FOA: CDC-RFA-OT13-13020502SUPP17
Category A FY17 CIO Project Plans
(39 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 10	Accreditation Support Initiative Supplement: Capacity Building Assistance to Accelerate Accreditation Rea...
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	DIVISION OF PUBLIC HEALTH PERFORMANCE IMPROVEMENT
CIO POC name(s)* Enter up to 3 names	Charisse Walcott; Meredith Parrado Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-0409; 404-498-0878 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	cwalcott@cdc.gov; ish1@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 A
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 10	Public health accreditation/performance improvement workforce across local health departments.
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 213	PROJECT DESCRIPTION (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 500 WORDS): The goal of this project is to increase capacity among the public health workforce leading Public Health Accreditation Board (PHAB) accreditation activities and quality improvement efforts. The awardee will lead an effort to support PHAB readiness activities among the accreditation/performance improvement workforce in selected health departments and support organizations. Activities may include: • Enhancing training, technical assistance, and support resources for accreditation coordinators, focusing on the development of accreditation prerequisites and the implementation of performance/quality improvement activities; • Accelerating the number of PHAB applicants and accredited agencies through Accreditation Support Initiative (ASI) awards; • Leveraging national partnerships and relationships to collaborate and ensure coordination and implementation of strategies that will assist accreditation coordinators; and • Planning and implementing related evaluation activities. As a result of these efforts, participants will advance the readiness of health departments toward achieving or applying for PHAB accreditation. Outcomes and outputs will include: • A series of learning and peer networking opportunities (e.g., webinar series, conference calls, etc.). • Accreditation/quality improvement materials and related resources. • Increased knowledge and skills related to public health accreditation and quality improvement. • Increased capacity among public health workforce to implement accreditation readiness and quality improvement activities. • Increased ability to carry out PHAB standards, measures and prerequisites. • Increased number of accredited health departments.
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 35	Awardee will need to proactively collaborate with other national partners. They are expected to work with CDC programmatic staff – through the CDC/OSTLTS/DPHPI Health Department and Systems Development Branch – on all activities.
Applicant program experience* (Maximum of 500 words) Word count 28	The awardee will have an in depth knowledge of the public health accreditation and improvement workforce. They will have experience in administering small, competitive agency support initiatives.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 42	Awardee will be expected to proactively coordinate and leverage activities among partners with similar interests and activities. They are expected to collaborate with CDC programmatic staff – through the CDC/OSTLTS/DPHPI Health Department and Systems Development Branch – on all activities.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 13	Applicants should propose sub-contract work consistent with the goals of this project.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 23	Funds may be used for allowable direct or indirect costs that advance program objectives. Construction and research are prohibited under this funding.
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 5	American Indian Clinical Cancer Screening Network
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	Donald Haverkamp Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	505-235-1163 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	cyq1@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 A
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	Clinic Teams (i.e. providers, nurses, leadership, quality improvement) in Tribal and urban health systems across American Indian communities
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 235	The colorectal cancer incidence rate among American Indians in the Northern Plains exceeds all other regions in the lower 48 states and fewer than 40% of adults in this region are up to date with screening recommendations. The purpose of the American Indian Clinical Cancer Screening Network project is to develop and implement a best practice-based initiative designed to increase colorectal cancer screening rates within Indian Health Service, Tribal, and/or Urban clinics across the Northern Plains. We will embed lessons learned from previous colorectal cancer screening initiatives in the Northern Plains to reinforce the implementation of the American Indian Clinical Cancer Screening Network (AICCSN). To provide a comprehensive approach in improving colorectal cancer screening practices, AICCSN will take into account available screening options, culturally tailored evidence-based strategies and partnerships to further screening efforts. Goal: Expand an existing, interactive, web-based technical assistance program designed to support quality improvement strategies in colorectal cancer screening in American Indian health systems. Expected outcomes: • Engage new and existing clinic teams interested in progressively improving colorectal cancer screening rates. • Provide web-based clinical systems support, CME/CEU webinar trainings, educational materials and tools for patients and clinical teams. • Established and sustained partnerships to share effective strategies and offer supportive feedback in AICCSN. • Established multi-tiered approach in providing culturally tailored resources supported by evidence-based practices. • Reduced patient barriers within clinical systems to support completion of colorectal cancer screening. • Enhanced clinical systems to ensure efficient data measuring and tracking.
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 209	Colorectal cancer is a significant issue for American Indians across the Northern Plains. Colorectal cancer incidence is 53% higher for Northern Plains American Indians compared to non-Hispanic Whites. Screening has a tremendous impact on both incidence and mortality. Unfortunately, colorectal cancer screening rates remain remarkably low at health facilities across the Northern Plains serving American Indians, ranging from 34% to 47%. To address this disparity, we seek to find an organization with the capacity to conduct programs and evaluation that can help improve American Indian cancer prevention and control. The organization selected to carry out this project needs to have experience working with tribal nations in development of policy, systems and environmental change strategies to promote health equity, and to provide culturally relevant training and resources for cancer prevention, screening, and survivorship. This organization should consist of an array of American Indian professionals with extensive public health, communications and evaluation experience working within the American Indian communities to provide strategies and resources for American Indian health programs that assist community members to overcome barriers and complete cancer screening. The organization should have established relationships with tribal and urban partners who will be able to help increase cancer awareness and screening within American Indian communities.
Applicant program experience* (Maximum of 500 words) Word count 324	The organization that leads this project should have experience in working with Indian Health Service, Tribal and Urban (ITU) clinics, and facilitating the implementation of evidence based practices through training, technical assistance, and development of culturally relevant resources in the area of cancer screening. A previous project, "Improving Northern Plains American Indian Colorectal Cancer Screening (INPACS)" identified gaps and opportunities to improve colorectal cancer screening among patients ITU clinics. The INPACS project findings indicated that Northern Plains health systems would benefit from and be interested in a comprehensive customized systems approach to improving colorectal cancer screening among their patients. Based on the barriers and possible solutions identified in the INPACS project, a small clinic network was selected to pilot strategies to support quality improvement systems changes directed at colorectal cancer screening. This became the Clinical Cancer Screening Network. Clinic teams were engaged to develop a tailored approach to improve colorectal cancer screening rates by providing clinical systems support, educational materials and tools for patients and clinical teams. Clinic participation consisted of identification of a clinic team, an introductory site visit, a 4-hour on-site workshop, a two-day workshop in Minneapolis and conference calls. Clinic teams within the initial network each had diverse clinic settings with varying levels of readiness to support quality improvement changes throughout their clinic systems. In order to best utilize the momentum to improve screening efforts while recognizing constrained schedules of clinics, it was emphasized by clinic teams to deliver web-based communication methods (webinars, video conferencing) to effectively maintain the clinic partnerships. The organization selected to implement the current project must have expertise in supporting clinical systems improvements and evidence based practices for colorectal cancer screening, as well as experience developing and providing training using online communication methods. Using web-based communication methods to highlight toolkit strategies will allow a comprehensive approach in providing technical assistance across clinic teams as well as individualized support to encourage customized strategies.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 175	The organization selected to implement this project will seek existing and new clinical partnerships to support quality improvement practices within American Indian health systems and communities. Being cognizant of time constraints experienced by staff of the health systems, the organization will establish initial in-person site visits to share available resources and strategies to guide processes to increase colorectal cancer screening rates and will collaborate with American Indian health systems to: • Establish clinic teams that have direct access to AICAF clinical innovations program team that support technical assistance and resources. • Provide facilitation at least two clinic site visits from AICAF team to determine clinic team priorities and colorectal cancer screening opportunities in their communities. • Design a technical assistance plan aligned with health system readiness delivered in a tiered approach to increase screening rates. • Establish the ideal communication plan (web-based; in-person) based on the level of readiness to pursue quality improvement activities within American Indian health systems and communities. • Sustain ongoing interactive web-based technical assistance support by responsive resources such as website, webinar, and/or video calls.

