	• Draft implementation guide for lessons learned to enhance reach to vulnerable youth • Draft report based on pilot data that determines changes in reach, and documents swim skill acquisition and instructor adherence to chosen curriculum • Increase the proportion of youth from underserved communities participating in swim lessons • Compare the community drowning risk for areas that provided this service versus those that did not.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 32/200 words maximum
	Applicant must be able to engage with their communities, specifically underrepresented and underserved communities to deliver high quality programs and services aimed at youth development.
14	Applicant Program Experience:* 67/200 words maximum
	Experience delivering a nationally recognized swim instruction curriculum to youth, and programming to youth from underserved populations. Ability to scale lessons learned nationally and collect data on youth served and swim skill. Program must have access to a pool suitable for swim lesson instruction and demonstrate provision of a safe environment with certified instructors and guards, and a low student to teacher ratio.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 54/200 words maximum

	Grantee is expected to work with CDC and local partners in their community to increase reach of youth development programs. CDC will provide technical assistance on existing data pertaining to burden, circumstances, and swim-related survival skills. CDC can also provide assistance on data collection methodology and program evaluation.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum
	As required, applicant may wish to draw upon subcontractors who can help support technical assistance that may not reside in applicant's organizational structure. This may include expertise in program development and evaluation.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 25/100 words maximum
	Travel may be included in the budget plan, as partner engagement is an important element of the plan.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/25/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Utilizing Care Coordination to Improve Healthcare Delivery and Population Health

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 20/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Build health system, health plan, and healthcare provider organization capacity through physicians, preventive medicine physicians, or US hospitals and health systems

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☑ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☑ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 76/150 words maximum

This project is targeted to create scaleable care coordination model pilots involving health systems, health plans, and healthcare provider groups within a community. The intent of these models is to build capacity within and between these three sectors that will lead to 1) identification of policies to support care coordination of social needs and social determinants that affect the health competitiveness of a community and 2) improved care coordination that will lead to decreased total costs of care within value-based payment models.

12 **12.5. Partnerships**

Activities*	Applicant will identify 1-2 care coordination pilots between health plans, health systems, and provider groups
Process Measures*	Identify a framework for a model pilot that includes the findings of the environmental scan and the analysis of innovative practices. Framework will include findings from key stakeholders, innovative practices and barriers to or enablers for implementation, those developed through partnerships, roles of partners, outcomes for monitoring progress and other key elements as identified by the applicant and CDC. The report will include recommendations for partnership activities that are designed to accelerate multi-sector investments into population health care coordination priorities
Outputs*	1. Innovative pilot practices in multi-sector care coordination management that bear further investigation. 2. In-depth case studies of one to two communities that have implemented population health care coordination strategies in the health plan, health system, and provider sectors and have observed health and cost outcome improvements. 3. Recommendations for implementing or scaling practices, policy recommendations, change management resources.
Budget Period Outcomes*	Participating stakeholders will have increased understanding of how to work with health plans, health systems, and providers to implement and scale best practices
Outcome Measures*	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

12.6. Laws and Policies

Activities*	Review existing CDC and CMS work e.g. Community Navigator (OADPS product), Community Guide, Accountable Health Communities, applicable CMS value based care coordination models Conduct brief literature review of recent innovative policies and practices in care coordination addressing social needs and social determinants implemented by community collaboratives, health plans, health systems, and/or provider organizations.
Process Measures*	Percent increase in the number of stakeholders identified as engaging in implementation of policies and systems change strategies to improve care coordination and value based care
Outputs*	Completion of an analysis of policy and systems change strategies identified in the environmental scan and the request for information on innovative strategies.
Budget Period Outcomes*	Strengthened capability to systematically apply and use laws, policies, and systems change strategies to improve care coordination and decreased total cost of care Improved ability of CDC and participating stakeholders to articulate the effect of these policy issues on community health and community health costs that will influence the health competitiveness pf that community. Increased capacity to evaluate laws and policies to affect health improvement.
Outcome Measures*	Increased number of policies that supported improved population health

12.7. Programs and Services

Activities*	Conduct environmental scan of target groups to identify model communities that have implemented or tried to implement innovative practices designed to control total costs of care in value based payment models between health plans, health providers, and health systems
Process Measures*	Number of model community pilots created (n >1)
Outputs*	Creation and dissemination of resources covering a multi-sector approach to engaging health plans, health systems, health providers to invest in population health approaches for care coordination.
Budget Period Outcomes*	Target stakeholders will report an increase in their capacity to engage with identified best practices.
Outcome Measures*	Ability to identify with CDC's assistance, specific chronic conditions and health behaviors, initially from within the 6|18 and HI-5 population health portfolio, care coordination models that address how social needs and social determinants need to be addressed to positively impact the implementation of care coordination within value based payment models

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 188/200 words maximum

The applicant should have the demonstrated capacity to engage with, and coordinate project activities across health systems, health plan, health providers, community-based service providers who are utilizing the 6|18 and the HI-5 Initiative health behaviors and chronic disease conditions at a minimum as part of their care coordination approach within value-based healthcare payment models. This capacity should be internal and the ideal recipient will also have existing documented partnerships with other entities that reach these key stakeholders.

In addition, the applicant should have demonstrated capacity to oversee and manage all aspects of the project so that

1. Deliverables simultaneously maintain fidelity to the underlying science while also packaged in a way that is most appropriate for varied end users

2. Deliverables to the identified stakeholders are available in a timely fashion

3. Meeting discussions and material development/testing processes are iterative and mutually reinforcing.

14	Applicant Program Experience:* 131/200 words maximum

The applicant should have experience that demonstrates the requisite organizational capacities outlined above—as well as should have a clear plan for engaging partners/sub-contractors who have demonstrated experience/expertise in these areas. Specifically, the applicant should have experience coordinating and managing projects that involve iterative engagements with health plans, health systems, health providers, and producing models within short-term project periods. The applicant (and/or any proposed partners and subcontractors) should also have demonstrated experience translating and packaging public health science and promising practices for health plans, health systems, health providers, and community based service provider stakeholder groups. Finally, the applicant should have experience providing technical assistance to entities (e.g, health plan, health systems, health providers, and community based service provider stakeholder groups), pursuing health systems transformation efforts, particularly those directed towards identifying innovative ways to address population health determinants that affect improved health and cost outcomes of population health.

COLLABORATIVE WORK

15	Expectations for Collaboration, as applicable: 62/200 words maximum

It is expected that the awardee will collaborate with CDC to plan a least one model with health plans, health systems, health providers and community based service provider stakeholder groups. The awardee is also expected to collaborate with CDC and the identified target audiences to create CDC's identified deliverable materials to meet the needs of these groups.

16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 0/100 words maximum

CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 02/28/2020 You will be directed to a confirmation screen upon successful save or submission.