FOA: CDC-RFA-OT13-13020502SUPP17
Category C FY17 CIO Project Plans
(31 Project Plans)

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Office for State, Tribal, Local and Territorial Support
Partnership Support Unit
Final

FY 2017 CIO PROJECT PLAN
FOA OT13-1302
Building Capacity of the Public Health System
to Improve Population Health through National, Nonprofit Organizations

Project Plan Instructions

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 7	Addictions, Detect and Prevent Prescription Drug Misuse
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Dean S. Seneca Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-1607 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	zkg8@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 15	Community Mental Health Organizations in all 56 States and Territories and in Tribal Nations
Proposed project funding*	$500,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 706	Chronic pain is a public health concern that affects 50 million adults in America, contributing significantly to individual disability and economically impacting our health care system. As prescribers work to both decrease unnecessary opioid prescribing and address the chronic pain of patients, providers are forced to walk a fine line in providing care to individuals with chronic pain concerns. Systemic interventions are needed to ensure that state Medicaid, private payees, public and behavioral health systems and providers are leveraging evidence-based behavioral health practice to reduce prescription drug misuse and promote alternative therapies to addressing chronic pain. CDC is looking to develop a Chronic Pain Management State Learning Collaborative (CPMSLC), a multidisciplinary intervention centered on promoting access to chronic pain care integration and improvement. The CPMSLC will recruit states and tribes to participate in the program based on current chronic pain standards and trends of opioid prescribing. Participants in the program will be provided with technical assistance that promotes a comprehensive understanding of chronic pain, as well as focuses on topics such as the common co-occurrence of chronic pain with behavioral health issues, benefit design that is responsive to the unique needs of populations suffering from chronic pain, leveraging statewide data for the use of population health management practices in high -risk populations, and evidence-based practices of non-opioid treatments for chronic pain. The HIV and HCV outbreak in Scott County, Indiana offered insight into the impact that opioid use disorder (OUD) and other co-occurring mental health conditions can have on enhanced risk for infectious diseases. A growing body of research demonstrates a significant link between behavioral health conditions and HIV/AIDS as well as HCV. Individuals with mental illnesses have an HIV prevalence rate at least four times higher than the average population, and of the 420,000 diagnosed with HIV/AIDS in the U.S. from 2005-2009, nearly one quarter of individuals needed treatment for alcohol use or illicit drug use in the past year. Behavioral health conditions and associated social factors (like poverty, and lack of education and health care access)

	can contribute to risky sexual or drug use behaviors, resulting in HIV and HCV infection. Systemic interventions are needed to disrupt the opioid misuse to inject drug use to enhanced HIV and HCV risk pipeline The prescription opioid epidemic poses major threats to the nation's health. According to the CDC, over 33,000 individuals in the United States died due to overdose from opioids in 2015. States have begun to reduce the misuse and diversion of controlled substances and prescription opioids by utilizing prescription drug monitoring programs (PDMPs). These state-based electronic databases contain information on controlled substance prescriptions dispensed by pharmacies and prescribers, and are shared amongst these and other pertinent stakeholders (such as law enforcement). While all 50 states have a current structure in place for the exchange of information related to controlled substance prescriptions; fragmented systems, structural variation, and a gap in utilization strategies has undermined the uptake of PDMPs and other health information technology interventions needed to address the opioid epidemic. A work plan will address: • Increase evidence-based psychosomatic etiologies, behavioral health conditions associated with chronic pain, and behavioral health interventions that can address chronic pain. • Develop and implement mechanisms that allow for population health management analyses of high-risk populations at state, tribal, regional, and local levels. • Apply content knowledge of chronic pain management to proposed changes in healthcare legislation, regulation, and coverage. • Recognize opportunities to promote evidence-based behavioral health practices to reduce prescription drug misuse, including alternative therapies to addressing chronic pain. • Develop monitoring and evaluation standards to enhance the evidence base of alternative therapies for chronic pain management. • Leverage epidemiological and health insurance claims data, as well as health informatics to identify additional geographic areas most at-risk for an opioid fueled HIV and HCV outbreak. • Apply content knowledge of the Opioid to Enhanced HIV and HCV Risk Pipeline to develop communication and educational campaigns for identified regions of risk. • Develop multi-stakeholder partnerships and contingency plans to be responsive to an infectious disease outbreak that must include community health centers. • Assess barriers to utilizing prescription drug monitoring programs and other health information technology opportunities. • Utilize population health management techniques to identify areas where prescription drug misuse is most prevalent. • Leverage the use of PDMP and health informatics to design systemic interventions to address the opioid epidemic.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☑ Public Health Data and Information Systems ☐ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 38	A not-for-profit 501(c)(3) association where the mission is to advance the ability to deliver integrated mental health care. A group that advocates for policies that ensure people who have mental health and substance use problems can access comprehensive healthcare services.
Applicant program experience* (Maximum of 500 words) Word count 130	America's behavioral health organizations are building strong and healthy communities by helping people with mental illnesses and substance use disorders recover and lead productive lives. These organizations are: Saving lives through 24-hour crisis response and suicide prevention Lowering health system costs by integrating primary care prevention into behavioral health settings Keeping neighborhoods safe by providing re-entry treatment to prisoners with mental health and substance use needs Building strong local economies by linking people with job training and employment services Using the latest trauma and brain research on to push forward with new mental health and addiction therapies Helping people stay sober by providing alcohol and drug abuse treatment Helping veterans cope with post-traumatic stress disorder Making schools a healthy place to grow and learn Teaching Americans to recognize and help persons with mental illness through Mental Health First Aid
COLLABORATIVE WORK	
	N/A

Expectations for collaboration (If applicable, maximum of 300 words) Word count 2	
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 2	N/A
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 13	the budget must accurately reflect the out-lined activities in this Project Plan
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-21	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 14	Appraisal of Clinical Care Practices for Child Obesity Prevention & Treatment to Inform Quality Improvem...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY
CIO POC name(s)* Enter up to 3 names	Suzianne Garner; Alyson Goodman; Linda Barnes Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-5044; 770-488-6269; 770-867-9697 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	sle1@cdc.gov; iym3cdc.gov; lit2@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 2	Pediatricians/Immunizers
Proposed project funding*	$60,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 590	Approximately 12 million children in the US have obesity, putting them at increased risk for serious and costly health and social consequences. Unfortunately, the harms of obesity and the benefits of treatment are not equally shared. In particular, children of low-income families and racial/ethnic minorities carry a higher burden of overweight and obesity. The U.S. Preventative Services Task Force (USPSTF) has recommended (Grade B) that clinicians (a) screen all children aged 6-18 years for obesity by measuring body mass index and (b) offer or refer children with obesity to moderate to high intensity (defined as 26-75 hours of contact time over a 6 month period) family-based comprehensive counseling (i.e., nutrition and physical activity) and behavioral interventions. While these recommendations, and the 2007 Expert Committee Guidelines released by the American Academy of Pediatrics were based on a number of high quality randomized controlled trials, the evidence base thus far still has gaps on specific implementation and management details. For example, intensive behavioral counseling is effective in weight management interventions; however, the identification of which children and families are ready to receive that intervention and the precise components of motivational interviewing techniques required remain unclear. In this case, recent reviews and guidelines have not included information on these techniques because the evidence base is not robust enough to meet inclusion criteria; however, healthcare providers still need information on the most recent evidence to guide their clinical practice. Goals The Aim of this project is to create a comprehensive summary product on evidence and gaps for quality care processes for child obesity clinical prevention and treatment. This product will leverage recent robust reviews of pediatric obesity prevention and treatment (i.e., the USPSTF Task Force Evidence Review and Recommendations, and the AHRQ-funded American Academy of Pediatrics (AAP) review summary) and identify components of clinical practice not addressed in these reviews, but that are integral parts of the clinical implementation process for carrying out recommendations of the US Preventive Services Task Force and other guidelines. Expected

	Outputs and Outcomes: • Apprasail of the evidence through a systematic review to determine where the evidence base thus far has sufficient details on implementation and where there are gaps • Summary document on sufficiency and gaps The aim is to ultimately: a) Identify specific gaps in the knowledge and evidence base for: i. implementing BMI screening and nutrition/physical activity counseling for all children ii. nutrition/physical activity counseling using motivational interviewing techniques for children with overweight or obesity iii. mastery of behavioral techniques by children and families in order to maintain healthy lifestyles iv. techniques for identifying children and families ready for change in behaviors and/or referral to a pediatric weight management program b) Determine knowledge gaps in recruitment and intervention pathways such that children with specific clinical criteria (including degree of body mass index (BMI) severity, presence of comorbidities (e.g., diabetes, inflammatory markers) are matched with an ideal intensity of weight management interventions that can help improve health. c) Summarize the most current evidence for identified gaps Sample Activities: The purpose of this project is to provide information on gaps in the evidence base from healthy weight screening and referral to weight management screening through intervention, or program completion. This appraisal may conduct a roadmap of this continuum and then proceed to determine where the current evidence base has sufficient detail to guide implementation. For those areas where the current evidence base has insufficient data, this project will put forward gaps (e.g., of readiness assessments, motivational interviewing key components, skills mastery). For those areas where a gap remains, this review will summarize those gaps and provide a preliminary recommendation for future evaluation and research needs.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 84	Applicant needs to demonstrate the following requirements: 1. Applicant must be able to conduct an appraisal such as a systematic review of clinical pediatric obesity research studies or be able to rapidly subcontract clinical research experts for that staff position(s). 2. Access to subject matter experts across childhood obesity (e.g., pediatricians, psychologists, registered dieticians) who can help guide the review. Applicant must also demonstrate the ability synthesize findings relevant for pediatric healthcare or health programs to low income children and families for obesity prevention and treatment.
Applicant program experience* (Maximum of 500 words) Word count 20	Applicant should have experience engaging with strategic stakeholders involved in pediatric obesity prevention and management programs and services.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 22	It is expected that the applicant will work collaboratively with CDC subject matter experts in the development of the review.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 21	An subcontract may be needed to hire staff (if not available) that can dedicate time and expertise to conducting the review.
BUDGET INSTRUCTIONS	

General instructions for use of funds – as applicable (Maximum of 300 words) Word count 32	Please submit a line item budget including all costs for project management and subcontracting utilizing the following considerations: National Network Partner Applicant project manager time Staff member to conduct reviews, complete synthesis document
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-24	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 16	Assessing Feasibility and Impact of CDC's "Learn the Signs. Act Early." Program in Early Head Start Settings
CIO*	NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES
Division*	DIVISION OF DEFECTS AND DEVELOPMENTAL DISABILITIES
CIO POC name(s)* Enter up to 3 names	Katie Green; Julia Abercrombie Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-3872; 404-498-4054 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	kpk9@cdc.gov; gun2@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 22	Early Head Start grantees and affiliated early care and education providers serving families with children from birth to age three years
Proposed project funding*	$325,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 737	CDC estimates that about one in six children has a developmental disability. Children with developmental problems are at increased risk for poor outcomes in many areas important to health, well-being and success in life. Early treatment and services can have a significant impact on a child's ability to learn new skills and earlier identification will maximize children's opportunities to benefit from services. However, most children with developmental delays are not identified early enough for them to benefit from early intervention services and research suggests that there are racial disparities in the receipt of early intervention services, with black children who would be eligible at 24 months of age being five times less likely to receive services than white children. The CDC's Learn the Signs. Act Early. program aims to improve early identification of children with developmental disabilities by developing high-quality, evidence-based materials to promote and facilitate developmental monitoring among parents of children from birth to age five. To ensure sustainability and avoid duplication, the program often seeks to integrate materials and messages through the formation of partnerships with other programs that already serve the target audience. The Early Head Start program provides comprehensive developmental support to low-income infants, toddlers, families and pregnant women. In 2015 Head Start and Early Head Start served over one million children who are considered at increased risk for developmental delays and disability. The Learn the Signs. Act Early. team is seeking to fund an organization who will engage it's network of partners or members to leverage new and existing partnerships with Early Head Start programs in two phases over the course of two years. During phase one, the successful applicant will identify, engage, and support (with funding) a network partner(s) or member(s) that has existing collaborations or connections with Early Head Start programs to perform a feasibility study that will assess the barriers and facilitators of integrating Learn the Signs. Act Early. materials for routine use in developmental monitoring or tracking young children's developmental milestones. Phase one will also include stakeholder engagement to involve

	Early Head Start program staff in the design and preparation for phase two. During phase two, the awardee will support the implementation of a study assessing the effects of developmental monitoring using Learn the Signs. Act Early. materials on developmental screening and other outcomes of interest in an Early Head Start setting. As part of the Head Start Performance Standards, Early Head Start grantees are required to monitor children's development through an assessment process and to complete or obtain a current developmental screening for all children upon entry. Learn the Signs. Act Early. materials promote family engagement, complement developmental screening, and are evidence-based resources for early child care education professionals to use as part of the thorough assessment process. The successful applicant will offer access to a network member or partner that is well positioned to build upon overlapping interests, leverage existing partnerships, and use collaborative and inclusive approaches to develop a study that assesses the feasibility of including Learn the Signs. Act Early. materials in Early Head Start and evaluates the impact of pairing developmental monitoring using Learn the Signs. Act Early. materials with screening practices in the Early Head Start context. An important output of the project will be a summary report describing, in detail, the model and framework used for integration of materials, challenges faced, and ways to overcome challenges for use in other efforts to integrate materials into the Head Start setting. Additional outputs include: - A detailed plan that includes: a list of Early Head Start target sites; a description of key meetings and/or milestones with stakeholders; a description of the evaluation design, including data collection and analysis; and expected findings and applicability - Continuous communication of project progress through monthly calls and semi-annual reporting - Summary of findings through comprehensive and executive summaries Following the project it is expected the applicant will have communicated findings on the feasibility of integrating Learn the Signs. Act Early. materials into Early Head Start sites, as well as evidence demonstrating the influence that developmental monitoring, when paired with screening practices, can have on: - Early Head Start grantees (frequency, ease, self-efficacy, accuracy of screening responses) - Early care and education providers (such a as self-efficacy of staff to conducting developmental monitoring and screening) - Influence on awareness and perceived need for developmental monitoring in the childcare setting and at home - Number of referrals, follow-up, connection to services, and dialogue between parent and provider.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 64	The successful applicant will have: (1) access to a network of members or partners that are very well-positioned for collaboration with Early Head Start programs and highly capable of carrying out a feasibility study, and to implement and evaluate a program in an early head start setting; (2) a successful history of managing the work of subcontractors and facilitating their engagement with CDC.
Applicant program experience* (Maximum of 500 words) Word count 52	The successful applicant will have experience working with programs aimed at early childhood development and, in particular, Head Start and/or Early Head Start. The applicant will have experience designing and implementing multi-site research projects in the field and experience collecting and building evidence by using evaluation and data collection tools.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 19	CDC expects to engage routinely with the awardees and subcontractors to offer technical consultation and subject mater expertise.
	It is expected that most of the funding for this project will be subcontracted to a partner or member of the selected organization's network to carry out both phases of the project. Recommended criteria for appropriate subcontractors should include: (1) A successful subcontracting history with the organization

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 118	(2) an ability to leverage new and existing partnerships with Early Head Start Grantees and early care and education providers; (3) a thorough understanding of the Head Start and Early Head Start program including the comprehensive services available to low-income families with children under five; (4) expertise in study design, evaluation and qualitative and quantitative data analysis and dissemination; (5) ability to collect, analyze, and display data using qualitative and quantitative data collection tools; (6) expertise in early childhood development.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 66	• To identify, engage, and support (with funding) a subcontractor to conduct the 2-phase study and report information about the feasibility and impact of implementing developmental monitoring using Learn the Signs. Act Early. in Early Head Start settings • To provide printed materials to support Early Head Start providers in developmental monitoring • To provide printed materials for Early Head Start providers to give to families with which they work
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 11	Building capacity among Governors to address suicide in the suicide belt states
CIO*	NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL
Division*	OTHER Other division Division of Violence Prevention
CIO POC name(s)* Enter up to 3 names	Malia Richmond-Crum Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-0526 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	jrv8@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 25	Governors, Governors' health policy advisors, and other state officials such as secretaries of health human services, state health officials of public health, and Medicaid Directors
Proposed project funding*	$150,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 335	Suicide presents a major challenge to public health in the United States and worldwide. It contributes to premature death, morbidity, lost productivity, and health care costs. In 2015 (the most recent year of available death data), suicide was responsible for 44,193 deaths in the U.S., which is approximately one suicide every 12 minutes. In 2015, suicide ranked as the 10th leading cause of death and has been among the top 12 leading causes of death since 1975 in the U.S. Overall suicide rates increased 28% from 2000 to 2015. Suicide is a problem throughout the life span; it is the third leading cause of death for youth 10–14 years of age, the second leading cause of death among people 15–24 and 25–34 years of age; the fourth leading cause among people 35 to 44 years of age, the fifth leading cause among people ages 45–54 and eighth leading cause among people 55–64 years of age. Suicide prevalence varies by state and by region, some regions having a higher prevalence than others. This proposal is to host a regional convening on suicide prevention for states with the highest prevalence of suicide in the Western and Southwest regions including: Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming. The convening will be held in one of the states listed above and will include governors' health policy advisors and other relevant state officials, such as the secretaries of Health and Human Services (and/or designees in charge of mental health/behavioral health), State Health Official/Directors of Public Health, Medicaid Directors, private payers, national and local experts, service providers and other key stakeholders (such as Injury Control Research Centers with a footprint in the region). The agenda and presentations for the convening should be informed by CDC's technical package on suicide: Preventing Suicide: A Technical Package of Policy, Programs, and Practices. Following the meeting the grantee will also produce a report and a webinar to share lessons learned with all governors and their health policy advisors from all 50 states.

Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 47	The organization should have established expertise in identifying and promoting needs of states and working with the Governor's offices, including health policy advisors to improve state health. This capacity requires demonstration of strong understanding of state governments and relationships with governors and their policy staff.
Applicant program experience* (Maximum of 500 words) Word count 81	Applicants must have experience working with state governments on suicide prevention and other large scale public health problems. They must have experience convening large cross state meetings to address certain health related topics. The applicant organization must possess solid experience and expertise in building programmatic capacity in states in collaboration with governors. The organization should support state efforts to protect the health of all people and engages in a wide range of educations, technical assistance, training, and policy activities.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 49	Applicants are expected to work with experts in the field of suicide prevention to identify promising strategies and models to prevent suicide at the state level. Applicants are expected to work across sectors of the state governments and ensure participation by state governors needed to implement effective prevention.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 10	Any subcontracting should be reviewed and approved by CDC.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 16	Budget and associated narrative must adhere to OSTILTS and PGO requirements, per the funding announcement.
CIO CERTIFICATION*	
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FOA OT13-1302
Building Capacity of the Public Health System
to Improve Population Health through National, Nonprofit Organizations

Project Plan Instructions

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 16	Building workplace health program expertise and capacity through community-based organizations using ...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF POPULATION HEALTH
CIO POC name(s)* Enter up to 3 names	Jason Lang; Lisa Garbarino Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(770) 488-5597; (770) 488-1496 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	bzl0@cdc.gov; lgt1@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 18	Health promotion or wellness professionals working in chronic disease prevention programs in communities at the local level
Proposed project funding*	$250,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 507	Increasing health care costs and health-related decreases in worker productivity are leading American businesses to examine strategies to improve employee health and contain health costs that are largely driven by chronic diseases and related lifestyle choices. Employers are recognizing the role they can play in creating a healthy work environment and providing their employees with opportunities to make healthy lifestyle choices. Workplace health programs not only benefit individual employees but also make good business sense. The approach that has proven most effective is to implement an evidence-based comprehensive health promotion program that includes individual risk reduction programs, coupled with environmental supports for healthy behaviors and is coordinated and integrated with other wellness activities. However, only 6.9% of employers offer a comprehensive worksite health promotion program, according to a 2004 national survey. Several studies have concluded that well designed worksite health promotion programs can improve the health of employees and save money for employers instituting these programs. Between 2013–2016, the CDC Workplace Health Program developed and pilot tested a comprehensive workplace health training curriculum that is built on a problem-based approach and focused on improving employer knowledge and skills and evaluated basic and intermediate level training and technical assistance. Launched in 2014, Work@Health® (https://www.cdc.gov/workplacehealthpromotion/initiatives/workathealth/index.html) is a comprehensive workplace health training program that has supported employers of various sizes, industry sectors, and geographic areas as well as other participants (train-the-trainers) who support employer workplace health efforts such as health departments, business coalitions, and trade associations. The program helps employers develop a skill set and capacity to build or enhance a science-based workplace health program through basic and intermediate level training and technical assistance and has reached more than 500 employers and certified more than 60 trainers to date. The goal of this effort is train and certify a cadres

	of state and local public health professionals in the Work@Health® program using the train-the-trainer curricula with the intent to train additional employers in their states and communities. The training will build capacity and workplace health expertise within state and local health departments while raising awareness, knowledge, and skills level of employers in these same communities for developing and sustaining effective evidenced-based workplace health programs. Using the approved, evidence-based Work@Health program curricula and evaluation protocol, the grantee will be able to measure changes in trainee motivation and confidence, knowledge, and attitudes related to core workplace health program strategies and principles. Employers who are trained by certified trainers can measure organizational practice changes identified in the CDC Worksite Health ScoreCard. CDC will provide the initial in-person training to train-the-trainer candidates (basic or master) in Atlanta, GA. Per the training program protocol, train-the-trainer candidates are certified (i.e., graduate) and are able to independently train employers after they complete the curricula and a live practice training involving 5 local area employers. The grantee would be involved in identifying and recruiting training candidates and local area employers, scheduling and hosting live trainings, and expanding the program reach and impact (e.g., capacity) by adding the number of certified trainers and offering additional employer training over time.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 68	Applicant should have organizational capacity to work with State Health Officials, State Health Departments, particularly chronic disease units as well as private non-profit organization. The applicant should have organizational capacity to provide outreach to and engagement with public and private employers in states. The applicant should also have technological capacity and infrastructure to offer training and technical assistance using multiple modalities (online, in-person, and blended approaches).
Applicant program experience* (Maximum of 500 words) Word count 81	Applicant should have experience in public health, behavioral science, social marketing, health communications, program and policy development, and program evaluation. Applicant should have ability to reach into and engage the business community. Applicant should have a strong desire and commitment to build workplace health knowledge and capacity within the organization. It is desirable, but not necessary that applicant have experience in workplace health protection and promotion theory and practice, organizational change, evidence-based models and best practices, and industry trends.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 26	The acitvities will be carried out in close collaboration with the CDC Workplace Health Program, and partnership calls will be held monthly to discuss progress.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 47	CDC has contracted for support to maintain a virtual training and technical assistance portal that houses the current training materials and resources as well as scheduling and networking support. This may be of value to the applicant to reduce barriers and eliminate duplication of effort.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable	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. Cost will include staffing

(Maximum of 300 words) Word count 48	support, printing, mailing or other trainee and participant outreach, evaluation data collection and analysis, training logistic support.

CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-23	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 6	Community-based Healthy Heart Hypertension Management Project
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION FOR HEART DISEASE AND STROKE PREVENTION
CIO POC name(s)* Enter up to 3 names	Derrick Gervin; Rebekah Buckley; Letitia Presley-Cantrell Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-5004; 770-488-6215; 770-488-5177 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	vjk8@cdc.gov; eut9@cdc.gov; lrp0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 17	National and Local Y staff; Adults 18 years or older, at risk for and with hypertension
Proposed project funding*	$500,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 69	The purpose of this project is to build on the work of the Healthy Heart Ambassador Program to scale and spread this evidence-based self-measured blood pressure monitoring tied to clinical support program to improve hypertension management. Objectives associated with this work include: 1) developing, evaluating and disseminating a program curriculum that supports improved hypertension outcomes; 2) scaling/expanding the number of delivery sites; 3) collecting data and evaluating programmatic outcomes; and 4) disseminating lessons learned and findings.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐

	Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 70	The applicant must have a proven history of the development and dissemination of a community-based evidenced-based lifestyle program that addresses hypertension management. Applicant should have a history of successfully scaling and disseminating the program and related products across multiple communities. The applicant should have a history of strengthening the linkages between traditional health care and community-based prevention strategies to help prevent, delay, or live better with chronic conditions.
Applicant program experience* (Maximum of 500 words) Word count 68	Applicant needs to be experienced in providing support to and delivering local evidence based lifestyle programs focusing on hypertension in a community setting. This experience includes working with CDC to ensure fidelity to the proven intervention and developing the trainings, protocols, and a curriculum for replication of the program to additional locations. Applicant should have a history of addressing health disparities and inequities among populations experiencing a greater burden of hypertension.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 41	This collaboration should focus on enhancing partnerships between clinical, public health, and community partners to create systems of care spanning clinical, community, and public health settings that identify individuals with hypertension and support them in achieving blood pressure control.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 0	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 53	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. Funds should be used to replicate and scale the program to serve participants.
CIO CERTIFICATION*	
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submit date: 2017-03-24	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 12	Develop Strategies to Reduce Childhood Asthma Related Emergency Department Visits and Hospitalizatio...
CIO*	NATIONAL CENTER FOR ENVIRONMENTAL HEALTH
Division*	DIVISION OF ENVIRONMENTAL HAZARDS AND HEALTH EFFECTS
CIO POC name(s)* Enter up to 3 names	Pamela Collins Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-0792 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	ING4@CDC.GOV Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 15	Public Health Professionals working as staff and volunteers for Lung Association affiliate organizations nationwide.
Proposed project funding*	$75,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 147	The goal of the project is for the applicant to work with CDC/NCEH/APRHB (National Asthma Control Program) and public health professionals working as staff and volunteers for Lung Association affiliate organizations nationwide to develop strategies in reducing the number of childhood asthma related emergency department visits and hospitalizations over the next year. Activities to support project's goal should include:Work with CDC to form stakeholders' meeting planning committee with representatives from at least 2 key organizations;Organize, host, and prepare planning committee meetings (conference calls) including agendas and notes;Work with planning committee to set stakeholders' meeting outcomes and develop agenda;Work with CDC to identify stakeholder representatives:Distribute invitations and track responses;Management meeting planning logistics;Host and facilitate stakeholders meeting no more than 25 representatives from professional public health organizations working as staff and volunteers for Lung Association affiliate organizations nationwide; and Develop strategies based on meeting outcomes and share with participants for comment for final report.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings

Program outcomes that relate to FOA* (Check two or more)	☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 54	The applicant must be a national non-governmental organization with a strong history in public health response to asthma by building the capacity of public health professionals working as staff and volunteers for Lung Association affiliate organizations nationwide. History of convening asthma stakeholders meetings and developing strategies to reduce the burden of childhood asthma.
Applicant program experience* (Maximum of 500 words) Word count 71	Applicant should have extensive involvement and knowledge in health education and policy change. The organization should have a grassroots network to expand its efforts to other lung health issues including indoor air quality, environmental triggers, and asthma management. Partner with state/local asthma coalitions/programs and other related organizations with similar interests. The organization should understand the importance of adherence to best practices, protocols, and guidelines in reducing the burden of asthma.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 12	Collaborating with state asthma coalitions/programs and professional organizations providing asthma services/education.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 2	N/A
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 11	Dissemination of Community Guide Recommendations on Built Environment to Transportation Planning ...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY
CIO POC name(s)* Enter up to 3 names	Ken Rose; Deb Borbely; Linda Barnes Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770.488.4492; 770.488.8404 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	kfr2@cdc.gov; dvc3@cdc.gov; lit2@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 18	Persons in formal leadership roles of non-profit, voluntary and private entities that support PH services delivery systems.
Proposed project funding*	$175,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 239	Many Metropolitan Planning Organizations (MPOs) around the country are considering ways to integrate planning for physical activity supportive infrastructure. With the release of the Guidebook on Healthy, Active Transportation Planning for Metropolitan Planning Organizations, MPOs can use the Guidebook to support active living infrastructure. Upcoming releases from the Community Guide could further support these efforts. The challenge is that while MPOs are essential to implementing the upcoming Community Guide Recommendations, they are unlikely to be aware of them. Furthermore, public health stakeholders may also be unaware of these recent advances in the science. The purpose of this project is to help decision makers, transportation officials and staff to support transportation planning capacity building among public health, state, local, regional and tribal governments and community leaders to understand, promote and disseminate current findings/advances in science to encourage implementation of these recommendations that improve physical activity. Key products from the effort include: - Policy guide to translate the Community Guide findings to MPO policymakers and professionals; - Policy guide to translate the Community Guide findings to public health policymakers and professionals; - Communication Campaign which would include: o Outreach to key community decision makers; o A webinar series for local transportation and public health decision-makers; o Social media campaign supporting the effort; and o presentations at transportation, community planning and public health related meetings and/or conferences. The overall goal of the project is to increase in the number of communities that implement CDC's community guide recommendations that focus specifically on built environment factors to improve physical activity.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce

	☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 62	- Applicant must have access to a network of MPO's across the U.S. that have the capacity to carry out the implementation of CDC built environment recommendations. - Applicant must have the capacity to manage the project and public and private stakeholders (at the state and local levels) - Ability to support raise visibility and support for CDC's Community Guide recommendations on built environment interventions for physical activity.
Applicant program experience* (Maximum of 500 words) Word count 40	Applicants must have: - Public health experience and experience working with transportation and health policy stakeholders. - Experience engaging with strategic program delivery stakeholders involved in transportation planning programs and services. - Experience in managing and supporting the implementation of public health recommendations within communities.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 52	Collaboration will occur with CDC in carrying out the project. The applicant is expected to foster collaboration among transportation planning organizations and with organizations who have as their constituents transportation planning organizations. Collaboration is also expected to occur with public health stakeholders as partners who may influence community transportation planning decisions.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 21	Subcontracted work may be necessary to engage transportation planning organizations who have experience implementing built environment recommendations contained in the Community Guide.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 27	Funds may be used for necessary labor, materials, travel, subcontracts (if necessary) and other appropriate direct and indirect costs associated with the project and project outcomes.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 12	Engaging Federally Qualified Health Centers to Accelerate Evidence into Action (6|18 Initiative)
CIO*	OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY
Division*	OTHER Other division Office of Health System Collaboration
CIO POC name(s)* Enter up to 3 names	Melanie Ross Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-8840 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	mross@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 8	Nongovernmental – Federally Qualified Health Centers (FQHC)
Proposed project funding*	$50,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 367	The Centers for Disease Control and Prevention (CDC) Office of the Associate Director for Policy (OADP) provides leadership and support to address health system transformation including priority activities that foster public health and healthcare collaboration such as the 6|18 Initiative. This initiative offers proven interventions that prevent chronic and infectious diseases by increasing their coverage, access and utilization and quality. Additionally, it aligns evidence-based preventive practices with emerging value-based payment and delivery models. This initiative has relevance to Federally Qualified Health Centers. This project has four major goals to include: • Promotion of CDC's 6|18 Initiative and other evidence-based interventions to community health centers (CHC) to increase awareness buy-in, adoption through a strategic communications strategy. Examples of activities may include: a. Identify and leverage networking opportunities to promote the 6|18 Initiative and approach at the national and local level utilizing partnerships with community health centers, FQHCs, and primary care associations (PCA) through a broad communication strategy. i. Engage high-performing CHC and Federally Qualified Health Centers (FQHC) moving into alternative models such as accountable care organizations (ACO) and/or Patient-Centered Medical Homes (PCMH). ii. Share 6|18 Initiative fact sheets, evidence summaries and other materials with membership through appropriate communication mechanisms. • Coordination and provision of technical assistance to Medicaid and Medicaid-managed care contracts on the implementation of the 6|18 Initiative evidence-based interventions that improve preventive services and patient care. a. Identify CHCs/FQHCs to participate in the 6|18 Initiative Medicaid pilot states. b. Support integration of new provider CHC sites into the 6|18 Initiative Medicaid pilot sites. c. Identify, coordinate, and facilitate 6|18 Initiative technical assistance needs to provider partners through tools and training. • Consultation to inform CDC's approach