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 31	The organization selected to implement this project may subcontract with other organizations that have experience working with Tribes and Tribal health systems in the Northern Plains region of the country.
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 10	Building capacity for comprehensive Syringe Services Programs in a rural community
CIO*	NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION
Division*	OFFICE OF POLICY, PLANNING AND EVALUATION
CIO POC name(s)* Enter up to 3 names	Amanda McWhorter 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)606-6944 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	frh6@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 A
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	Local health departments in rural communities focusing syringe services program
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 685	Goals The goals of this project are to provide resources to build capacity in rural syringe services programs (SSP)and to broaden the effectiveness of the infectious disease impacts of syringe services programs (SSP) in rural areas. In this proposal, capacity building refers to activities that increase the skills, infrastructure, and resources of individuals, organizations and communities. Innovative collaborations, integrations, and efficiencies are encouraged. Awards will be commensurate with the scope of activities as funding allows. Building Capacity in a Rural SSP Through Targeted Expansions Applications should address each activity below— • Provide support for the expansion of an established SSP to expand staffing, expand operating hours, extend geographic area, and improve linkage to services for persons who inject drugs (PWID) in a rural community. The SSP should be in a jurisdiction that experiences higher acute hepatitis C incidence and has sought or intends to seek if awarded funding a Determination of Need. An evaluation component should be included. See below for more detail. • Convene one virtual or in-person meeting of health officials and relevant partners from at least 5 rural communities who are operating an SSP or are seeking to establish a program with the goal of sharing lessons learned and best practices. Applicants are encouraged to plan a publically-available report-out as an output of the meeting. • Working in collaboration with CDC, identify gaps in training and communication tools and create at least 3 tools to aid SSPs as they form and grow. These tools should synthesize existing information, contribute new knowledge gained from the experience of expanding this SSP, and produce new insights and recommendations from the aforementioned meeting of rural health leaders. Additional Considerations Determination of Need The SSP should be in a jurisdiction that experiences higher acute hepatitis C incidence and has sought or intends to seek if awarded funding a Determination of Need. In consultation with CDC, state or local health departments must demonstrate that the jurisdiction or area they are serving is either at risk for, or experiencing, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use.

	More information can be found at https://www.aids.gov/pdf/hhs-ssp-guidance.pdf. Targeted Expansions The SSP, in consultation with the target community, the local health department, the funded partner, and CDC, will work to assess staffing needs, hire appropriate positions, expand of hours of operation, and/or expand the geographic area of the SSP. These efforts should focus on improving access to services and increasing the service reach for the PWID population. Additional activities to build capacity should be proposed and may include but are not limited to: staff training for overdose prevention, peer navigation, and infrastructure improvements like a mobile unit to conduct outreach and mobile services. The program should provide documentation of need for such expansions to assist decision making, and the program should provide documentation of utilization and scope after the expansion. Applicants should explain the rationale for allocation of funds, and discuss the consideration of strategies that could be sustainable over time. Enhancements A well-developed proposal may include use of an emerging or established informatics system to track SSP performance; secondary exchange and peer-driven outreach to reach PWID who cannot attend SSP with services; and a component to evaluate changes in program attendance, utilization and linkage to care in light of the expansion. Evaluation CDC will provide technical assistance to establish a monitoring and evaluation plan to assess the effects of the expansion and grow the body of evidence demonstrating the impact of SSPs in communities. Results of the evaluation should be shared with the SSP. The specific services to be added will drive the development of evaluation indicators. Potential indicators include— • Number of total contacts or clients served • Number of syringes distributed • Estimated number of syringes returned for disposal • Number of diagnostic tests performed (or referrals to, if service not provided directly) for infection with HIV, Hepatitis B virus, and /or Hepatitis C virus • Number of Naloxone doses distributed • Number of referral to or onsite vaccination provided against hepatitis A and B • Number of referrals to medication-assisted treatment (MAT) services • Number of referrals for substance use disorder treatment other than MAT • For other services: services provided, number of persons served, number of contacts or encounters
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 32	An effective applicant will have skills in partnership-building, administration of budgets, project management, as well as adequate staffing, and the ability to learn and integrate data collection systems into project tasks.
Applicant program experience* (Maximum of 500 words) Word count 38	An effective applicant will have knowledge of the epidemiology and social determinants of the opioid epidemic, experience working with syringe services programs, expertise in partnering with local health departments, comfort adopting new technologies, and experience administering CDC funding.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 53	The applicant must be able to provide data from situational analysis or otherwise demonstrate need for proposed work, and to effectively facilitate the decision-making process to determine the service(s) to be added to the SSP, to collaborate to implement the service(s), and to jointly evaluate the program and report findings to CDC.
	Not applicable

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 3	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 57	Current law requires that only jurisdictions that have received concurrence from CDC that they have a need for a SSP may use federal funds for this purpose. CDC federal funds cannot be used to purchase needles and syringes for injection of illegal drugs, nor devices used solely for preparation of illegal drugs for injection (e.g., cookers).
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 10	Building capacity for comprehensive Syringe Services Programs in a tribal community
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	Amanda McWhorter Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-606-6944 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	frh6@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 A
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 10	Tribal health departments; syringe services program serving a tribal community
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 683	Goals The goals of this project are to broaden the effectiveness of the infectious disease impacts of syringe services programs (SSP) in tribal areas, and to provide resources to build capacity in tribal SSPs. In this proposal, capacity building refers to acitivites that increase the skills, infrastructure, and resources of individuals, organizations and communities. Innovative collaborations, integrations, and efficiencies are encouraged. Awards will be commensurate with the scope of activities as funding allows. Building Capacity in a Tribal SSP Through Targeted Expansions Applications should address each activity below— • Provide support for the expansion of an established SSP to expand staffing, expand operating hours, extend geographic area, and improve linkage to services for persons who inject drugs (PWID) in a tribal community. The SSP should be in a jurisdiction that experiences higher acute hepatitis C incidence and has sought or intends to seek if awarded funding a Determination of Need. An evaluation component should be included. See below for more detail. • Convene one virtual or in-person meeting of health officials and relevant partners from at least 5 tribal communities who are operating an SSP or are seeking to establish a program with the goal of sharing lessons learned and best practices. Applicants are encouraged to plan a publically-available report-out as an output of the meeting. • Working in collaboration with CDC, identify gaps in training and communication tools and create at least 3 tools to aid SSPs as they form and grow. These tools should synthesize existing information, contribute new knowledge gained from the experience of expanding this SSP, and produce new insights and recommendations from the aforementioned meeting of tribal health leaders. Additional Considerations Determination of Need The SSP should be in a jurisdiction that experiences higher acute hepatitis C incidence and has sought or intends to seek if awarded funding a Determination of Need. In consultation with CDC, state or local health departments must demonstrate that the jurisdiction or area they are serving is either at risk for, or experiencing, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use. More information

	can be found at https://www.aids.gov/pdf/hhs-ssp-guidance.pdf. Targeted Expansions The SSP, in consultation with the target community, the local health department, the funded partner, and CDC, will work to assess staffing needs, hire appropriate positions, expand of hours of operation, and/or expand the geographic area of the SSP. These efforts should focus on improving access to services and increasing the service reach for the PWID population. Additional activities to build capacity should be proposed and may include but are not limited to: staff training for overdose prevention, peer navigation, and infrastructure improvements like a mobile unit to conduct outreach and mobile services. The program should provide documentation of need for such expansions to assist decision making, and the program should provide documentation of utilization and scope after the expansion. Applicants should explain the rationale for allocation of funds, and discuss the consideration of strategies that could be sustainable over time. Enhancements A well-developed proposal may include use of an emerging or established informatics system to track SSP performance; secondary exchange and peer-driven outreach to reach PWID who cannot attend SSP with services; and a component to evaluate changes in program attendance, utilization and linkage to care in light of the expansion. Evaluation CDC will provide technical assistance to establish a monitoring and evaluation plan to assess the effects of the expansion and grow the body of evidence demonstrating the impact of SSPs in communities. Results of the evaluation should be shared with the SSP. The specific services to be added will drive the development of evaluation indicators. Potential indicators include— • Number of total contacts or clients served • Number of syringes distributed • Estimated number of syringes returned for disposal • Number of diagnostic tests performed (or referrals to, if service not provided directly) for infection with HIV, Hepatitis B virus, and /or Hepatitis C virus • Number of Naloxone doses distributed • Number of referral to or onsite vaccination provided against hepatitis A and B • Number of referrals to medication-assisted treatment (MAT) services • Number of referrals for substance use disorder treatment other than MAT • For other services: services provided, number of persons served, number of contacts or encounters
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 32	An effective applicant will have skills in partnership-building, administration of budgets, project management, as well as adequate staffing, and the ability to learn and integrate data collection systems into project tasks.
Applicant program experience* (Maximum of 500 words) Word count 40	An effective applicant will have knowledge of the epidemiology and social determinants of the opioid epidemic, experience working with syringe services programs, expertise in partnering with local health departments, comfort adopting new technologies, and experience administering CDC funding.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 47	The applicant must be able to provide data from situational analysis or otherwise demonstrate need for proposed work, and to effectively facilitate the decision-making process to determine the expansionneeded, to collaborate to implement the expansion, and to jointly evaluate the program and report findings to CDC.
	Not applicable

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 3	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 56	Current law requires that only jurisdictions that have received concurrence from CDC that they have a need for a SSP may use federal funds for this purpose. CDC federal funds cannot be used to purchase needles and syringes for injection of illegal drugs, nor devices used solely for preparation of illegal drugs for injection (e.g., cookers).
CIO CERTIFICATION*	
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submit date:	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 13	Building Capacity for Improving Oral Health through Maintaining Water Fluoridation in Local Communities
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	OTHER Other division Division of Oral Health
CIO POC name(s)* Enter up to 3 names	Lisa Petersen; Nicole Blair Johnson Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770 488-8646 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	ljp5@cdc.gov; nbg5@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 A
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 21	Local, community and regional public health departments and their constituents Community public water systems that deliver fluoridated water and their constituents
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 958	Goal: Project goal is to expand understanding of the benefits of water fluoridation through provision of a community-focused communications toolkit for use by local health departments; long-term goal is to use the toolkit to maintain and/or increase the proportion of the U.S. population served by community water systems with optimally fluoridated water. Outputs: Funding is provided for two activities addressing recurrent and specific needs at the community level: 1) assistance to communities in procuring new or replacement equipment for community water systems that want to provide fluoridated water to their constituents; and 2) development of a communications tool kit for use by local public health departments. Outcome: Community water systems are able to optimally fluoridate water with either new or replaced fluoridation equipment; local public health departments are able to readily and consistently respond to the information needs of their constituencies relating the benefits of community water fluoridation. Community water fluoridation (CWF) has been shown to save money, both for families and the health care system. The return on investment for CWF increases as the community size increases, but CWF is cost-saving, even for small communities. As of 2014, more than 210 million people, or 75% of the US population, were served by CWF systems that contain enough fluoride to protect their teeth. CDC's Division of Oral Health provides national leadership in this evidence-based intervention and monitors progress on Healthy People 2020 OH-13 "Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water." There are over 52,000 community water systems operating in the United States; of those, about 18,500 either add fluoride, purchase water with sufficient fluoride, or have naturally occurring fluoride. Of the 18,500 fluoridated community water system, approximately 6,000 add fluoride to their water. Fluoridation equipment is designed to precisely and reliably deliver fluoride to