	to 6|18 Initiative provider engagement. Examples of activities may include: a. Review and provide feedback to the 6|18 Initiative provider engagement strategy, which includes potential barriers to provider engagement such as financial barriers, care delivery barriers, and gaps in knowledge, awareness and buy-in. b. Recommend methods to engage providers and address identified barriers. • Build capacity between public health and the health care sector to leverage opportunities for increased access to care and payment. Special focus might include public health, organizations that work on technical assistance with Medicaid and other sectors who can play a positive role in building capacity to strengthen partnerships between the two sectors.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 57	• Applicant must demonstrate capacity in working with community health centers, especially federally qualified health centers (FQHC). • Applicant should demonstrate ability to engage community health center, primary care associations, state health departments, and commercial payers to discuss and advance issues of shared interest. • Applicant should demonstrate capacity for project coordination, support for partnership activities and meeting and logistics planning.
Applicant program experience* (Maximum of 500 words) Word count 57	• Applicant must demonstrate capacity in working with community health centers, especially federally qualified health centers (FQHC). • Applicant should demonstrate ability to engage community health center, primary care associations, state health departments, and commercial payers to discuss and advance issues of shared interest. • Applicant should demonstrate capacity for project coordination, support for partnership activities and meeting and logistics planning.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 21	Applicant is expected to work collaboratively with OADP staff and partners in all project activities including partnership and stakeholder engagement.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 3	Not applicable
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 21	Anticipated costs include program support staff, consultation and technical assistance to provider Medicaid pilot sites, and providing detailed summary reports.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	

submit date: 2017-03-24	

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Project Plan Instructions

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	Engaging Healthcare Providers in Accelerating Evidence into Action (6|18 Initiative)
CIO*	OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY
Division*	OTHER Other division Office of Health System Collaboration
CIO POC name(s)* Enter up to 3 names	Melanie Ross Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-8840 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	mross@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 18	Nongovernmental - Community Health Centers with a focus on physicians trained in population health and preventive medicine.
Proposed project funding*	$125,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 408	The Centers for Disease Control and Prevention (CDC) Office of the Associate Director for Policy (OADP) provides leadership and support to address health system transformation including priority activities that foster public health and health care collaboration such as CDC's 6|18 Initiative. The 6|18 Initiative was developed for public health to provide health care purchasers, payers, and providers with rigorous evidence about high-burden health conditions and associated evidence-based interventions that could have health and cost impact in less than 5 years. This initiative offers proven interventions that prevent chronic and infectious diseases by increasing their coverage, access and utilization and quality. This initiative is relevant to preventive medicine physicians and has four major goals to include: • Promotion of the 6|18 Initiative and other evidence-based interventions to preventive medicine physicians and other healthcare and public health professionals to increase awareness, buy-in and adoption through a strategic communications strategy. Examples of activities may include: a. Identify and leverage networking opportunities to promote the 6|18 Initiative and approach at the national and local level utilizing partnerships with health care provider experts in health system transformation and the private sector. b. Share 6|18 Initiative fact sheets, evidence summaries and other materials with membership through appropriate communication mechanisms including convenings, webinars, newsletters, etc. • Participation in CDC provider capacity building activities related to the implementation of the 6|18 Initiative evidence-based interventions. Examples of activities may include: a. Identify providers to participate in the 6|18 Initiative pilot states. b. Support integration of new provider sites into the 6|18 Initiative. c. Identify, coordinate, and facilitate 6|18 Initiative technical assistance needs to health care provider partners through tools and training. • Participation in the synthesis and dissemination of best practices related to

	early adoption of the 6|18 Initiative focused on provider engagement, care delivery and population health. Examples of activities may include: a. Review and provide feedback to the 6|18 Initiative provider engagement strategy, which includes potential barriers to provider engagement such as financial barriers, care delivery barriers, and gaps in knowledge, awareness and buy-in. b. Identify providers that have successfully implemented any or all of the 6|18 Initiative evidence-based interventions. c. Identify and leverage opportunities for training preventive medicine physicians on the 6|18 Initiative evidence-based interventions such as incorporation of key elements into curricula with CME offering, learning examples, case studies, etc. • Build capacity between public health and the health care sector to leverage opportunities for increased access to care and payment. Special focus might include behavioral and mental health, substance abuse/prescription drug overdose, childhood obesity, and integration of public health and health care.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 50	• Applicant must demonstrate capacity in working with physicians trained in population health and preventive medicine. • Applicant should demonstrate ability to engage health care providers, state health departments to discuss and advance issues of shared interest. • Applicant should demonstrate capacity for project coordination, support for partnership activities and meeting and logistics planning.
Applicant program experience* (Maximum of 500 words) Word count 20	• Applicant must demonstrate expertise in curriculum development for CMEs. • Work collaboratively with CDC on partnership activities and stakeholder engagement meetings.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 21	• Applicant is expected to work collaboratively with OADP staff and partners in all project activities including partnership and stakeholder engagement.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 2	NA
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 17	Anticipated costs include program support staff, technical assistance tools and training, and providing detailed summary reports.
CIO CERTIFICATION*	

By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-22	

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FY 2017 CIO PROJECT PLAN
FOA OT13-1302
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 15	Evaluation of CDC's Learn the Signs. Act Early. Children's Books to Promote Monitoring of Developmental ...
CIO*	NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES
Division*	DIVISION OF DEFECTS AND DEVELOPMENTAL DISABILITIES
CIO POC name(s)* Enter up to 3 names	Katie Green; Julia Abercrombie Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-3872; 404-498-4054 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	kpk9@cdc.gov; gun2@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 24	Programs, such as early care and education centers, that serve disadvantaged or low-income families with children two or three years of age.
Proposed project funding*	$254,557
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 732	CDC estimates that about one in six children has a developmental disability. Children with developmental problems are at increased risk for poor outcomes in many areas important to health, well-being and success in life. Early treatment and services can have a significant impact on a child's ability to learn new skills and earlier identification will maximize children's opportunities to benefit from services; however, most children with developmental delays are not identified early enough for them to benefit from early intervention services and research suggests that there are racial disparities in the receipt of early intervention services, with black children who would be eligible at 24 months of age being five times less likely to receive services than white children. The CDC's Learn the Signs. Act Early. program aims to improve early identification of children with developmental disabilities by developing high-quality, evidence-based materials to promote and facilitate developmental monitoring among parents of children from birth to age five. The program's two children's books Amazing Me! It's Busy Being 3! and Where is Bear? A Terrific Tale for 2 Year-Olds, available in Spanish and English, offer an innovative way of teaching parents about the importance of tracking developmental milestones and acting early if the milestones are not met. The books provide information in an interactive manner that exemplifies a positive method of parental engagement and creates an opportunity for parents and children to learn about developmental milestones. The purpose of this project is to evaluate the use of children's books as a means to promote developmental monitoring and parental engagement. The successful applicant will identify, engage, and support (with funding) a network partner or member to perform an evaluative study to assess if using Amazing Me! It's Busy Being 3! and Where is Bear? A Terrific Tale for 2 Year-Olds, can increase early care and education programs awareness/knowledge of developmental milestones, change attitudes about the importance of acting early, and motivate the parents of young children to communicate about milestones their child should be reaching. The applicant will leverage new and existing partnerships with existing

	programs that have consistent and continuous access to families of two and three year olds, such as early care and education centers. Moreover, the applicant should have the capacity to evaluate both the Spanish and English versions of the books, either separately or in a single study. Previous attempts to evaluate Amazing Me! It's Busy Being 3! by soliciting parents' responses through a one-time survey were marginally successful because of low response rates and selection bias. To overcome these challenges, the successful applicant should leverage partnerships to introduce the books in a natural setting that offers multiple points of contact with the target audience. The evaluation should offer considerable insight into the effectiveness of using children's books as a tool for behavioral change among lower income families, particularly through introduction in a setting that parents of children under three years of age routinely visit. The successful applicant will offer an appropriate network of members or other partners through to support this project; the member or partners must be able to: (1) Identify an existing network (such as a childcare system) to introduce the book; (2) Draft an evaluation plan and framework; (3) Conduct an evaluation that is methodologically sound and takes into account realistic expectations of findings, study limitations, and real-world implications; (4) Produce a concise evaluation report that summarizes context and background, implementation and methodology, findings, a conclusion, and recommendations based on findings; (5) Produce an executive summary no longer than two pages. The awardee may assess outcomes related to using the books such as: - Interest and frequency of book use - Increase in knowledge/awareness and/or perceived knowledge/awareness of developmental milestones - Changes in attitudes or perceptions on importance of acting early on developmental concerns - Changes in behaviors, such as discussing milestones with doctors or others, changes in parental engagement, and seeking help or advice if concerned about delays in reaching milestones - In case of identification of developmental delay, being screened, evaluated or referred to early intervention services An example activity includes working closely with a network of early care and education centers and professionals serving two and three year olds in areas with a high percentage of low-income, low-resourced families to distribute books and assess parents' awareness, attitudes, perceptions and behaviors. Another possible example includes working with existing community structures (such as faith-based centers) to reach families of two and three year olds.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 46	The successful applicant will have the capacity to identify, engage, and support (with funding) a network member or other partner well-positioned to collaborate with existing programs that have recurring access to and multiple points of contact with low-income families with two and three year olds.
Applicant program experience* (Maximum of 500 words) Word count 60	The successful applicant will have experience conducting research studies, developing and implementing quantitative and qualitative data collection instruments, analyzing data, and developing conclusions and recommendations from study findings. The applicant will demonstrate ability to work in collaboration with existing structures to implement an evaluation project that is methodologically sound and that can be used to improve programmatic activities.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 22	CDC expects the engage with the awardee and sub-awardees on a regular basis to offer technical consultation and subject mater expertise.
	It is expected that most of the funding award will be subcontracted to an organization's network member or partner who is well positioned to carry out the study, meeting criteria that includes the following, (1) expertise in early childhood development; (2) expertise in research design, evaluation, and qualitative and quantitative data analysis; (3) expertise in evaluation and display data using appropriate tools; (4) strong

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 106	knowledge of programs (such as early care and education centers) that have multiple points of contact with families with children two and three years of age; (5) ability to evaluate the Spanish and English versions of the book, in a culturally appropriate manner.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 37	• To identify, engage, and support (with funding) a subcontractor to conduct the book evaluation • To provide additional copies of the books if required; CDC will provide up to 150 copies of each book in each language
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program. submit date: 2017-03-24	

Office for State, Tribal, Local and Territorial Support
Partnership Support Unit
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 17	Evaluation of Changing the Conversation: Educating, Engaging and Empowering Young Men in Teen Pregn...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF REPRODUCTIVE HEALTH
CIO POC name(s)* Enter up to 3 names	Anna Brittain Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-384-3184 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	abrittain@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☑ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 6	Nonprofit Community-based Family Planning Agencies
Proposed project funding*	$50,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 327	Goal: To evaluate a communications campaign pilot in Gaston County, NC, to increase young men's knowledge of and engagement in teen pregnancy prevention, as well as knowledge of and use of reproductive health services in partnering clinics. Objective: By June 30, 2018, partners (the applicant in partnership with Gaston County key stakeholders) will have developed and executed a CDC-approved evaluation plan to evaluate the communications campaign pilot in the Gaston community. Activities: 1. By November 1, 2017, develop evaluation plan, for CDC review and approval, that includes goals, objectives, indicators and measures as well as any questionnaires or other evaluation instruments/techniques to be used, to evaluate the communications campaign pilot. 2. Once approved, conduct evaluation of short- and intermediate- term outcomes of the pilot campaign, as specified in the CDC-approved plan. Outputs: 1. Evaluation plan (including evaluation instruments and techniques to be used), reviewed and approved by CDC 2. Evaluation analysis and report (February, May 2018) 3. Draft evaluation analysis and report (June 30, 2018) 4. Final evaluation analysis and report (June 30, 2018) Outcomes: Outcome of this project will be the final evaluation analysis and report that will document the pilot communications camapaign's effect on: Short-term outcomes: Increases among young men and young women in: • Positive attitudes about young men taking an active role in teen pregnancy prevention • Attitudes that pregnancy prevention should be a shared responsibility between young men and young women • Knowledge about the full range of contraceptive options for pregnancy prevention • Positive attitudes about contraception • Positive attitudes regarding male support for partners' use of contraception • Positive attitudes regarding communication about contraception between partners • Positive attitudes about the importance of healthy relationships Increases among young men in: • Positive attitudes about using clinical reproductive health services, jointly with a partner, or by oneself • Intentions to use clinical reproductive health services, jointly with a partner, or by oneself Intermediate outcomes: Increases among young men and young

	women in: • Communication about contraception between partners • Healthy relationships • Contraception use Increases among young men in: • Support for female partners' use of contraception • Use of clinical reproductive health services, jointly with a partner, or by oneself • Participation in sexual and reproductive health programs
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 113	The applicant should have a broad portfolio of projects focused on health policy, program evaluation, operations, performance measurement, quality management, capacity building, and training. The applicant should have a history of applied practical, technically sound, and innovative solutions to the challenges facing public and private clients, including federal, state, and county agencies, as well as state legislatures, community- and faith-based organizations, community coalitions, health centers, and hospitals. The applicant is expected to bring a broad base of reproductive health, evaluation, and assessment knowledge , combined with a deep understanding of the issues specific to teen pregnancy prevention and engaging young men in clinical services as an important component in teen pregnancy prevention programming.
Applicant program experience* (Maximum of 500 words) Word count 53	The applicant should have established itself as a global resource for applying the latest research to implement effective programs and to develop resources and tools in a culturally appropriate and effective manner. The applicant should have a history of providing capacity building programs directed at community-based family planning agencies that reach young men.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 114	Applicant is expected to partner with CDC's Division of Reproductive Health (DRH) and any subcontractors, along with key stakeholders in Gaston County, North Carolina to meet the above objectives. A previous project, Engaging Young Males in the Prevention of Premature Fatherhood, focused primarily on increasing provider knowledge of and capacity to implement best practices to serve the reproductive and sexual health needs of young men. Now that clinical capacity has been built through that project, this collaboration among partners would focus on evaluating a campaign aimed at increasing young men's knowledge of and engagement in teen pregnancy prevention, as well as knowledge of reproductive health services and use of these clinical services.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 45	Subcontracting with an experienced teen pregnancy prevention expert is expected. The subcontractor must also have experience in conducting comprehensive, branded marketing programs related to teen pregnancy/unintended pregnancy prevention. Criteria for selection should include formative research capacity, health communications, marketing, behavior change science, and evaluation.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 38	Funds should be utilized to accomplish key outputs such as: 1. Draft and finalized evaluation plan, including evaluation instruments 2. Trimonthly evaluation analyses and reports of short and intermediate- term outcomes 3. Final analysis and evaluation report of short and intermediate-term outcomes
CIO CERTIFICATION*	