water as part of a normal water treatment process and can operate effectively for many years when properly maintained. Over time, however, equipment replacement becomes necessary due to factors such as (but not limited to): age of equipment, changes in community water distribution needs such as population growth, or a desire to increase the reliability and accuracy of the fluoride concentration in water. Replacing fluoridation equipment can place a fiscal burden on many communities, as the water system may have limited resources for purchasing replacement equipment. The cost of replacing equipment is not usually built into the pricing structure for maintaining water delivery and in many small, rural or low-income communities, raising the price for water delivery is difficult. Lacking funding for the purchase of replacement equipment, some community water systems simply stop fluoridating their water, putting their community at risk for increased tooth decay. Similarly, when a community might want to proactively address tooth decay for their constituents, the cost of procuring equipment can be prohibitive, even though the benefits have a quickly realized return on investment. The first activity would assist public water systems with either the replacement of old or purchase of new fluoridation equipment, allowing these systems to optimally fluoridate their water. Working closely with their state dental director and state drinking water administrator, as well as other local or regional governing bodies (e.g., local boards of health) to define their need, community water systems would apply for funding to replace aging equipment or buy new equipment. Applicants would need to show that they have concurrence from (at a minimum) their state dental director and state drinking water administer in the form of a letter indicating support. Applications would be submitted to the oversight organization, who would perform an objective review of the applications and rank them accordingly. Given the variation in the cost of procuring fluoridation equipment, funding would be provided to as many community water systems as possible, until the funding cap is reached. In addition, local public health departments are at the forefront of communicating with citizens about the benefits of water fluoridation. They have an expressed need for easy to read, informative communications materials in the form of a toolkit that can be used to educate their constituents on water fluoridation and its benefits. While some relevant resources are available across a variety of websites and organizations such as CDC, the American Dental Association, and the American Academy of Pediatricians, compiling these materials into a toolkit with a well-tested and easily-applied communications framework would provide much needed support to often underfunded and/or understaffed local public health departments. Development of these resources would be the second activity in this project. In order to address the needs of the target audience, CDC's Division of Oral Health, in partnership with the applicant organization, proposes working closely with a representative contingent of local public health departments to probe and understand their communication needs. Using this information, and continuing to work closely with CDC and these local public health departments, the applicant would develop a toolkit that can be easily accessed by local public health departments to communicate the benefits of water fluoridation. This toolkit would provide a variety of resources and technical assistance to assist the health department in communicating the oral health benefits of water fluoridation and to quickly respond to misinformation easily spread in the age of social media that may threaten local fluoridation efforts. Resources may include talking points, prepared messages, Q&A, a variety of "plug and play" templates, and information to support different communications strategies. In addition to receiving funds for fluoridation equipment, awardees would also be able to use the toolkit materials to carry out a communication campaign within their community discussing the benefits of water fluoridation. This level of communication is important to proactively address the misinformation about water fluoridation often readily available via social media, and bolster continued support for water fluoridation within the community.

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
129

The applicant organization would have to demonstrate existing organizational capacity working with local health departments on program interventions, health education and the development of communication materials. They would have the capacity to establish a workgroup, and through an iterative process, and in collaboration with CDC and local public health departments, design and implement a communication framework and toolkit addressing the benefits of community water fluoridation. In addition, they would have the capacity to build and publish a funding opportunity for community water systems, provide an in-

	house objective review process and award funding to recipients per rankings from the objective review process and available funding; monitor use of the funding to assure monies are used appropriately; and monitor, track and report on the results of the funding opportunity.
Applicant program experience* (Maximum of 500 words) Word count 115	The applicant would have knowledge of the relationships that exist between local and state public health departments and would have experience navigating these relationships. The applicant organization would need to demonstrate their experience in successfully providing leadership of collaborative processes resulting in similar outputs to the two specific outputs defined above (communications toolkit and funding for water fluoridation equipment). They should be able to demonstrate an understanding of community water systems and their role in promoting oral public health, as well as demonstrate knowledge of the oral health benefits of water fluoridation. In addition, they should be able to demonstrate a vested interest in supporting local public health departments in promoting those benefits.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 89	The recipient organization is expected to collaborate and consult with staff in the Division of Oral Health for both components of the project. The Division of Oral Health would be regularly updated on progress, issues and concerns and would be consulted as necessary to resolve any issues in a timely fashion. The Division would also provide consult on the development of communications materials and their final format. The Division would prefer that the recipient organization would have the capability to house the toolkit on their organizational website.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 43	The awardee may engage a subcontractor for development of a communications toolkit but it is preferred that the awardee have the capacity to maintain the toolkit on their own organization's website. The funding award for fluoridation equipment should not be subcontracted.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 32	The applicant organization is asked to discuss the project plans with CDC in order to determine how best to apply the available funding across the two elements of the project.
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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Office for State, Tribal, Local and Territorial Support
Partnership Support Unit
Final

FY 2017 CIO PROJECT PLAN
FOA OT13-1302
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 10	Building capacity for water preparedness and response in local health departments
CIO*	NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES
Division*	DIVISION OF FOODBORNE, WATERBORNE, & ENVIRONMENTAL DISEASES
CIO POC name(s)* Enter up to 3 names	Jonathan Yoder Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-718-4696 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	jey9@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 A
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	Local health officials with primary responsibility for public health or environmental health emergency preparedness and response.
Proposed project funding*	$82,500
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 724	Complex emergencies and outbreaks associated with drinking water, sanitation, and hygiene (WASH) trigger emergency responses because of their potential for causing community-wide outbreaks and disruption. Often the local and state public health agencies responsible to respond to these emergencies have done no prior planning, do not have appropriate tools, and lack timely or credible public health messaging. Repeated complex emergencies and outbreaks associated with WASH emergencies have highlighted the need for tools that water utilities and public health can use to assess the potential public health impact of the emergency and effectively communicate to the public. Communities rely on WASH infrastructure for basic life needs. Aging water infrastructure, severe weather, and accidents cause an estimated 240,000 annual main breaks (some result in loss of service and boil water advisories). These are expected to increase with aging infrastructure. Recent examples raise concern about current readiness of state and local public health departments to respond to WASH emergencies that threaten community health. Recent examples include; • Flint, MI (2014-2016) – Lead and Legionella contamination of drinking water system following a change in water source. Challenges in developing tools to prepare and respond to this complex event.100,000 residents • Charleston, WV (2014)—Toxic chemical contamination of Elk River and contamination of drinking water, 'Do Not Use' order; need for guidance on flushing contaminated water from homes and businesses. 300,000 residents • Toledo, OH (2014)—First documented harmful algal bloom toxin contamination of finished drinking water, 'Do Not Use' order. 450,000 residents • Baker City, OR, (2013)—Cryptosporidium in drinking water, 'Boil Water' advisory for >1 month; challenges with hygiene and drinking water availability; 9,800 residents • St. Bernard Parish Louisiana, (2013, 2011, 2015)—Naegleria fowleri ('brain-eating' ameba) in drinking water system; deaths from exposure to tap water; water safe to drink but not for other uses--communication challenges during remediation; 36,000 residents; These challenging events can be used as learning opportunities to prepare water utilities, public

	health departments, and emergency managers for complex water emergencies. Severe weather events (floods, hurricanes, droughts) compromise WASH infrastructure and are expected to increase with a changing climate. CDC has developed two quality guides/tools for drinking water emergencies, the Drinking Water Advisory Communication Toolbox (DWACT) and the Emergency Water Supply Planning Guide for healthcare facilities (EWSP). However, additional work is needed to develop implementation guides. Additional tools, including the drought and public health guidance and the waterborne disease outbreak investigation toolkit also need to be updated. However, this emergency guidance for state/local health departments does not provide the range of tools necessary to deal with these complex WASH emergencies, often caused by emerging pathogens, chemicals, toxins, or natural disasters (e.g., floods, hurricanes). Based on informal feedback from partners, we have identified several challenges with integrating water preparedness into public health response. • Lack of a comprehensive evaluation of existing tools with key public health partners that would provide an opportunity to refine these tools and gain buy-in. Local and state health department participation in improving these tools would strengthen these tools and provide incentive to encourage use by frontline public health staff. • Need for field-deployable implementation guides for DWACT and EWSP, waterborne disease outbreak investigation toolkit, and drought guidance. These are lengthy guides that provide great background for planning. However, the additional of field checklists and packets of response materials for specific situations are needed. • Need for improved materials to deal with chemicals and toxins which have increasingly caused water emergencies • Need for rapid information dissemination tools (e.g., social media) in the event of a WASH emergency This project will 1) develop WASH-related guidance and preparedness tools to integrate into public health preparedness planning and response; 2) perform a needs assessment and evaluation of current WASH preparedness and response capacity; 3) develop accessible and timely tools that can be used to protect the health of community members in the event of a WASH-related emergency or outbreak; 4) make these tools field-deployable for public health, water utilities and emergency responders, enhancing the effectiveness of partners to address constituent emergency WASH needs; and 5) develop opportunities to develop proficiency in use of these tools by encouraging their implementation in more common WASH response scenarios (e.g., drinking water advisories). These objectives can be accomplished in multiple ways, including by convening workgroups and developing, deploying, and refining tabletop exercises. This project involves working with CDC WASH subject matter experts in the infectious disease and environmental health. These groups have a history of collaboration on water preparedness projects.
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 mission of the applicant will be to act as a leader, partner, catalyst, and voice for local health departments (LHDs). In keeping with this mission, the applicant's preparedness work will focus on activities related to both practice and policy. The applicant will serves as a two-way conduit through which LHDs can provide input and effect change on national initiatives and through which national partners can disseminate information to LHDs on emerging national issues and events. A vital part of the applicant organization's work will be to create and maintain tools, trainings, and resources that are designed to help LHDs enhance their capacity to respond to public health emergencies and other disasters.
Applicant program experience* (Maximum of 500 words) Word count 92	The applicant organization must possess solid experience and expertise in building the programmatic capacity of its members, the local health officials of the health agencies across the United States. The organization should support local efforts that protect the health of all people and engage in a wide range of scientific, educational, technical assistance, training and policy activities on behalf of advancing public health preparedness and response capacity. Projects occurring in the organization should include pandemic and catastrophic event planning, community health resilience and recovery, strategic partnerships, and performance measurement and evaluation.
COLLABORATIVE WORK	
	The applicant shall strengthen ongoing collaborative partnerships with other key partner organizations that have a preparedness focus, including but not limited to the Association of State and Territorial Health Officials (ASTHO), the Association of Public Health Laboratories (APHL), National Emergency Management Association (NEMA), National Governors Association (NGA), Council on State and Territorial Epidemiologists

Expectations for collaboration (If applicable, maximum of 300 words) Word count 86	(CSTE) and other key preparedness stakeholders. These strategic partnerships should assist key stakeholders coordinate comprehensive preparedness and response systems. All aspects of the project will be conducted in collaboration with CDC.
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 35	The applicant will submit a budget that is reflective of work that will be completed in the current budget period, as well as for the consecutive budget period as it relates to this funding.
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: 2017-03-06	

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

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 10	Building capacity for water preparedness and response in state health departments
CIO*	NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES
Division*	DIVISION OF FOODBORNE, WATERBORNE, & ENVIRONMENTAL DISEASES
CIO POC name(s)* Enter up to 3 names	Jonathan Yoder Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-718-4696 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	jey9@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 A
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	State or territorial health officials with primary responsibility for public health or environmental health emergency preparedness and response.
Proposed project funding*	$82,500
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 714	Complex emergencies and outbreaks associated with drinking water, sanitation, and hygiene (WASH) trigger emergency responses because of their potential for causing community-wide outbreaks and disruption. Often the local and state public health agencies responsible to respond to these emergencies have done no prior planning, do not have appropriate tools, and lack timely or credible public health messaging. Repeated complex emergencies and outbreaks associated with WASH emergencies have highlighted the need for tools that water utilities and public health can use to assess the potential public health impact of the emergency and effectively communicate to the public. Communities rely on WASH infrastructure for basic life needs. Aging water infrastructure, severe weather, and accidents cause an estimated 240,000 annual main breaks (some result in loss of service and boil water advisories). These are expected to increase with aging infrastructure. Recent examples raise concern about current readiness of state and local public health departments to respond to WASH emergencies that threaten community health. Recent examples include; • Flint, MI (2014-2016) – Lead and Legionella contamination of drinking water system following a change in water source. Challenges in developing tools to prepare and respond to this complex event.100,000 residents • Charleston, WV (2014)—Toxic chemical contamination of Elk River and contamination of drinking water, 'Do Not Use' order; need for guidance on flushing contaminated water from homes and businesses. 300,000 residents • Toledo, OH (2014)—First documented harmful algal bloom toxin contamination of finished drinking water, 'Do Not Use' order. 450,000 residents • Baker City, OR, (2013)—Cryptosporidium in drinking water, 'Boil Water' advisory for >1 month; challenges with hygiene and drinking water availability; 9,800 residents • St. Bernard Parish Louisiana, (2013, 2011, 2015)—Naegleria fowleri ('brain-eating' ameba) in drinking water system; deaths from exposure to tap water; water safe to drink but not for other uses--communication challenges during remediation; 36,000 residents; These challenging events can be used as learning opportunities to prepare water utilities, public