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submit date: 2017-03-24	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	FY17 HHS Secretarial and Agency Priority Collaboration with Governors' Offices
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Randall Nielson Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-1602 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	rnielson@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 5	Governors and their staff
Proposed project funding*	$500,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 170	The project has 6 major components of work for which the applicant should provide workplan details based on their strengths and abilities, making sure to articulate the benefit of the proposed work to State, Tribal, Local or Territorial Health Departments and the improvement of capacity to address priority public health challenges. The applicant may propose a work plan for any one - or up to all six - of the components. They are: Surveillance, Data CaptureCommunication, Message Development, Graphics, Writing/Editing, Social Media, Apps, etc.Evaluation, Analysis, ReportingWorkforce Development, Curricula Development, Training SupportTechnical Assistance, Programmatic ExpertiseConvening and Event Management, Domestic Travel HandlingThese component areas may be applied to any or all of the following priority focus areas: Substance Abuse/Prescription Drug Overdose/Heroin Abuse Behavioral/Mental Health Obesity, Smoking, Nutrition, Physical Activity, Sodium, Asthma and Cardiovascular Health Motor Vehicle Injury Public Health-Healthcare Integration, Business Service Innovation, Policy Initiatives, Legal and Policy Surveillance and Stakeholder Engagement Underserved Jurisdictions including Rural & Tribal Health Environmental Health and Toxic Substances Immunization and Respiratory Disease Infectious Disease (HIV-AIDS, STD, Hep, TB, Zoonotic, Enteric, Vector-Borne, etc.) Emergency Preparedness & Response
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other

Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 23	Applicant must have access to governors' senior staff including policy advisors and capacity for planning and convening multi-disciplinary learning and information-sharing events.
Applicant program experience* (Maximum of 500 words) Word count 21	Applicant must have access to governors' senior staff including policy advisors and capacity for planning and convening multi-disciplinary learning and information-sharing events.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 24	Applicant must collaborate with CDC technical monitor(s) and appropriate subject matter experts across CIOs, as necessary, as well as with relevant industry partners across sectors.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 39	Contracting and consulting agreements are allowable depending on subject matter area and a joint assessment of need by CDC SMEs and appropriate grantee program staff. CDC program will specify qualifications/competencies and rely on grantee to select appropriate vendor/consultant.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 12	FY17 HHS Secretarial and Agency Priority Initiative Support through National Healthy Start Centers
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Randall Nielson Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-1602 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	rnielson@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 7	Network of National Healthy Start Centers
Proposed project funding*	$250,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 170	The project has 6 major components of work for which the applicant should provide workplan details based on their strengths and abilities, making sure to articulate the benefit of the proposed work to State, Tribal, Local or Territorial Health Departments and the improvement of capacity to address priority public health challenges. The applicant may propose a work plan for any one - or up to all six - of the components. They are: Surveillance, Data Capture Communication, Message Development, Graphics, Writing/Editing, Social Media, Apps, etc. Evaluation, Analysis, Reporting Workforce Development, Curricula Development, Training Support Technical Assistance, Programmatic Expertise Convening and Event Management, Domestic Travel Handling These component areas may be applied to any or all of the following priority focus areas: Substance Abuse/Prescription Drug Overdose/Heroin Abuse Behavioral/Mental Health Obesity, Smoking, Nutrition, Physical Activity, Sodium, Asthma and Cardiovascular Health Motor Vehicle Injury Public Health-Healthcare Integration, Business Service Innovation, Policy Initiatives, Legal and Policy Surveillance and Stakeholder Engagement Underserved Jurisdictions including Rural & Tribal Health Environmental Health and Toxic Substances Immunization and Respiratory Disease Infectious Disease (HIV-AIDS, STD, Hep, TB, Zoonotic, Enteric, Vector-Borne, etc.) Emergency Preparedness & Response
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other

Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 12	Access to the full network of HRSA-funded National Healthy Start centers.
Applicant program experience* (Maximum of 500 words) Word count 19	Experience coordinating local, state-wide and national public health communications and intervention initiatives through NHS center community health workers.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 24	Applicant must collaborate with CDC technical monitor(s) and appropriate subject matter experts across CIOs, as necessary, as well as with relevant industry partners across sectors.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 37	Contracting and consulting agreements are allowable depending on subject matter area and a joint assessment of need by CDC SMEs and appropriate grantee program staff. CDC program will specify qualifications/competencies and rely on grantee to select appropriate vendor/consultant.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
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submit date: 2017-03-24	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 4	Healthy Heart Bi-directional Referral Program
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION FOR HEART DISEASE AND STROKE PREVENTION
CIO POC name(s)* Enter up to 3 names	Derrick Gervin; Rebekah Buckley; Letitia Presley-Cantrell Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-5004; 770-488-6215; 770-488-5177 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	vjk8@cdc.gov; eut9@cdc.gov; lrp0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 15	National and Local Y Staff; local affiliates that serve high-burden, rural and urban communities
Proposed project funding*	$1,000,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 114	The purpose of this project is to build on the work of the Healthy Heart Ambassador Program to scale and spread this evidence-based self-measured blood pressure monitoring tied to clinical support program to improve hypertension management. A community-based approach to improve high blood pressure control will be used in collaboration with healthcare systems to facilitate bi-directional referrals through the use of EHRs. Intended outcomes are to develop and test cost-effective and easily operable bi-directional e-referral models for use by health care systems; determine how to best facilitate the successful use of bi-directional e-referral models by health systems; and disseminate developed products and lessons learned to the broader public health community and relevant stakeholders.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐

	Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 70	The applicant must have a proven history of the development and dissemination of a community-based evidenced-based lifestyle program that addresses hypertension management. Applicant should have a history of successfully scaling and disseminating the program and related products across multiple communities. The applicant should have a history of strengthening the linkages between traditional health care and community-based prevention strategies to help prevent, delay, or live better with chronic conditions.
Applicant program experience* (Maximum of 500 words) Word count 87	The applicant should have experience in delivering evidence-based chronic disease prevention programs in a community-based settings. This experience includes working with CDC to ensure program fidelity, evaluating the effectiveness of interventions, and replication and scaling of proven program components. The applicant should have prior experience and demonstrated success building clinical-community links through partnerships and the use of current technologies; developing effective, high quality, educational tools/resources for use in strengthening clinical-community linkages; and collaborating with healthcare systems to facilitate bi-directional referrals through the use of EHRs.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 42	This collaboration should focus on enhancing partnerships between clinical, public health, and community partners to create systems of care spanning clinical, community, and public health settings that identify individuals 18-45 with hypertension and support them in achieving blood pressure control.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 0	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 40	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 17	Improving the Quality, Availability, and Accessibility of a Credible Smartphone App to Increase Gestationa...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF REPRODUCTIVE HEALTH
CIO POC name(s)* Enter up to 3 names	DAVID GOODMAN; MARTHA BOISSEAU Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-6250 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	IGC4@CDC.GOV; MRB0@CDC.GOV Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 15	Nongovernmental health, community-based professionals interested in using an app to track gestational weight gain.
Proposed project funding*	$250,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 912	BACKGROUND: The mission of CDC's Division of Reproductive Health is to promote optimal reproductive and infant health by influencing public policy, health care practice, community practices and individual behaviors through scientific and programmatic expertise, leadership and support. Once of DRH's priority focus areas is preventing complications of pregnancy and chronic disease in women of reproductive age. Gestational weight gain (GWG) has important health implications for pregnancy and for chronic disease development among both mother and child. GWG recommendations, released by the Institute of Medicine (IOM) and adopted by the American College of Obstetricians and Gynecologists (ACOG) , are specific to a woman's pre-pregnancy body mass index (BMI) and whether the pregnancy is singleton or multiple fetuses. The recommendations provide ranges of appropriate GWG that promote optimal health by balancing risks associated with too much or too little GWG. Nationally-representative surveillance data indicate that only 32% of pregnant women achieve GWG within the appropriate range; 21% gain less than recommended, 47% gain more than recommended. The high prevalence of excessive GWG is of concern because excessive GWG increases risk for macrosomia, postpartum weight retention, and obesity in mothers and children. Furthermore, mothers who do no return to their prepregnancy weight by 6-12 months postpartum are more likely to enter a subsequent pregnancy with a higher BMI, which also increased risk of adverse pregnancy outcomes. To improve maternal and child health, intensified, multifaceted strategies are critical for increasing the proportion of women who achieve appropriate GWG. Decades of randomized clinical trials among non-pregnant women have identified effective weight management strategies including calorie goals, weight monitoring, physical activity and ongoing patient-provider contact. While data that evaluate the effectiveness of these strategies during pregnancy are limited, these strategies are considered safe and are recommended for pregnant women. In an effort to increase uptake of the new GWG recommendations and to encourage routine self-monitoring of GWG, the

	IOM developed printable PDF weight gain trackers. As excessive GWG early in pregnancy-especially for overweight and obese women-predicts excessive total GWG, self-monitoring of GWG should begin early and continue between prenatal care visits; doing so allows warning sign of inadequate or excessive GWG to be identified and small, corrective steps can be taken to maintain GWG within the recommended range. Weight monitoring has the potential to be a powe4rful tool to promote the appropriate GWG, but the paper and pencil format of weight trackers may limit their utility. Over two-thirds of Americans own a smartphone and studies show that many childbearing women use the smartphone technology as an acceptable and convenient way to track pregnancy data, child growth and obtain health information. Increasing the availability of convenient and user-friendly GWG trackers that can be accessed by smartphone, provided by a credible source of health information, has the potential to improve pregnancy outcomes and reduce chronic disease risk. Goals In an effort to increase the proportion of women achieving appropriate GWG per IOM guidelines, CDC plans to support the evaluation, quality improvement and dissemination of an existing smartphone application (app) that it targeted towards pregnant women and provides GWG recommendations customized to a woman's prepregnancy BMI, educational information on strategies to achieve appropriate GWG and the ability to track GWG throughout pregnancy. A secondary goal is to increase the proportion of women who return to their prepregnancy weight during the first postpartum year. Developing a postpartum weight tracker and appropriate health information related to postpartum weight could be an optional or add-on component of the app. Activities Planning phase: Create an Executive Planning Committee, including CDC members, to conceptualize the evaluation of existing data, app capabilities and content needed for quality improvement; the maintenance needs for sustainability and the dissemination needs. Any known consumer feedback should also be taken into account to improve app uptake and usefulness. Develop a scope and schedule of work for the Executive Committee throughout the project period. Executive Committee work can be completed via conference calls, but should include at least one in-person meeting. Outputs Expected Outputs: 1. A smartphone compatible app (iPhone, Android) targeted towards pregnant women that includes, but is not limited to, the following features: Ability to communicate the appropriate GWG recommendation customized to the women's calculated BMI and whether she has a singleton or multiple fetus pregnancy. Ability to record weight at each gestational week and visually track weight gain on a graph that clearly indicates the recommended range of GWG at each gestational week. Health Communication that includes the importance of achieving recommended GWG for health of mother and baby. Health communication that includes strategies or tips to achieve GWG recommendations (including healthy eating, physical activity and GWG tracking). BMI-specific information should be provided when appropriate. Maintenance updates as appropriate. 2. An evaluation of existing app analytic data to understand app usage patterns such as acceptability, duration and frequency of use during pregnancy (particularly related to GWG tracking if possible), and demographic reach. 3. Dissemination/marketing plan focused on increasing the availability, reach and uptake of the app. This activity may include collaboration with key stakeholders such as ACOG. Optional Outputs: A smartphone compatible app or component that includes, but is not limited to, the following features: Ability to track postpartum weight change with the goal to return to prepregnancy weight; health communication that includes the importance of returning to prepregnancy weight (and a healthy BMI) for the health of the mother and potential future pregnancies; and strategies/tips to achieve postpartum weight loss (i.e. healthy eating, physical activity and weight tracking). Ability to print or e-mail GWG tracker information for use at prenatal care visits.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 48	To ensure that applicants demonstrate the ability to execute CDC program requirements and meet project period outcomes, the anticipated level of organizational capacity in order to implement the award includes the following skill sets: Experience with App development and maintenance Evaluation and Performance Monitoring Data management Budget management and administration Contract management
	Established experience in the following areas is necessary for implementation of this award: Experience with developing communication messaging focused towards pregnant women. Experience with marketing

Applicant program experience* (Maximum of 500 words) Word count 54	health materials focused towards pregnant women. Ability to reach the intended target group of pregnant women. Content expertise in perinatal health. Leadership of initiatives to improve maternal and infant health outcomes.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 43	In addition to partnership with CDC programs for implementation of this award, applicants would also benefit from collaborations with other partners invested in increasing the proportion of pregnant women achieving appropriate GWG, such as the American College of Obstetricians and Gynecologists (ACOG).
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 5	Subcontractual work is allowed.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 42	Funds must be used exclusively for the quality improvement, maintenance, assessment and marketing of an app targeted toward pregnant women that includes educational information on strategies to achieve appropriate GWG, GWG recommendations, a GWG tracker and an optional postpartum weight component.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 19	Increasing implementation of an evidence-based childhood weight management program in federally qua...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY
CIO POC name(s)* Enter up to 3 names	Suzianne Garner; Alyson Goodman; Linda Barnes Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-5044; 770-488-6269; 770-867-9697 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	sle1@cdc.gov; iym3cdc.gov; lit2@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 22	Federally Qualified Health Centers (FQHCs), who partner with state and local health departments in promoting the effective use of public health resources.
Proposed project funding*	$900,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 506	Approximately 12 million children in the US have obesity, putting them at increased risk for serious and costly health and social consequences. Unfortunately, the harms of obesity and the benefits of treatment are not equally shared. In particular, children of low-income families and racial/ethnic minorities carry a higher burden of overweight and obesity. In 2016, the U.S. Preventative Services Task Force (USPSTF) recommended (Grade B) that clinicians (a) screen all children aged 6-18 years for obesity by measuring body mass index and (b) offer or refer children with obesity to moderate to high intensity (defined as 26-75 hours of contact time over a 6 month period) family-based comprehensive counseling (i.e., nutrition and physical activity) and behavioral interventions. There are an insufficient number of programs currently available to carry out (b) of the task force recommendation to make a significant impact. The MEND programs offer low-income and uninsured family in an underserved community, whose child has not yet developed apparent diseases associated with obesity such as Type 2 diabetes, opportunities to attend a potentially life-changing program. The Mind, Exercise, Nutrition, Do It (MEND) program is the world's largest evidence based healthy lifestyle program; over 30,000 children have benefitted. MEND has been adapted for use in 5 countries, the UK, Australia, New Zealand, Denmark and now the US. CDC's DNPAO Child Obesity Research Demonstration projects (CORD 1.0, CORD 2.0) have tested adaptations of MEND in two states among low-income families, and these data suggest that MEND is acceptable to low-income families and can be effective for sub-populations of U.S. children. Goals MEND 7-13 is a comprehensive, family-based Program that helps overweight children ages 7-13 improve their health, fitness and self-esteem. MEND 7-13 combines the three key elements of safe, effective weight management and sustained lifestyle change: healthy eating, regular physical activity and behavior change. The Aim of this project is to increase implementation of the Mind, Exercise, Nutrition, Do It (MEND) program, that follows the components and intensity of the USPSTF Recommendations in federally qualified community health

	centers. Expected Outcome and Deliverables: • Implementation of the MEND program in 2-4 community health centers in 2 states with program delivery for low-income children with obesity. • A synthesis report to include: quality improvement measures including key processes and factors involved in successful (a) screening, (b) referral including integration of health information technology and (c) program delivery in a select number of federally qualified health centers (FQHCs) to low income children and families that meet eligibility criteria including retention, attrition factors, satisfaction. • Disseminate findings to a network of FQHC's The report can help inform CDC's understanding of the quality improvement process required for the implementation of the evidence-based, family-centered, child weight management program MEND (that meets the USPSTF grade B recommendations) in FQHCs, including reporting on process measures such as: o Enrollment and completion of the program by low-income children o Demographic information on enrollees o Patient satisfaction with the program o Patient adoption of healthy weight behaviors, effect on quality of life or self-esteem o Changes in child body mass index o Identification and approaches to address major bottlenecks that impede effective implementation.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☐ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 259	Applicant must meet all of the following: 1) Authority and direct access to a network of FQHC's across the U.S. 2) Ability to organize a network of FQHCs to develop a more efficient approach to the delivery of effective primary care through the integration of behavioral health services. 3) Ability to support raise visibility and support for MEND model implementation among providers. 4) Adequate infrastructure to engage and work in conjuction with state and regional primary care providers and/or health center controlled networks who provide direct services to low income children with obesity and meet the following setting/clinical requirements: - Can refer a sufficient number of children to enroll at least 2 (ideally 3-4) cohorts of children to the healthy weight program (e.g., MEND program) during a 12 month period. The volume requirement is based on previous experiences with pediatric weigt management programs, that 1 out of 5 eligible children will enroll. - Has data to suggest that providers screen the majority of children annually for obesity (measure height and weight, calculate body mass index and plot on age and sex-appropriate CDC growth charts) or will undergo a quality improvement effort to ensure that the majority of children are screened for obesity. - Can function as a high capacity FQHC and has previously demonstrated ability to implement and assess success of programs. - Is electronic health record (EHR) capable to screen & identify children eligible for program. - Has physical space for the child weight management program classes 5) Ability to collect & report minimum process and outcome measures, & cost data requirements. 6) Ability to disseminate findings to a network of FQHC's.
Applicant program experience* (Maximum of 500 words) Word count 46	- Experience in managing and supporting the implementation of healthy lifestyle programs within FQHC's. - Experience in raising the visibility of and support for implementation of behavioral health programs among providers who serve low income children with obesity. - Experience providing training and technical assistance relevant to clinical practice.
	COLLABORATIVE WORK
Expectations for collaboration (If applicable, maximum of 300 words) Word count 19	Applicant is expected to foster collaboration among participating FQHCs and with local and state health agencies as partners.
	An expected subcontractual work effort is the utilization of MEND. The Mind, Exercise, Nutrition, Do It (MEND) programs (http://www.mendfoundation.org/programs). The program must be able to meet the requirement "b" of the USPSTF recommendations and have a standard curriculum and protocol for training program staff, as well as technical assistance available to support program implementation. Must be able