	health departments, and emergency managers for complex water emergencies. Severe weather events (floods, hurricanes, droughts) compromise WASH infrastructure and are expected to increase with a changing climate. CDC has developed two quality guides/tools for drinking water emergencies, the Drinking Water Advisory Communication Toolbox (DWACT) and the Emergency Water Supply Planning Guide for healthcare facilities (EWSP). However, additional work is needed to develop implementation guides. Additional tools, including the drought and public health guidance and the waterborne disease outbreak investigation toolkit also need to be updated. However, this emergency guidance for state/local health departments does not provide the range of tools necessary to deal with these complex WASH emergencies, often caused by emerging pathogens, chemicals, toxins, or natural disasters (e.g., floods, hurricanes). Based on informal feedback from partners, we have identified several challenges with integrating water preparedness into public health response. • Lack of a comprehensive evaluation of existing tools with key public health partners that would provide an opportunity to refine these tools and gain buy-in. Local and state health department participation in improving these tools would strengthen these tools and provide incentive to encourage use by frontline public health staff. • Need for field-deployable implementation guides for DWACT and EWSP, waterborne disease outbreak investigation toolkit, and drought guidance. These are lengthy guides that provide great background for planning. However, the additional of field checklists and packets of response materials for specific situations are needed. • Need for improved materials to deal with chemicals and toxins which have increasingly caused water emergencies • Need for rapid information dissemination tools (e.g., social media) in the event of a WASH emergency This project will 1) develop WASH-related guidance and preparedness tools to integrate into public health preparedness planning and response; 2) perform a needs assessment and evaluation of current WASH preparedness and response capacity; 3) develop accessible and timely tools that can be used to protect the health of community members in the event of a WASH-related emergency or outbreak; 4) make these tools field-deployable for public health, water utilities and emergency responders, enhancing the effectiveness of partners to address constituent emergency WASH needs; and 5) develop training opportunities (e.g., presentations, workshops, exercises) to develop capacity among state public health officials. These objectives can be accomplished in multiple ways, including by convening workgroups and developing, deploying, and refining tabletop exercises. This project involves working with CDC WASH subject matter experts in the infectious disease and environmental health. These groups have a history of collaboration on water preparedness projects.
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 154	The primary goal of this project is to assist State and Territorial Health agencies and CDC to develop a better prepared public health system for WASH-related emergencies. Through policy and professional development, delivery of technical assistance and tools, dissemination of promising practices; and evaluation of progress, the applicant will increase the ability of state and territorial health agencies to protect communities from infectious, occupational, environmental, terrorist, and other emerging threats. The principal goals specific to this project should reflect how the applicant ensures a better prepared public health preparedness system by targeting areas of greatest need. The overarching goals are: increasing the ability of health officials and federal policy makers to make informed policy and operational decisions; developing the discipline of state and territorial public health preparedness; increasing collaboration between state and territorial health agencies and other stakeholders; and creating greater efficiency and effectiveness in state and territorial public health preparedness programs.
Applicant program experience* (Maximum of 500 words) Word count 98	The applicant will be a vital link and information conduit between state and territorial health agencies and federal agencies to create a prepared public health system. The organization should assist state and territorial health agencies by analyzing preparedness information and public health and health system infrastructure issues, and by recommending sound and progressive state-based public health policy, strategies, and best practices. By producing tools and resources and facilitating technical assistance to the states and territories, the applicant is expected to provide state and territorial health agencies the support needed to create a better prepared public health system.
COLLABORATIVE WORK	

Expectations for collaboration (If applicable, maximum of 300 words) Word count 87	The applicant shall strengthen ongoing collaborative partnerships with other key partner organizations that have a preparedness focus, including but not limited to the National Association of County and City Health Officials (NACCHO), the Association of Public Health Laboratories (APHL), National Emergency Management Association (NEMA), National Governors Association (NGA), Council on State and Territorial Epidemiologists (CSTE) and other key preparedness stakeholders. These strategic partnerships should assist key stakeholders coordinate comprehensive preparedness and response systems. All aspects of the project will be conducted in collaboration with CDC.
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 35	The applicant will submit a budget that is reflective of work that will be completed in the current budget period, as well as for the consecutive budget period as it relates to this funding.
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: 2017-03-06	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 13	Building capacity in local health departments to institutionalize health equity practices
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	OFFICE OF THE DIRECTOR
CIO POC name(s)* Enter up to 3 names	Judy Lipshutz Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-6775 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	jel6@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 A
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	Local Public Health Departments that are considering or are in the initial phases of adopting health equity practices.
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 930	Background/Problem Local health departments (LHD) want to effectively advance health equity but when challenged by issues that have systemic roots, they may feel overwhelmed. Faced with the need to expand ways of thinking about health, adopt new ways of doing business, and develop new partners, LHDs questions where to start. Sets of health equity practices for state and local health departments (1,2) have been identified by a variety of national, regional, state and local efforts. These practices are designed to strengthen the capacity of public health organizations and their partners to advance health equity and create the conditions for better health across the life span. Examples of identified practices include community engagement, health in all polices (HiAP), collection and dissemination of health equity data, expanding the conversation about health, etc. Many health equity practices are underdeveloped within LHDs. Moving from providing services such as immunization clinics to applying a health equity lens to policies like earned sick time or housing, can be daunting. Theoretical approach Public health, writ large, is a complex system. Complexity theory (3) recognizes that power and constant change are crucial elements of organizational life. When new practices are adopted, power shifts and other practices within a health department may need to change to create alignment. This approach to organizational change suggests that the initial adoption of a new health equity practice will result in adopting other practices needed to create alignment. In essence, this first step opens up pathways to additional action that should strengthen local public health departments' capacity to advance health equity. The Challenge Adopting and implementing health equity practices requires new sets of skills and approaches. Many health equity practices are complementary and build on each other. For example: A LHD that authentically engages communities experiencing health inequities, may need to clarify its commitment to serve the community and optimize the use of resources to address issues that are raised;To engage in a conversation about the social and economic conditions that create health, a LHD must broaden its understanding of public health beyond

traditional services like delivery of health care or adoption of healthy behaviors; A LHD that implements practices to collect and share health inequities data must also be able to identify root causes of inequities.An additional challenge that local public health departments face when addressing equity issues is that local conditions will drive action—there is no one cookie-cutter approach for addressing health equity issues for all LHDs. A recent NACCHO Health in all Policies publication (4) found that local conditions drive how HiAP is implemented and that successful initiatives that work in one place may not work in another. LHDs face a similar challenge around advancing health equity – how health equity can be moved by a particular health department is based on local conditions. Local public health departments need guidance on how to get started with health equity practices. Scope of Work Project goal: To develop guidance to incorporate and institutionalize health equity practices for local public health agencies. Developing such guidance will necessarily reflect the principles of complexity theory, shifting power within a LHD's infrastructure and leading to sometimes unanticipated changes within the health department. Applicants for this project will need to address complexity theory and outline how work products will be developed that can guide LHDs in first step practices and further describe how first step practices can lead to additional action (i.e., the pathway). Guidance should not focus on staff training but rather on helping LHDs identify actions that, when accompanied by development of requisite staff knowledge and skills, can initiate a new set of institutional practices. Guidance should support LHDs to move into action that can advance health equity through a process including at minimum:Identify and describe 3-5 health equity practices (based on existing resources on health equity practices for health departments) that can create initial first steps for LHDsDevelop a force field analysis tool (5) or use a similar decision-making technique that LHDs can use to understand the forces for and against change in order to identify driving and restraining factors supporting or limiting the departments' ability to advance health equity practices Develop a tool as the major focus of the Guidance that can help local health departments analyze these factors as they relate to identified practices with the intention of helping a LHD take first steps into health equity activities that continue down a pathway of related activities. Tool should be tested with LHDs of various sizes using results to refine the final product. Tool should includeVisual representation that shows how starting with each of the first-step practices will open up pathways to adopting complementary health equity practices. Concrete activities for each of the first step practices which, where possible, are grounded in LHD experiencesStories from test sitesAs part of the guidance development, applicant should propose methods for collecting information from LHDs that have used various starting points to transform their health equity practices. The information collected should inform content for the guidance including first step health equity practices, complementary practices for each identified first step health equity practice (pathway), featured success stories, and suggested start-up activities. DeliverablesGuidance tool that local health departments can use to find their first (or next) steps into developing and institutionalizing health equity practices. Tool should include easy-to-understand visual representations of the first steps into health equity practice, the pathways to adopting complementary practices and the successful institutionalization of the practices. Communication plan for sharing guidance with targeted audiencesRecommendations for subsequent steps (e.g., needed resources for adding more health equity practices to the guidance; others)_____(1) https://www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf(2) http://healthimpactcc.org/wp-content/uploads/2016/08/DRAFT-Health-Equity-Learning-and-Action-Tool_HRSA-COIIN.pdf(3) Complexity Theory Link https://www.csh.umn.edu/education/focus-areas/whole-systems-healing/framing-concepts/complexity-sciencechaos-theory(4) http://www.naccho.org/uploads/downloadable-resources/NACCHO-HiAP-Report_Experiences-from-Local-Health-Departments-Feb-2017.pdf (5) http://www.health.state.mn.us/divs/opi/qi/toolbox/forcefield.html

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

- [x] Public Health Systems and Organizational Improvement
- [ ] Public Health Workforce
- [ ] Public Health Data and Information Systems
- [x] Public Health Practice and Services
- [x] 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
- [x] Increased implementation of evidence-based public health programs, policies, and services
- [ ] Improved capacity to meet nationally established standards, such as those for health department accreditation
- [x] 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

Strong relationships with local public health departments across the countryUnderstanding of health equity and the conditions that lead to health inequitiesStrong understanding of local public health infrastructures and challenges they faceCapability to conduct trainings for local public health agencies and provide access to training and other technical materialsExperience writing guidance for a local public health audience

Applicant program experience* (Maximum of 500 words) Word count 82	Applicant should have successful experience working with and advising local public health departments across the country and influencing how they practice public health engaging with local public health agencies to help instruct product development and advise about their usedeveloping guidances for local public health and ensuring dissemination and evaluation of the use of such guidanceworking with public health programs over enough years to have strong credibility with local public health departmentsleveraging small level resources to obtain additional resources when initial funding is inadequate
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 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. submit date: 2017-03-24	

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
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 17	Building workplace health program expertise and capacity at the local level using the CDC Work@Health ...
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 A
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 21	Public health, health promotion, and/or wellness professionals working in chronic disease prevention programs within local and other health department types
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 505	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 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	

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

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 20	Capacity Building Assistance to Identify/ Implement Best Practices for Safe Siting Initiatives, including Cho...
CIO*	NATIONAL CENTER FOR ENVIRONMENTAL HEALTH
Division*	OTHER Other division ATSDR Division of Community Health Investigations
CIO POC name(s)* Enter up to 3 names	Jennifer Freed; Mark Biagioni; Teresa Durden Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-3650; 770-488-0519; 404-639-8157 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	jen7@cdc.gov; gld5@cdc.gov; txk2@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 A
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	Health departments. ATSDR works with them promote safe siting, which aims to avoid human exposure to environmental hazards by careful planning and development.
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 474	Goals and Activities The project would support DCHI efforts to protect public health and prevent hazardous exposures by ensuring that previous uses and nearby facilities are taken into consideration in land use decision making. The first goal is to support DCHI cooperative agreement recipients and other health departments to implement the guidance outlined in DCHI's forthcoming Choose Safe Places for Early Care and Education (CSPECE) guidance manual. The manual aims to assist health departments and accrediting and licensing agencies, to ensure that early care and education programs are located safely. DCHI needs support to expand the reach of the Choose Safe Places (CSP) program nationwide and to bridge the gap between ATSDR, funded state partners, and non-funded states. The implementation support activities will include: • Assist states with establishing partnerships with childcare licensing agencies and organizations; • Develop materials that can be used to educate professionals, such as childcare licensing officials, about the importance of the CSP program in protecting children's environmental health; • Educate state and local professionals on how to work and interact with childcare licensing professionals as well as how to determine what federal, state and local regulations might apply in their geographical area; • And, document successes of states as they set up their own CSP program. The second goal is to set the stage to protect America's health and safety through consideration of safe siting in other land use decision making. Health departments are uniquely positioned to advise others in their jurisdictions about ways to avoid hazardous exposures and safely develop land. ATSDR has created a set of tools and guidance to assist communities in land reuse and redevelopment. Outcomes • A solid foundation for a sustainable CSPECE program in state health departments. • State environmental health partners have established linkages to childcare licensing agencies in their jurisdictions. • Increased awareness among health departments about