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 79	to be delivered in FQHCs, and has a documented track record of successful implementation in a variety of settings and geographical locations.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 125	Please submit a line item budget including all costs for project management and subcontracting utilizing the following considerations: National Network Partner Applicant project manager time Costs related to acquiring MEND and implemention of the program in FQHCs (up to a total of 8): a. staff time for care coordination between primary care and program b. staff time for training & program delivery c. staff time for information collection & entry d. staff time for other assessment needs (e.g., learning collaboratives across sites) Minimum of 2 (ideally 3-4) cohorts of children and families complete the program within 12 months. Subcontract Technical assistance and healthy weight program resources for providers to support local implementation, including trainer time, travel of trainer, toolkit printing, toolkit shipping, materials for lifestyle demonstrations, technical assistance to sites on program implementation and delivery.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 8	Increasing Physician Assessment, Diagnosis and Referral to Care Planning
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF POPULATION HEALTH
CIO POC name(s)* Enter up to 3 names	Lisa T. Garbarino Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(770)488-1496 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	lgt1@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 29	Physicians trained in population health and in Preventive Medicine, including those board certified in Preventive Medicine, in a primary care discipline (e.g., Family Medicine, Internal Medicine or Pediatrics)
Proposed project funding*	$500,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 191	The Centers for Disease Control and Prevention (CDC) Alzheimer's Disease and Healthy Aging Program defines "Healthy aging" as the development and maintenance of physical, mental, and social well-being and function in older adults. Healthy aging is most likely to be achieved in physical environments and communities that are safe and support adopting and maintaining attitudes and behaviors known to promote health and well-being, as well as through the effective use of health services and community programs to prevent or minimize the impacts of acute and chronic disease, including Alzheimer's Disease and other dementias. The capacity for health care providers to provide assessment, diagnosis and referals varies widely within each state and across the nation. This project is aimed and increasing the ability for health care providers to provide these services to their patients. CDC plans to work with a leading national medical organization to increase physician's and health care professionals' awareness of brain health as a serious health condition and to increase the number of physicians/health care professionals taking action to assess, diagnose and refer patients with brain health issues to care and community support programs.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☑ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☐ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings

Program outcomes that relate to FOA* (Check two or more)	☑ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☑ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 190	Applicant should have the organizational capacity to work with those working in preventive medicine, including health care providers in direct contact with patients. The applicant should also have the technicolgical capacity to develop and disseminate reorts, training, webinars and outreach through avenues such as the internet and social media, as well as direct contact with providers, described above. Successful applicants should have: in this funding opportunity; • substantial authority or influence in the U.S. medical community; • capacity to coordinate/collaborate with other physician and health care professional member organizations to expand the potential reach of this work; and • capacity to substantially increase the number of physicians and health care professionals providing assessment, diagnosis and referral to patients with suspected cognitive decline to appropriate care and community support programs. • ready access to an existing network of physicians and health care professionals; • capacity to reach, engage, and activate large numbers (>1,000) of physicians and health care professionals throughout the U.S. efficiently and effectively through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.); • access to professionally trained staff and members with adequate skills and experience to understand and successfully carry out the work described
Applicant program experience* (Maximum of 500 words) Word count 106	Successful applicants should have prior experience and demonstrated success in: • engaging and activating large numbers (>1,000) of physicians/health care professionals throughout the U.S. through existing networks (e.g., professional meetings/conferences, web-based forums, publications, etc.); • influencing change in physician behaviors/care practices; • coordinating/collaborating with other physician/health care professional member organizations to advance mutual goals; • producing effective, high quality, scientifically accurate educational tools/resources for use by physicians/health care professionals; • planning, implementing, and evaluating the outcome of interventions or demonstration projects targeting specific health care issues/needs; and • serving as a recognized leader for professional, multi-disciplinary education, collaboration, and communication in the areas of preventive medicine and public health.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 106	In partnership with CDC's Alzheimer's disease and Healthy Aging Program, the applicant will: 1. Increase physician's/health care professionals' awareness of brain health as a serious health condition and to increase the number of physicians/health care professionals taking action to assess, diagnose and refer patients with brain health issues to care and community support programs. 2. Applicants are encouraged to collaborate or subcontract with other physician/health care professional member organizations to build on or enhance the tools and approaches that have been developed to-date by CDC and partner organizations and to expand the potential reach of this work, in close collaboration with CDC's Alzheimer's disease and Healthy Aging Program.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 55	Applicants are encouraged to collaborate or subcontract with other physician/health care professional member organizations to build on or enhance the tools and approaches that have been developed to-date by CDC and partner organizations and to expand the potential reach of this work, in close collaboration with CDC's Alzheimer's disease and Healthy Aging Program.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 99	Cost may include staffing support including items such as writer/editors, production, printing, mailing, webinars, web page development, and full open access of the publications. 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, accessing peer-reviewed journal articles and materials, securing meeting space and audiovisual equipment, producing meeting materials, paying for travel, providing a meeting facilitator, providing meeting transcripts, developing the decision aid materials, conducting review and revisions, conducting usability testing, and evaluating the materials.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program. submit date: 2017-03-24	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 10	Increasing workforce capacity to identify tics and tic disorders in children
CIO*	NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES
Division*	DIVISION OF HUMAN DEVELOPMENT AND DISABILITY
CIO POC name(s)* Enter up to 3 names	Jennifer Kaminski; Rebecca Bitsko Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-4159 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	anu1@cdc.gov; dvk2@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 20	University centers associated with disability programs with the potential to reach children and adolescents with tics and tic disorders
Proposed project funding*	$350,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 634	Tic disorders, including Tourette Syndrome (TS), are characterized by the presence of tics for over a year, with onset typically in early childhood, between 6-8 years of age. Tic disorders including TS affect approximately 1% of children; however, prevalence estimates that rely on a previous diagnosis are lower, suggesting that a substantial number of cases are undiagnosed. Furthermore, as many as 25% of children are believed to have tics at some time during development. Despite being fairly common in childhood, tics can be challenging to identify, often resulting in delayed diagnosis, or misdiagnosis. Tics may be confused with allergic symptoms (coughing), vision problems (eye blinking), or nervous habits. Because tics wax and wane and can be suppressed for periods of time, simple observation, even by an expert, may not identify tics. Even when a child or parent knows they have a tic disorder, they don't always report having a tic. Without identification, children with tic disorders may not receive appropriate treatment as early as it may be needed. Tic disorders can be associated with significant impairment in multiple domains (e.g. family, school, social relationships) and the presence of co-occurring mental disorders, and tics themselves may serve as an indicator that additional assessment of neurodevelopmental and mental disorders is needed. The purpose of this project is to build capacity of practitioners to identify tics and tic disorders, as well as risk for co-occurring mental, behavioral, and developmental disorders. Earlier identification of these disorders may reduce the number of clinic visits and possible misdiagnoses that may occur prior to the accurate diagnosis. Earlier referral for appropriate treatment may improve immediate and longer-term outcomes. Recently a tic screening instrument ("tic screener") was developed and tested in a specialty psychiatry clinic and a general pediatric clinic; anecdotally, the screener was able to identify previously unrecognized tic disorders in the general pediatric clinic. The tic screener as well as two diagnostic assessments are currently undergoing additional validation in a specialty neurology clinic and a university pediatric clinic. Additional data have been, and continue to be collected, to determine how results of the tic

	screener may be associated with symptoms or diagnoses of common co-occurring disorders, including attention-deficit/hyperactivity disorder (ADHD). To improve the ability of university centers and clinics to identify tics and tic disorders, this cooperative agreement will focus on the implementation of the new screening tool, as well as the development of partnerships between experts in tic disorders and general pediatric practices. The primary intended outcome is to build capacity among practitioners to improve the identification of tics and disorders. This effort is expected to result in: • increased capacity among centers, clinics and practices to identify tics and tic disorders in a general pediatric population • a successful partnership between tic experts and child-serving centers, clinics and practices • increased awareness among professionals about identifying tics and tic disorders • corroboration of the tic screener's ability to identify tics and tic disorders in a diverse population of children in a community-based setting, and • corroboration that identification of tics can serve as a marker for other mental, behavioral, or developmental disorders in general pediatric settings. Sample activities that may support the project goals, include: 1) Partnership of tic expert(s), and pediatric clinics with diverse populations 2) Screening in the pediatric clinic using validated tic screener and measures of common co-occurring conditions 3) Routine clinical assessment of tic disorders and co-occurring conditions among children who screen positive, and a sample of children who screen negative, by providers with expertise in tic disorders. 4) Follow-up of the children screened initially to determine whether tics identified using the screener during the initial investigation may serve as a marker for presence of mental, behavioral, and neurodevelopmental disorders or their symptoms identified at a later visit 5) Assessment of provider knowledge of tics and tic disorders including TS, to determine additional educational needs to support use of the screener
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 63	The applicant should: • Have access to a network of professionals and organizations via which the final tic screen could be disseminated to have a broad, nationwide reach of centers and clinics; • Have the reach to engage appropriate subject matter experts, including individuals or groups with expertise in tics and tic disorders; and • Have access to a population of children with tics and tic disorders.
Applicant program experience* (Maximum of 500 words) Word count 74	The applicant should demonstrate: • a clear understanding of tic disorders, and the challenges associated with identifying tics and tic disorders; • expertise to identify tics and tic disorders, and to distinguish tic disorders from other conditons; • experience with partnering with primary care providers (preferably related to tic disorders); • capacity to establish appropriate partnerships with multiple pediatric offices; • experience in providing education and/or mentorship to healthcare providers (without expertise on tic disorders) about tic disorders and common co-occurring conditions.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 58	CDC and the awardee will maintain regular communication, with the primary means of communication via email and conference calls at least monthly. The awardee and CDC will collaborate to provide training and technical assistance on integration of the tic screener into routine practice and assessing its utility as a marker for other mental, behavioral, or neurodevelopmental disorders.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 20	Proposal may include subcontractors if justified for specified activities, with criteria dependent upon the qualifications needed for the activity.

BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 32	The budget should include funds to support travel to CDC in Atlanta for up to three key personnel. Additional travel or meeting costs can be proposed if justified in the workplan.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 7	Integrating Infectious Disease Responsiveness into State Planning
CIO*	NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION
Division*	OFFICE OF THE DIRECTOR
CIO POC name(s)* Enter up to 3 names	Sharon Wong Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-718-8207 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	cwx9@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 13	Governors and their staff, state public health departments, and public safety staff
Proposed project funding*	$250,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 152	CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) prioritizes cost-effective, scalable programs, policies, and research to achieve the greatest impact on reducing the incidence of HIV, viral hepatitis, STDs, and tuberculosis and preventing related illness and death. These infections result in high personal, societal, and economic costs. Governors and those working at the state level in public health can benefit from learning how public health experts and peers have successfully prevented and/or treated these infectious diseases, as well as co-morbidities like opioid addiction. The goal of this project is to convene a learning collaborative of 3-7 states to integrate promising, innovative practices for preventing and/or treating HIV/AIDS, viral hepatitis, STDs, or tuberculosis. Expected outputs: • Needs assessment of states to identify potential topics and presenters for training • At least one training for governors' staff and state public health representatives • State action plans integrating promising practices • Pre, post, and follow up evaluations to measure impact
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐

	Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 39	Applicant should have access to governors and their staff, state public health departments, and public safety staff. Applicant should have the capacity to plan, implement, and evaluate trainings on public health topics and to provide ongoing technical assistance to attendees.
Applicant program experience* (Maximum of 500 words) Word count 36	Applicant should have documented experience: • Working successfully with governors and their staff, state public health departments, and public safety staff • Implementing effective trainings on public health topics • Implementing pre, post, and follow up evaluations to measure impact
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 19	It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 0	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 12	Funds may not be spent on medical equipment or medical tests.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 11	Meeting the Needs of Early Childhood Systems to Integrate Evidence-Based Parenting Programs
CIO*	NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES
Division*	DIVISION OF HUMAN DEVELOPMENT AND DISABILITY
CIO POC name(s)* Enter up to 3 names	Jennifer Kaminski; Lara Robinson Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-4159 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	anu1@cdc.gov; lpr0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 25	University centers associated with disability programs with expertise in disseminating parent-focused programs to reduce or prevent impairment from children's mental, behavioral and developmental disorders
Proposed project funding*	$175,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 430	Parents report that 15% of children 2-8 years old have a mental, behavioral, or developmental disorder (MBDD). MBDDs identified in childhood often persist into adulthood, and are associated with increased risk for poor school outcomes, reduced employment opportunities, adverse health conditions, early mortality, and significant costs for persons with the disorders, their families, and society. Approaches to prevent or limit impairment from MBDDs could thus have short- and long-term impacts on individual and population health. Parent-focused prevention and early childhood programs have decades of accumulated evidence on children's mental, behavioral and developmental outcomes. Widespread dissemination of evidence-based parenting programs continues to be a challenge. The 2016 National Academies of Science, Engineering and Medicine report, "Parenting Matters: Supporting Parents of Children Ages 0-8" recommends identifying points in the delivery of services to large numbers of families at which strategies to support parenting can be implemented. Thus, existing early childhood service systems may provide sustainable venues for parent-focused approaches. Examples of such systems could include early childcare and education, departments of family and children's services, departments of behavioral health and developmental disabilities, children's hospitals, and community service boards. Although success stories can be found of localized implementation of evidence-based parenting programs, widespread adoption has not yet been attained. Rather than continuing to try to adapt clinic- or research-developed parenting programs for existing systems, efforts are needed to identify the constraints and needs of those systems in order to accommodate parent-focused programs. For example, what sustainable funding streams are available in those systems that are relevant to parenting programs to prevent or limit impairment from children's mental, behavioral and developmental disorders? Identifying the specific system-wide barriers and recommendations for overcoming them would allow for broader and more integrated uptake of parenting programs and a larger, more capable workforce within those systems serving families with young

	children. This project will (1) characterize barriers to the integration of parent-focused programs to reduce or prevent impairment from children's mental, behavioral and developmental disorders; and (2) provide recommendations for overcoming those barriers through policy- or systems-level approaches, or future development or adaptation of evidence-based parenting approaches. Proposed activities may include, but are not limited to: • Synthesis of literature on community- or agency-based implementation of evidence-based parenting programs. • Consultation, focus groups or in-person convenings with key staff from early childhood serving agencies. • Staffing analyses of personnel resources typically available in such systems (e.g., number, type and educational background of existing staff; training strengths and needs) • Consultation, or in-person meetings with sites already successfully implementing evidence-based parenting programs embedded in an existing system. • Policy scans or evidence reviews related to parent-focused programs in child-serving systems.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☐ Public Health Partnerships ☑ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 47	The applicant should have: • Access to a national network of centers for future potential uptake and dissemination of recommended approaches to overcoming common barriers; • Existing relationships with early childhood systems; and • Capacity to support specific proposed activities (e.g., literature syntheses, key informant interviews, in-person convenings, policy or evidence reviews).
Applicant program experience* (Maximum of 500 words) Word count 41	The applicant should have experience with: 1. Disseminating evidence-based parenting programs on a large scale (e.g., state-wide, community-wide, or through a programmatic infrastructure); 2. Building capacity for program implementation through training and technical assistance; and 3. Translating research into sustainable community practices.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 38	CDC and the awardee will collaborate to: 1) develop an outreach plan for key stakeholder interviews; 2) determine the scope for any literature reviews; and 3) develop a strategic plan for the integration and sustainability of parenting programs in early childhood systems.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 15	Proposal may include subcontractors to meet the requirements for Applicant Program Experience listed above.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 33	Budget should include funds to support travel for up to three key personnel for a kickoff meeting at CDC in Atlanta. Other travel may be included if justified based on proposed activities.
CIO CERTIFICATION*	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 4	Mental and Behavioral Health
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Dean S. Seneca Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-1607 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	zkg8@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 9	Community Mental Health Organizations in States, Territories and Tribal Nations
Proposed project funding*	$500,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 390	The goal of this proposed project aligns with the CDC's goal to increase awareness of mental illness as an important public health problem and the importance of mental health promotion and mental illness prevention to optimize the quality and performance of public health systems, workforce, data and information systems, practice and services, partnerships and resources. Currently, CDC does not have a centralized organizational unit that focuses on mental health. Rather, mental health-related work is dispersed throughout the activities of multiple Centers, Divisions and Offices at CDC. Additionally, mental health is an area covered by many sister agencies including (but not limited to): Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute on Mental Health (NIMH), Health Resources and Services Administration (HRSA), and others. Thus, a coordinated approach to address mental health across the agency with input from external agencies and organizations is required to synergize CDC's efforts with the efforts of other HHS agencies. In December 2016, the CDC convened a cadre of 31 CDC staff and 24 external stakeholders in order to learn more about ongoing CDC activities and priorities for mental health. The group discuss public health gaps and needs in the area of mental health and identified if there are other activities that address these gaps. We built on strategies to integrate mental health into CDC's STLTS existing work and priorities of participating organizations to identify areas of potential collaboration and highlight areas of successful health activities. We mutually identify potential partners and connections in order to foster collaboration with respect to mental health activities. As follow-up to that convening and to expand upon past and present CDC mental health efforts, proposed activities may include but are not limited to: • Follow-up meetings between key CDC staff and external stakeholders to further discuss collaboration opportunities related to mental/behavioral health. Topics of interest may include priority themes identified such as: tribal communities, maternal child health, access to care in rural areas, and resilience/emergency response. • Providing hands-on training to equip individuals with the skills

	and knowledge to help someone experiencing a mental health crisis, through the Mental Health First Aid. Expand Mental Health First Aid to multiple users and audiences including HHS agencies. • Collaborating with other national organizations to help execute work related to mental health based on pressing needs in the STLT community. • Build and expand surveillance of mental health activities with partners, federal, state, local, tribal and territorial health departments.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☐ Public Health Partnerships ☐ Other ☐ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 53	A not-for-profit 501(c)(3) association, Health's mission is to advance STLTS ability to deliver integrated health care. A group whose policies ensure people who have mental health and substance use problems can access comprehensive healthcare services. Also state-of-the-science, education and practice improvement consulting and resources to ensure mental health and addiction services are efficient and effective.
Applicant program experience* (Maximum of 500 words) Word count 132	America's behavioral health organizations are building strong and healthy communities by helping people with mental illnesses and substance use disorders to recover and lead productive lives. These organizations are: Saving lives through 24-hour crisis response and suicide prevention Lowering health system costs by integrating primary care prevention into behavioral health settings Keeping neighborhoods safe by providing re-entry treatment to prisoners with mental health and substance use needs Building strong local economies by linking people with job training and employment services Using the latest trauma and brain research on to push forward with new mental health and addiction therapies Helping people stay sober by providing alcohol and drug abuse treatment Helping veterans cope with post-traumatic stress disorder Making schools a healthy place to grow and learn Teaching Americans to recognize and help persons with mental illness through Mental Health First Aid
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 10	Must be able to collaborate with other partners
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 2	N/A
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 3	N/A
CIO CERTIFICATION*	

By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-22	

Office for State, Tribal, Local and Territorial Support
Partnership Support Unit
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FOA OT13-1302
Building Capacity of the Public Health System
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 20	Methods, Metrics, and indicators for measuring disparities in health outcomes and risk behaviors related ...
CIO*	NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION
Division*	OFFICE OF THE DIRECTOR
CIO POC name(s)* Enter up to 3 names	Greg Bautista; Lara Bull; Hazel D. Dean Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-3917 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	ybf7@cdc.gov; npu8@cdc.gov; hdd0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 19	Persons in formal leadership roles of nonprofit, voluntary, and private entities that support public health service delivery systems
Proposed project funding*	$90,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 445	Publication of the methods, metrics, trends, and indicators measuring health disparities for the selected diseases and school health programs is essential for understanding and providing care for the populations who are most severely affected. The NCHHSTP Office of the Director is proposing a journal supplement, "Methods, Metrics, and Indicators for Measuring Disparities in Health Outcomes and Risk Behaviors Related to HIV, Sexually Transmitted Diseases, Viral Hepatitis, and Tuberculosis in the United States." Articles will describe the application of and potentially compare methods that use standard units (metrics) to measure the quantity of disparities (differences) in health outcomes or risk behaviors across different segments of the U.S. population affected by HIV, sexually transmitted disease (STDs), viral hepatitis, and tuberculosis (TB) infections. The proposed American Journal of Public Health supplemental issue will contain approximately 20–30 articles intended for publication in November 2018 as an online-only supplement with open-access to the public. GOALS: The overarching goal of the proposed supplemental issue is to have a body of articles that, in total, increase understanding and visibility of health disparities related to HIV, STDs, viral hepatitis, and TB in the United States. By using the indicators described in the NCHHSTP Strategic Plan Through 2020 (https://www.cdc.gov/nchhstp/strategicpriorities/docs/nchhstp-strategic-plan-through-2020-508.pdf) as a basis, publication of articles characterizing disease trends will increase the public's and health professionals' awareness of the importance of preventing and controlling these diseases. Moreover, these articles will identify potential gaps in health equity among U.S. population segments and highlight interventions demonstrated to be effective in improving health outcomes and decreasing disparities. Description and discussion of metrics and data limitations will help improve program effectiveness in eliminating existing health disparities by informing the audience about focused actions that have been beneficial. Publication of this supplemental issue will disseminate evidence-based information to health care professionals, policymakers, academic institutions, other stakeholders, and public health

	partners at the state, local, tribal, and territorial government levels. A special issue combining the different disease focuses will augment the knowledge base regarding health disparities within U.S. health systems at large, identify common themes and limitations between the selected diseases, and support strategies that focus on increasing health equity among both the general population as well as specific populations at risk. EXPECTED OUTCOMES: • Publication of a journal supplement containing approximately 20–30 articles, including 1–2 editorials and 1–2 commentaries. • Provide methods, metrics, and indicators for measuring disparities in health outcomes and risk behaviors related to HIV, viral hepatitis, STDs, and TB in the United States. • Serve as a resource available to the general public, public health practitioners and stakeholders, and programs that influence policy development and activities related to health disparities. SAMPLE ACTIVITIES: • Provide journal milestones and deadlines. • Support manuscript processing. • Support publication date and special issue advertising.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☑ Public Health Data and Information Systems ☐ Public Health Partnerships ☐ Other ☐ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 27	The applicant must be able to solicit, organize, and publish high-quality peer-reviewed scientific articles in a high-impact and well-respected journal, such as the American Journal of Public Health.
Applicant program experience* (Maximum of 500 words) Word count 14	The applicant must have a demonstrated history of publishing peer-reviewed scientific articles.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 0	
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 0	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 13	Funds are for the production and dissemination of the journal supplement containing peer-reviewed articles.
CIO CERTIFICATION*	

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submit date: 2017-03-23

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 10	Opioid Overdose Prevention in Unfunded States, Emphasis on Public Health Institutes
CIO*	NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL
Division*	DIVISION OF UNINTENTIONAL INJURY PREVENTION
CIO POC name(s)* Enter up to 3 names	Mahendra, Reshma; Alexander, Shelby Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(770)488-1207; (770)488-0075 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	zep0@cdc.gov; fyx9@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 11	Public Health Institutes; Key State partners in opioid overdose prevention
Proposed project funding*	$400,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 489	Goal: To increase capacity in states that are currently not funded by CDC to prevent and respond to opioid overdose, while assessing current coordination, providing technical assistance and implementing effective approaches and prevention models. Background: States are critical players in preventing prescription opioid overdoses. States run prescription drug monitoring programs (PDMPs), regulate controlled substances, license health care providers, and run large public insurance programs such as Medicaid and Workers Compensation programs. Currently, CDC funds 42 states and the District of Columbia through Prescription Drug Overdose: Prevention for States and Data-Driven Prevention Initiative , programs that helps states combat the ongoing prescription drug overdose epidemic. The purpose of these programs is to provide state health departments with resources and support needed to advance interventions for preventing prescription drug overdoses. In addition, CDC is currently funding 12 states to better track opioid-involved overdoses. Enhanced surveillance will assist states and key stakeholders in improving prevention and response efforts by providing more timely data on fatal and nonfatal opioid overdoses and in-depth information on risk factors. Empowering and equipping states with the resources and information they need to combat prescription opioid abuse and overdose is a key component in CDC's work on this epidemic. Although 44 states and the District of Columbia are reached through our funded programs, CDC has not yet been able to reach 6 states to address opioid overdose prevention. This project would give CDC the opportunity to expand its reach to the remaining 6 states, build and strengthen capacity to address opioid overdose prevention, and would further advance CDC's objective to have complete coverage nationally. Project Description: This project would address the gap in reach through three main activities: (1) Assessment of unfunded states' needs and readiness. This may include the following: a. Outline of current stakeholders b. Report of current PDMP activities c. Report of current opioid prevention activities d. Report of current overarching systems/networks of coordinated opioid prevention/treatment efforts within

	state e. Identification of potential opioid overdose hot spots within state (2) Identification of an approach for working with each state. This may include the following: a. Consultation with experts to identify the effective prevention models, etc. b. Potential approaches can include: Forum, technical assistance, convening, etc. that meets states where they are at. c. Sample activities: outreach to key stakeholders; technical assistance to specific states as needed; and the creation and dissemination tools, with an emphasis on implementation of promising approaches. (3) Collaborate with states to develop an action plan for opioid overdose prevention. This may include the following: a. Based on where states currently are, develop an action plan to advance the work. b. If findings indicate that a state has (or has potential for) support from the level of the Governor's office, explore collaboration with the National Governor's Association (with concurrence of Governor's office) to convene/facilitate session(s) using their resource, Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 50	Applicant should have the organizational and institutional capacity to assess needs related to public health and opioid overdose prevention, develop strategic public health approaches, and collaborate with (or direct) other partners and resources. Applicant must also demonstrate reach and collaborative opportunities with public health institutes in states.
Applicant program experience* (Maximum of 500 words) Word count 91	Applicant should have experience with public health programs (a plus if the applicant has experience with prescription drug overdose or opioid overdose public health programs) and experience outlining effective public health action through a multi-agency approach. Should have experience bringing together personnel from multiple agencies and organizations and handling logistics, coordinating and following-up with work groups. Have knowledge of CDC Opioid Overdose Prevention activities in states. Applicant should have capacity to help support, guide, and collaborate with public health partners in states, particularly public health institutes.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 77	Meaningful collaborations with groups most directly involved with opioid overdose (or drug) surveillance. Any other collaborations should only be with organizations that: (1) have experience with prescription drug overdose or opioid overdose public health programs and experience outlining effective public health action through a multi-agency approach; (2) have experience in providing technical assistance around surveillance in opioid overdose and (3) have experience bringing together personnel from multiple agencies and organizations.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 84	The applicant may contract (or acquire consultant services) as needed, to assist in the development of assessments and identification and implementation of strategies. Potential contractors may assist in the development of statewide approaches to opioid overdose prevention based on assessments (e.g. National Governor's Association). If any subcontracting required, subcontractors must have the following areas of expertise: Experience working in with multi-sector collaboratives, particularly with a diverse array of decision-makers (e.g. Governors, state legislative bodies, etc.).
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 49	Funds will be used for assessments in up to 6 states; convening key stakeholders in the development of implementable state action plans for opioid overdose prevention, and providing support in the implementation of components of the action plan in up to 6 states.

CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-24	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 15	Partnering with Pediatricians to Assess Exposures to Hazardous Chemicals Using the State of the Art Tool
CIO*	OFFICE OF THE DIRECTOR
Division*	OTHER Other division ATSDR/ DTHHS
CIO POC name(s)* Enter up to 3 names	Jewell Wilson; Patricia Ruiz Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-3346; 770-488-3348 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	jdw0@cdc.gov; doz8@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 5	Health professionals, especially pediatricians
Proposed project funding*	$125,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 286	Physiologically based pharmacokinetic (PBPK) modeling is a computer-simulated program which is a state of the art research tool designed to model the behavior of chemicals or drugs in a physiological system such as humans (men, women and children). This technology utilizes the specificity of the chemical (i.e., partitioning, molecular wt. in, chemical structure, etc.) in combination with the anatomical and physiological behavior (i.e., blood flow, body wt, cardiac output, organ weight, drink water volume, etc.) of the organism to estimate the amount of chemical or drug an organism receives following a specific route of exposure (oral , inhalation, dermal). Based on specific exposure guidelines for health and safety, one can determine the potential health risk associated with the duration and route of exposure. Utilizaton of such information is very useful to those in the health risk assessment community such as physicians, risk assessors, environmentalists, nurses, etc. The goal of this project is to work with health professionals especially pediatricians and risk assessors to demonstrate the application of this tool (PBPK modeling) in assessing children's exposure to hazardous chemicals. The long term goal is to build a relationship of clinical collaboration, public health practice and data sharing for the benefit of both entities. Expected outputs of this project is an assessment of the utility of this tool for pediatricians when examining children's compilation of chemical-specific child-based PBPK models for the most commonly found environment chemicals VOCs, PCBs, zinc, lead, chromium, pesticides, etc). The outcomes of this work are (1) increase availability of new skills and (2) the integration of state-of-the-art technology into data collection and risk assessment following children exposure. Currrently the Computational Toxicology Team in DTHHS has compiled adult and child-based PBPK models for some environmental chemicals.

Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☑ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 23	The applicant must be a vital partner and have medical and scientific staff willing to share and learn new technology and skills.
Applicant program experience* (Maximum of 500 words) Word count 19	The applicant must have medical and scientific staff willing to share and learn new the technology and skills.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 13	The applicant will be expected to work closely with the CDC team.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 11	Subcontractors will be incorporated in this work with the applicant.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 4	No special instructions.
CIO CERTIFICATION*	
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submit date:	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 3	Population Health Residency Rotation
CIO*	CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES
Division*	DIVISION OF SCIENTIFIC EDUCATION AND PROFESSIONAL DEVELOPMENT
CIO POC name(s)* Enter up to 3 names	Laura Franzke; Eric Kasowski Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(404)498-6146; (404)498-6784 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	LJF7@cdc.gov; ISG2@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 11	Preventive medicine residency training programs and Public Health Training Centers
Proposed project funding*	$500,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 770	Americans' health has changed over the past century. Through public health advances such as sanitation and hygiene and communicable disease control, the largest causes of morbidity and mortality have shifted from communicable diseases to chronic and behavior-related conditions. And, due to longer life expectancies, these chronic conditions result in enormous costs to society through their treatment and lost productivity. In 2015, the United States spent nearly $3.2 trillion on healthcare making the healthcare sector in the US alone, the equivalent of the 5th largest economy in the world. In addition, the United States ranks 28th in health outcomes, well behind most other developed countries. In an attempt to contain rising health care costs, the American health care system has had to adapt, in part through more efficient management of patient populations. While these measures to improve health outcomes for enrolled patients with existing disease are necessary, they alone are insufficient in containing the expanding burden of disease affecting the public's health. In addition, health care delivery systems are largely focused on covered lives as the definition of their populations and thus are not well positioned to reach the total, geographic population. Health departments, while better suited to ensure the health of entire geographic populations have been constrained in their roles by 20th century funding models based on their original mission of environmental health, food safety, sanitation, and communicable disease control. This programmatic focus on last-century public health priorities has prevented many health departments from transforming themselves into a new functional leadership model that can better serve the public's health. In addition, health care systems and public health have evolved separately into two barely-intersecting health entities both with the aim of improving the health of the American public, but without the synergy or broad collaboration needed to capitalize on the strengths of both. This is changing, however. In many locations throughout the country as models of care have shifted, and health systems, payers, businesses, and the community have come together to more effectively address the root causes of

	chronic disease to prevent or delay its onset. This proposed project is to develop a residency rotation aimed at enhancing the training of preventive medicine residents in the leadership, policy development and implementation of population health policies and interventions by placing them in the most innovative environments addressing population health at the intersection of public health, health care, and community. The awardee will create a two-month population health-focused, competency-based, practicum rotation for preventive medicine and primary care residents in key sites such as: state and local health departments, health care delivery organizations, health care payers, and select other public, private, or tribal organizations with the aim of improving the public's health. The partner will screen and select applicants for placement giving priority to geographic locations shown to have innovative cross-sector collaborative solutions to addressing the social determinants of health via environmental, policy, and systems-level actions, and where a preventive medicine residency is located. Residents will be charged with any or all of the following: developing population health policy, strategy, or other means of mobilizing community action to address health determinants; work with multi-sector partners, community leaders, the business community, etc. engaged in improving health on the population level; work in the intersection of health care and public health to promote a holistic health system approach to population health; work on implementation of evidence based population health interventions such as CDC's 6|18 or Hi-5 initiatives or similar systems-based population health- interventions. Expected Outcomes: • Development of a set of competencies and evaluation metrics to gauge resident learning and overall program effectiveness at developing leadership and policy acumen in effective system-wide population health interventions. • Increased resident exposure to the emerging health systems transformation environment. • Propagation of best population health practices aimed at reducing the overall burden of the highest morbidity-causing diseases including diabetes, substance abuse, coronary artery disease, etc. • Expanded knowledge of the evidence base surrounding prevention and control of the highest morbidity-causing conditions in the US and the link to environmental and social determinants of those conditions. • Enhanced leadership ability of preventive medicine and other primary care residents in the broad field of population health including interventions within the health system on individual patients (population health management), interventions in the community affecting individual patients (community health), and interventions at the total population level. Outcome Measures • Percent increase in preventive medicine and other select primary care physicians serving in population health roles upon graduation including chief medical officer (CMO) or equivalent (VP for Population Health) of health systems, health plans, payers, self-insured corporations; or as state or local health officials • Number of new population health initiative implementations as a result of the residency rotation
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☐ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 134	The awardee must serve as a major source of information and leadership and national advocacy for preventive medicine and public and population health; work with select health departments for site and project selection; work, as appropriate, with other primary care specialty organizations, or national level medical education organizations. Specifically the partner: • works with preventive medicine physicians and residency programs to support the delivery of health and ensure health equity for underserved populations in the United States and tribes. • is a membership organization for preventive medicine and can host trainings, conferences, educational activities • provides leadership development and creates educational content in preventive medicine, integrative medicine, primary care, public health, and population health • builds partnerhips and linkages that stimulate public and private sector investment and collaboration in the delivery of preventive medicine health care services to medically underserved communities.
Applicant program experience* (Maximum of 500 words) Word count 67	A professional team of subject matter experts in preventive medicine and population health including staff, contractors and consultants. Should be able to hold conferences and meetings with planning staff. A consistent track record of enhancing preventive and integrative medicine and public and population health. The successful applicant can demonstrate the ability to collaborate with key partners to design and deliver effective, timely and high quality training.
	COLLABORATIVE WORK

Expectations for collaboration (If applicable, maximum of 300 words) Word count 42	Must have a direct link to PMR training programs and health departments in locations shown to have innovative cross-sector collaborative solutions to addressing the social determinants of health via environmental, policy, and systems-level actions, and where a preventive medicine residency is located.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 27	Competitive standards for sub contractual work:High Standards for work, delivering on timeCompetitive pricingCommitment to the safety net and improving access to care and improved health outcomes
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 7	Budget Applicant Organizational CapacityApplicant Program ExperienceWork PlanObjectivesActivitiesOutputsOutcomesCollaboration
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program. submit date: 2017-03-20	

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FY 2017 CIO PROJECT PLAN
FOA OT13-1302
Building Capacity of the Public Health System
to Improve Population Health through National, Nonprofit Organizations

Project Plan Instructions

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 3	Prematurity Prevention Network (PPN)
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF REPRODUCTIVE HEALTH
CIO POC name(s)* Enter up to 3 names	Boisseau, Martha R; Collazo, Carla Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-6250; 770-488-6245 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	mrb0@cdc.gov; cwc1@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 7	Nongovernmental health, community-based professionals; Prematurity Partners.
Proposed project funding*	$200,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 192	To continue the effort to prevent the serious problem of prematurity in this country, CDC is supporting the National Prematurity Prevention Symposium and Network. The applicant will collaborate with representatives from key national organizations of health care professionals and public health authorities to develop learning objectives and a call to participate in the Network. The goal is to improve the capacity of healthcare professionals that address the health of mothers and infants through the prevention of prematurity. Expected outputs include creating a Planning Committee to coordinate the efforts to conceptualize and organize the Prematurity Prevention Symposium, establishing learning objectives for the Prematurity Prevention Symposium, and developing a timeline for organizing the Symposium. The applicant will invite speakers who are national experts and leaders in their fields to describe their efforts to prevent preterm birth, and design an evaluation of the Symposium to be administered among the participants, results of which will be shared with the CDC. They will also develop the agenda and program for the Symposium, and provide continued leadership, technical assistance, guidance and oversight on reducing prematurity throughout the United States through collaborative efforts with other partners through the Network.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☑ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation ☐ Other

Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 40	The applicant must have a history of expertise on Prematurity Prevention and educational awareness campaign experience with prematurity prevention to address the crisis and help families have full-term, healthy babies. The organization must have the infrastructure and staff to partner with multiple stakeholders, nationwide.
Applicant program experience* (Maximum of 500 words) Word count 59	The applicant must have established programs of research and education to address the universe of birth defects, and be inextricably linked to the medical, social and epidemiological circumstances of pregnancy itself. The applicant should have a broadened approach to improving birth outcomes by incorporating perspectives in perinatal health that appropriately considered the health of all pregnant women and babies.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 25	The applicant should be a leader in collaboration for the elimination of premature birth and birth defects, and should work with broad cross-section of organizations.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 6	NO expected subcontracting to occur.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 29	The applicant will use the funds to increase the capacity of the Prematurity Prevention Network through the convening of scientists and experts for the Prematurity Prevention Symposium.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 10	Prevention of Birth Defects Caused by Mental Health disabilities
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Dean S. Seneca Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-1607 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	zkg8@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 9	Community Mental Health Organizations; States; Territories and Tribal Nations
Proposed project funding*	$750,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 890	The focus of this proposal would to build the capacity across healthcare systems (providers, organizations, hospitals, STLTS) to screen, assess, and treat pregnant women and identify their substance use early so that they can be provided interventions that will save the mom and their unborn babies life. Also we want to emphasize this project will providing training and on-going technical assistance to healthcare providers and organizations who serve pregnant women impacted by birth defects (e.g., Zika) on evidence-based and innovative brief interventions (e.g., Motivational Interviewing, Brief Negotiated Interview, and Behavioral Activation). The awarded grantee would have to address the following: In February 2016, the World Health Organization (WHO) published "Psychosocial support for pregnant women and for families with microcephaly and other neurological complications in the context of Zika virus: Interim guidance for health-care providers" which suggests strategies that healthcare providers can implement to address the mental health and psychosocial needs of pregnant women impacted by Zika virus. The WHO proposed the following eight strategies: (1) Provide Accurate Information; (2) Conveying health information; (3) Supportive communication; (4) Common reactions; (5) Basic psychosocial support; (6) Strengthening social support; (7) Stress reduction; and (8) Advice on parenting. These strategies can be used across any pregnant women impacted by birth defects generally, including the Zika virus. Postpartum depressive symptoms (PDS) are common and are associated with adverse maternal and infant outcomes (e.g., lower breastfeeding initiation and duration and poor maternal and infant bonding). Postpartum depression is treatable. Capacity can be built among providers (including primary care providers, behavioral health professionals and specialists (ob/gyn, etc.) to screen, assess, and treat for postpartum depression. In recent years, maternal opiate use has surged but is too often kept secret until it's too late. With this trend, health care providers across the country are encountering some of their most vulnerable victims: thousands of babies born with dependence on opioids, also known as Neonatal Abstinence Syndrome

(NAS). Opioid use has skyrocketed across all of the U.S. Tennessee is just one example of where NAS incidence rates have skyrocketed in recent years, nearly two-thirds of mothers who deliver babies with NAS are using at least one doctor-prescribed opiate. This public health crisis has demonstrated an urgent need for action focused on prevention, access to treatment, and translating data into effective practice. Health care providers and other public health stakeholders can adapt strategies to inform local and state-level prevention and early identification efforts. Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behavior and learning. Often, a person with an FASD has a mix of these problems. Alcohol-Related Neurodevelopmental Disorder (ARND) are people that might have intellectual disabilities and problems with behavior and learning. They might do poorly in school and have difficulties with math, memory, attention, judgment, and poor impulse control. Alcohol-Related Birth Defects (ARBD) are people with disabilities with the heart, kidneys, or bones or with hearing. They might have a mix of these. With growing numbers of HIV-seropositive (HIV+) women of child-bearing age and increased access to effective clinical protocols for preventing mother-to-child transmission (MTCT) of HIV, mental health-related factors have become increasingly relevant due to their potential to affect the women's quality of life. Psychiatric symptoms, particularly depression, and mental health vulnerabilities (e.g., inadequate coping skills) are widespread among pregnant HIV+ women (globally) and have a potential to affect psychological well-being, quality of life and salient clinical outcomes both among the woman and child. The awarded grantee would be expected to respond with the following: Ensure that healthcare providers and their organizations are able to implement evidence-based brief intervention (BI) effectively. Provide training and technical assistance to healthcare providers working in public health and/or primary care as a mechanism to increase access to mental health and psychosocial supportive services. This would include in-person trainings to educate healthcare providers on how-to implement brief interventions; monthly booster sessions to reinforce the brief intervention training and to ensure fidelity to the brief intervention model; and monthly on-going assistance to health care providers' organizations (e.g., hospital settings, ob/gyn clinics) in changing their clinical workflow to support the pacing and implementation of brief interventions. Brief intervention is a higher level skill that needs to be reinforced and practiced more frequently in public health, which has been seeing positive results. In some instances, staff like peer specialists or community health workers can implement these interventions, if trained appropriately. This is a sustainable model that is novel, simple and easy. Brief interventions are not new, they have been used as a tool to address depression, anxiety, smoking cessation, eating disorders/obesity, health promotion and management of other chronic health conditions in the public health community. Ensure proper referral mechanisms to community behavioral health providers. In addition, many of these women will need on-going mental health treatment to address their needs. The grantee would identify and select trained behavioral health staff to serve as referral resources to health care providers serving pregnant women affected by birth defects. The goal is to help build capacity among these providers to improve their understanding of the implications of birth defects to the mother and also assist them in providing on-going psychosocial support. Develop, disseminate toolkits and materials to the field, videos and other documents to support health care providers in other communities impacted by birth defects.

Program strategies that relate to FOA*
(Check one or more)

- ☐ Public Health Systems and Organizational Improvement
- ☐ Public Health Workforce
- ☑ Public Health Data and Information Systems
- ☑ Public Health Practice and Services
- ☑ Public Health Partnerships
- ☐ Public Health Resources, Communication & Evaluation
- ☐ Other

Program outcomes that relate to FOA*
(Check two or more)

- ☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings
- ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships
- ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations
- ☑ Increased integration of state-of-the-art technology into data collection and information systems
- ☑ Increased implementation of evidence-based public health programs, policies, and services
- ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation
- ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles
- ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources
- ☐ Other

Applicant organizational capacity*
(Maximum of 500 words)

Word count
83

A leading not-for-profit association representing more than 3,000 organizations providing critical mental health and addiction services to more than 10 million adults, children, and families. With a commitment to a proactive public policy agenda, success in preserving and enhancing mental health and addictions funding, and support for critical treatment, rehabilitation, and support services, today's community behavioral healthcare providers continue to build healthy minds and strong communities — giving people with mental illness and addictions a chance to recover and lead productive lives.

A national home for behavioral health and primary care integration, which provides expert consultation on the operational, clinical, financial, and workforce challenges associated with incorporating BH interventions into primary care.

Applicant program experience* (Maximum of 500 words) Word count 32	
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 2	N/A
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 2	N/A
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 14	Provider Education and Training to Improving Mental Health Discussions, Screening, and Treatment of Ca...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF CANCER PREVENTION AND CONTROL
CIO POC name(s)* Enter up to 3 names	Natasha Buchanan Lunsford Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-3031 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	nbuchanan@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 11	Nongovernmental - community and neighborhood health centers, primary care providers
Proposed project funding*	$250,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 999	There are more than 15 million people living after a cancer diagnosis (cancer survivors) in the US. One's cancer experience may cause new symptoms or exacerbate pre-existing symptoms of psychosocial distress. Distress is an unpleasant emotional experience of a psychosocial and/or spiritual nature that may interfere with one's ability to cope effectively with a disease, its physical symptoms, and its treatments.[2] Distress symptoms can range from "normal feelings of vulnerability and sadness, to disabling conditions, such as depression, anxiety, panic, social isolation, and existential or spiritual crisis." In recent years, organizations like the Institute of Medicine (IOM), the National Comprehensive Cancer Network (NCCN), the American College of Surgeons Commission on Cancer (ACoSCoC) have recognized that quality cancer care must include identifying and addressing patient's psychosocial needs. NCCN has recommended distress screening in all clinical settings for those with a history of cancer, whereas ACoSCoC has required distress screening for cancer patients treated in ACoS-accredited facilities. Providers are also encouraged to use standardized, validated distress measures, with established cutoff scores, that are most appropriate for their patient population and care facility. While health care providers serve as gate-keepers for patient engagement in distress screening and related treatment referrals, recent studies show that few specialty or primary care doctors are engaging in routine discussions with patients about psychosocial concerns or treatment options and very few affected cancer survivors report receipt of psychosocial treatment and/or supportive care services. While NCCN recommendations and AcoS CoC distress screening requirements were published in 2015 and billing codes were enacted started in 2016, limited training opportunities exist to support health care providers in adhering to these recommendations. CDC seeks to collaborate with an applicant organization to improve their capacity to provide relevant, quality, and accessible public health education training and aligned resources for medical providers caring for cancer survivors. The project will consist of collaborative development and activation of an online, freely available continuing medical education (CME)

	accredited digital training tool to improve the capacity of medical providers to: a) engage in effective discussion around mental health of cancer survivors; and b) increase knowledge of methods of screening for psychosocial distress and resources for treatment, in addition to knowing about payment for service provision. This training also aims to improving knowledge and uptake of recommendations regarding the mental health needs of cancer survivors. Improvements in training could translate to effective identification and treatment of psychosocial distress among cancer survivors, improvements in quality of life, and comprehensive care provision which addresses both the mental and physical health needs of cancer survivors. Expected outputs, outcomes, and activities for project goals are described below. Applicants should submit a work plan describing the proposed approach to accomplishing the project goals and will be expected to work closely and collaboratively with the CDC Technical Monitor (TM) throughout the project, including hosting a kick-off call meeting and monthly progress meetings. The applicant will work collaboratively with the CDC TM on the following project activities: 1) Collaborative development of a script and interface for an online, interactive training simulation, for medical providers including, but not limited to: primary care and specialty providers (eg. oncologists), nurses, nurse practitioners, and physician assistants. This training tool should have a multimodal training interface with varied digital assets, including subject matter expert training videos and presentations and interactive, digitally simulated patient/provider (avatar based) e-learning modules. The grantee will work with the CDC TM to utilize existing training materials and leverage CDC Communication/ Broadcasting Services and associated platforms to create video and audio components when possible. Expert commentary videos and presentation modules will touch on several topics including: • Mental health terminology and common psychosocial concerns experienced by cancer survivors, family members, and other caregivers • Ways to identify warning signs of psychosocial distress • Psychosocial distress screening guidelines and recommendations • Strategies for conducting distress screening • Payment and billing for psychological distress screening and related service delivery • Identifying appropriate treatment and supportive care resources for cancer survivors with identified psychosocial distress Interactive, digitally simulated (avatar based) e-learning training modules will simulate different types of clinical encounters between patients and providers, in order to help provider to employ: • practical and time efficient techniques to manage concerns of patients with various psychosocial concerns related to treatment or their cancer experience; • apply effective communication tactics to discuss patient mental health, screening and treatment, in addition to increasing patient engagement, trust, and adherence to recommended care. 2) The grantee will also be asked to work with a widely resourced and respected online medical community (eg. Medscape) to get the proposed training tool adopted and approved for continuing medical education (CME) credits. The online medical community must be accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME for physicians. The grantee will also be asked to develop a plan for additional implementation and dissemination of this tool within private and public medical provider networks. Anticipated deliverables shall include: 1. A fully formed, digital, interactive provider CME training course (inclusive of all elements listed above), approved for use with a widely resourced and respected online medical community that is ACCME accredited. 2. An e-learning authoring tool (or equivalent) enabling the creation and customization of digitally simulated patient/provider (avatar based) e-learning modules involving varied digital assets (e.g. videos, presentations, audio clips) • The output of the authoring tool, the generated eLearning modules, should be built leveraging "responsible design" (eg. e-learning modules should work in multiple browser and device formats/sizes). In other words, they should be compatible with both desktops and mobile devices. •This e-learning project needs to be treated like any other open source project (where the software code used to create the eLearning authoring tool as well as the e-learning modules themselves, is shared in a public repository, such as GitHub.) 3. A final report containing an: a) overview of the e-learning authoring tool and associated software code; b)an overview/outline of all sections of the training CME tool; 3) related transcripts for all training tool content; and 4) methods for implementation and dissemination of the tool.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☐ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☑ Other

	If other, please specify* (Maximum 100 words) Word count 18 To effectively ensure that training materials are utilized as a CME on an online medical community platform
Applicant organizational capacity* (Maximum of 500 words) Word count 158	To effectively develop the aforementioned educational training for medical providers caring for cancer survivors, some of the applicant's proposed project staff will need to have prior experience creating interactive educational training resources and digital assets (e.g. videos, presentations, audio clips). As the project aims to build training and educational resource capacity pertaining to cancer survivorship and mental health, proposed project staff should also have a general knowledge of cancer epidemiology; cancer survivorship, mental health, and public health practice. To effectively ensure that training materials are utilized as a CME on an online medical community platform, some of the applicant's proposed project staff will need to have experience planning and providing logistical support for training accreditation by the Accreditation Council for Continuing Medical Education (ACCME). In the event that the applicant does not have the organizational capacity to support these activities, subcontractual work will be expected to manage aforementioned logistics (see section on "expected subcontractual work" below).
Applicant program experience* (Maximum of 500 words) Word count 84	To effectively conduct the work described under the project description, the applicant should have expertise on chronic disease and cancer epidemiology, mental health, and public health practice. Additionally, the applicant should also have experience disseminating health promotion materials and developing content for medical provider education and training. As the project aims to improve capacity in training development that is digital in nature, the applicant will need to have experience in developing e-learning authoring tools and digital assets (as described in the project description).
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 109	The applicant will be expected to collaborate with CDC staff who are subject matter experts in the area of cancer prevention and control, cancer survivorship, and mental health, in addition to other subject matter experts external to CDC who have subject matter expertise in cancer survivorship, mental health, and health communication work. The applicant should work with the CDC TM to identify potential experts to engage when; a) developing content for e-learning digital assets (eg. videos, training modules) and b) considering potential partnerships and dissemination plans for e-learning resources. The applicant will also be expected to collaborate with CDC on the development and dissemination of all project resources.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 151	In the event that the applicant does not possess the needed expertise to implement the creation and customization of digitally simulated avatar based e-learning modules, the applicant will be expected to secure the following subcontractor types: 1. Wide reaching, ACCME accredited online medical organization that can host the aforementioned provider CME e-learning resource. An online medical organization/community host should have the ability to assess and evaluate pre-and-post e learning impact (eg. change in provider knowledge and behavior based CME training). 2. A company/firm with expertise in instructional design, graphic design, software engineering, virtual animation and/or other technical skills needed to develop an e-learning authoring tool enabling the creation and customization of digitally simulated e-learning modules. 3. A transcriptionist with prior experience providing transcription services based on audio recordings conducted during trainings and from other digital assets (eg. videos). The transcriptionist should be able to provide complete transcripts within one month of e-learning tool development.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 94	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 e-learning tool development, paying for pertinent travel, and assistance from professional firms in e-learning development. 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*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 14	Public Health Emergency Preparedness and Response Workshop for State and Territorial Gubernatorial a...
CIO*	OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE
Division*	OFFICE OF THE DIRECTOR
CIO POC name(s)* Enter up to 3 names	Julie Edelson; Karina Rapposelli; Michael Smith Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-5067; 404-639-4789; 404-639-4032 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	JEdelson@cdc.gov; KRapposelli@cdc.gov; MSmith9@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 19	Governors and their staff across the states, territories, and commonwealth of the United States, including emergency management staff
Proposed project funding*	$200,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 288	Governors and state legislators are responsible for state law-making and setting state policies across all public sectors. While many enter public office with knowledge and experience in emergency management and response, few have a foundation specifically in public health preparedness and response. Multiple factors (environmental, emerging infectious disease, terrorism, etc.) have led to an increase across all states in activating their state emergency operations centers to address minor incidents as well as complex emergency crises. To better support gubernatorial and state legislative staff in times of public health emergencies, CDC has funds available to support the development and implementation of a workshop addressing best practices, policies and procedures for preparing for and responding to a public health emergency event. It is expected that workshop participant will work on real-time example at the workshop and leave with a strategy, project plan, or other document to be informed by assessing participants needs. The following outlines expected awardee activities and timeline: ACTIVITY EXPECTED TIMING Kick-off meeting with CDC to meet technical officers and discuss project goal, activities, and outcomes: Within 1-2 weeks of award Proposed detailed work plan submitted: Within 1 week after kick-off meeting Consultation with gubernatorial and state legislators to identify gaps in policy and best practices and about what training needs exist :Completed within 4-6 weeks of kick-off meeting Report to CDC about topical/thematic priorities for workshop along with target audience and proposed logistics for workshop: Provided to CDC 6 weeks after kick-off meeting Development of workshop curriculum and evaluation, a work product template or tool to be developed by workshop participants, identification of speakers and participants, and arrangement of workshop logistics Conduct workshop and evaluation:Delivered within 6 months after kick-off meeting Prepare and deliver final workshop report to CDC: Submitted to CDC 1 month after delivery of workshop
	☑ ☑ Public Health Workforce

Program strategies that relate to FOA* (Check one or more)	Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☑ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 103	Organizational capacity ensures applicants demonstrate the ability to execute project strategies and meet project period outcomes. Applicants should have adequate infrastructure (physical space and equipment), workforce capacity, competence, relevant skills, and the electronic information and communication systems required to implement the strategies and outcomes of the FOA. Applicants will be expected to provide evidence of adequate skills in formative research; curriculum development, delivery, and evaluation; workshop implementation; financial reporting; and full capability to manage, facilitate, and maintain governance groups throughout the entire product life cycle framework. Applicants will also be expected to describe the nature of their relationships with applicable project stakeholders.
Applicant program experience* (Maximum of 500 words) Word count 97	An applicant that is already familiar with the work in this space would be ideal. The proposed partner would be one that understands public health and emergency management, but also has experience in working with and training state political and legislative leadership and staff. The ideal awardee would be one that also appreciates the roles of and differences between federal agencies and state executive and legislative branches. Further the applicant must demonstrate experience in assessing the needs of the target audiences and developing training, model legislation or policy, or other communication materials for target audiences.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 124	Applicants are encouraged to build and/or leverage strategic partnerships and collaborations with organizations that play a potential role in achieving the proposed activities and project management plan outcomes, including but not limited to: nonprofit agencies; other federal, state, or local government agencies; the public health community; systems integrator corporations; cloud-based software companies; the business community; the information technology community; academia; hospitals; and emergency management organizations. Applicants are expected to collaborate with CDC to improve project direction, guidance, and evaluation. Applicants are expected to collaborate with CDC to improve project direction, guidance, and evaluation. Successful applicants are expected to provide expert leadership and facilitation of project activities and to conduct follow-up meetings as active participants to provide expert consultation and guidance to CDC as necessary.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 99	This project could include subcontractual work to another partner to ensure reach into the project's target audiences. The subcontractor should have experience in assessing the needs of the target audiences and developing training, model legislation or policy, or other communication materials for target audiences. Additionally, the proposed partner would be one that understands public health and emergency management, but also has experience in working with and training state political and legislative leadership and staff. The ideal awardee would be one that also appreciates the roles of and differences between federal agencies and state executive and legislative branches.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 84	Budget Instructions Applicants should detail costs for formative research; curriculum development, delivery and evaluation; and workshop logistics. Evaluation Criteria Evaluation and performance measurement will help determine if applicants have the experience to understand the priorities for public health preparedness and response among the target population; develop, deliver and evaluate a workshop curriculum; and to conduct the workshop with appropriate speakers. The applicant is also expected to demonstrate measurable progress among the management and support of the event.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-24	

CDC SAFER·HEALTHIER·PEOPLE

Office for State, Tribal, Local and Territorial Support
Partnership Support Unit
Final

FY 2017 CIO PROJECT PLAN
FOA OT13-1302
Building Capacity of the Public Health System
to Improve Population Health through National, Nonprofit Organizations

Project Plan Instructions

You can edit and save a draft of your plan by clicking the "Save and close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the FOA.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 15	Using Early Intervention Data to Assess Outcomes among Deaf and Hard of Hearing (D/HH) Children
CIO*	NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES
Division*	DIVISION OF HUMAN DEVELOPMENT AND DISABILITY
CIO POC name(s)* Enter up to 3 names	Marcus Gaffney Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(404) 498-3031 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	MGaffney@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category C
Target population type*	☐ Local public health department ☐ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 25	Organizations (i.e., universities and public health agencies) who have access to public health, early intervention, and education data on D/HH infants receiving intervention services.
Proposed project funding*	$150,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 399	Research has shown that the early identification and provision of intervention for D/HH children is associated with cognitive, language, social and/or educational gains. All U.S. states now have an early hearing detection and intervention (EHDI) program in place to help ensure newborns are screened for hearing loss and receive recommended follow-up diagnostic and intervention services. As part of efforts to support states and D/HH children, the Centers for Disease Control and Prevention is involved in studying the effectiveness of EHDI activities by assessing the health, intellectual and social development, cognitive, and language outcomes of D/HH children. Assessing the outcomes of D/HH children requires reliable public health surveillance to ensure early identification and minimize loss to follow-up, along with access to long-term data about developmental outcomes. This is possible through the linkage of existing vital records, hearing screening, early intervention, social, developmental, and educational outcomes data. However, assessing outcomes is challenging because many state EHDI programs have limited or no access to data about the receipt of early intervention services or the educational outcomes of D/HH children that are identified through their programs. The purpose of this project is to assess the outcomes of D/HH children identified through state EHDI programs by linking and using existing intervention and educational data sets. This project is intended to demonstrate the feasibility and results of linking existing early intervention/educational records on D/HH children to obtain and assess EHDI outcomes using information including but not limited to: • Date of identification of hearing loss for each infant; • List of services received, including dates; • Dimensions of language proficiency; • Measures of development, readiness, and academic success (e.g., grade level); and • Use of special education/support services. Possible sample activities include but are not limited to using a comprehensive linked database to: (1) characterize the health, intellectual and social development, cognitive, and language status of D/HH children identified by EHDI programs; (2) identify factors predictive of cognitive, adaptive, social, language and literacy, and

	motor development of D/HH children; and (3) describe services received through early intervention programs. The anticipated public health impact from this successfully completed project involves increasing the available evidence about both the receipt of intervention services and the longitudinal outcomes of D/HH children identified through state EHDI programs. Anticipated outputs include but are not limited to a final report describing the process, challenges, and findings from the project and at least one manuscript to be submitted for publication.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☑ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☑ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 150	The applicant should have access to data on D/HH infants and children, access to a network of healthcare and educational providers who routinely work with D/HH infants and children, and proficiency as evidenced by: • Documentation of ability to obtain/access state data about (1) infants identified with permanent hearing loss and (2) infants identified with permanent hearing loss that received state Part C and/or Part B (if available) early intervention services. • Description of ability to link records for D/HH infants identified early to state records about the services received from Part C and/or Part B (if available) intervention programs. • Documented expertise in data management, research methods, and statistical skills to successfully complete the proposed project. • Proposal must link a minimum of 100 individual records for D/HH infants born within the period January 1, 2009 and December 31, 2015. • Proposal will include an explanation of the criteria and methodology for linking the records.
Applicant program experience* (Maximum of 500 words) Word count 78	The applicant should have access to state vital records, hearing diagnosis, early intervention and educational data about D/HH identified during the first year of life, and experience linking children's educational and medical records from multiple sources. The applicant should have experience documenting the receipt of intervention services and the outcomes of children. Applicants should also have an understanding of the overall developmental and early academic outcomes of D/HH children and experience conducting research using appropriate methods.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 31	Plan and coordinate with CDC on activities, including the reporting and merging of data from multiple sources, determining outcomes of interest, and engagement of state EHDI and early intervention programs.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 39	Potential need to sub-contract with Universities, research institutions, and/or public health programs that have access and approval to use vital records, hearing diagnosis, early intervention and educational data about D/HH children identified during the first year of life.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 83	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 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 grantee, consultants, contracts, and subcontracts/subawardees, funds may not be used for other food and beverage expenses.
CIO CERTIFICATION*	

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

submit date: 2017-03-24