	what they can do to promote safe development in their jurisdictions • A set of strategies that facilitate consideration of health in land reuse and redevelopment. Expected Outputs • Report on the status of each state's CSPECE program, including success stories and quantitative impacts. • Educational materials to support the implementation of CSPECE guidance. • Report with examples of large-scale, successful redevelopment in which human health and safety was protected and human exposure to hazardous substances avoided. The report should include strategies to overcome challenges and involve critical stakeholders. Sample Activities • Convene a partnership panel or meeting to introduce states to important partners in the childcare licensing field. • Create a fact sheet for states to use for interactions with childcare licensing officials. • Create content regarding CSPECE in resources reaching child care professionals. • Convene a meeting of local health departments and planning organizations or their representatives to discuss health considerations in land reuse and redevelopment. • Conduct in depth case study of large-scale redevelopment in areas with potential human exposure to environmental hazards.
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 applicant should have adequate infrastructure to coordinate federal, state, and local health agency activities as well as non-governmental organizations. • The applicant should have the relevant skill sets, and workforce capacity and competence to implement the award, either through direct staff skills, or subcontracted staff.
Applicant program experience* (Maximum of 500 words) Word count 36	• The applicant must have demonstrated knowledge, expertise, and leadership in the field of environmental health, with knowledge specifically about children's environmental health. • The applicant must have demonstrated experience with developing and maintaining coalitions, partnerships, and professional workgroups.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 33	There are high expectations for collaboration with CDC/ATSDR, state health departments, local health departments, and other organizations. CDC/ATSDR may also seek collaboration among funded partners to foster information sharing and strategic planning.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 33	Subcontracting may be used. If directed by CDC/ATSDR, the applicant will be expected to work with subcontractors as necessary to achieve the goals/outcomes of the project. Selecting subcontractors will occur in consultation with CDC/ATSDR.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 39	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC/ATSDR and the applicant will work together to revise and further prioritize activities in the work plan.

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 17	Cascade screening to identify and provide genetic services to family members of individuals diagnosed wi...
CIO*	CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES
Division*	OTHER Other division Division of Public Health Information Dissemination, Office of Public Health Genomics
CIO POC name(s)* Enter up to 3 names	Ridgely Fisk Green; Scott Bowen; Juan Rodriguez Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-3884; 404-498-0068; 770-488-3086 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	grf1@cdc.gov; Msb4@cdc.gov; Fph4@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 A
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	State cancer control programs, state genomics programs, state cancer registries
Proposed project funding*	$450,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 750	Purpose To support state health departments in developing and piloting programs on cascade screening to identify and provide genetic services to family members of individuals diagnosed with hereditary cancer syndromes. Justification Over 1 million people in the United States are at substantially higher risk of cancer because they have a BRCA1 or BRCA2 mutation associated with an increased risk for breast, ovarian, and other cancers or a Lynch syndrome (LS)-associated mutation associated with an increased risk for colorectal and several other types of cancer. Despite evidence-based guidelines for identifying people at risk for HBOC and LS, many individuals and families are unaware of their risk, and thus unable to benefit from evidence-based interventions for early detection and preventive management. Increasing identification of people at risk for these hereditary cancers is a national priority reflected in Healthy People 2020 objectives. BRCA genetic counseling and testing are preventive services covered by many insurers. The Centers for Medicare and Medicaid Services Local Coverage Determination on BRCA1 and BRCA2 Genetic Testing allows regional coverage of BRCA genetic counseling and testing for some individuals with personal histories of BRCA-related cancers. Background Since 2008, CDC's Office of Public Health Genomics (OPHG) and Division of Cancer Prevention and Control have provided support to several states to implement evidence-based genomics recommendations. While Lynch syndrome screening of newly diagnosed colorectal cancers has increased identification of individuals with Lynch syndrome, the relatives of these individuals are not systematically informed of their risk. This is despite the fact that the main benefit of universal Lynch syndrome screening as recommended by the Evaluation of Genomic Applications in Practice and Prevention (EGAPP) Working Group is prevention of disease in at-risk relatives. In contrast, the United States Preventive Services Task Force (USPSTF) BRCA testing recommendation focuses on identification of

	women at risk for hereditary breast and ovarian cancer because of their family health history but who have not had breast or ovarian cancer themselves. The guidelines recommend screening these women using one of several tools that assess risk based on family health history and other factors. However, identifying these women relies both on primary care providers identifying, assessing, and referring these women and these women being aware of their family health history and, in some cases, of their relatives' BRCA mutation status. Once an individual is identified with a BRCA or Lynch syndrome-related mutation, at-risk relatives of that individual can be identified and those relatives can choose to be tested for the BRCA or Lynch syndrome-related mutation that runs in their family, a process called cascade screening. For those found to have the mutation that runs in their family, interventions are available that can prevent or diagnose cancer earlier. Goals This project aims to 1) develop and pilot test strategies to identify relatives of individuals diagnosed with BRCA and LS-related mutations, inform them of their increased risk, and provide them with access to genetic services 2) increase the number of at-risk relatives identified and appropriately referred for genetic services, and 3) reduce the incidence and mortality of hereditary breast, ovarian, and colorectal cancer in the long term. Activities The applicant will develop a strategy to conduct cascade screening, including identification of individuals diagnosed with a BRCA or Lynch syndrome-related mutations,methods for identifying and contacting at-risk relatives of these individuals, and mechanisms for providing genetic services to these relatives including genetic counseling, testing, and further interventions. Once the methods have been determined and appropriate approvals obtained, the applicant will conduct a pilot study on cascade screening that will include an evaluation plan to assess the effectiveness of the cascade screening pilot. To facilitate implementation of cascade screening in other states, the applicant will develop a detailed how-to guide, a webinar on their project, and a manuscript describing the project to be published in a peer-reviewed journal. Applicants are strongly encouraged to work with state cancer registries and cancer control programs and can consider collaborating with cancer centers and other clinical institutions in their state. Outputs Outputs will include • strategic plan and protocol for pilot test on cascade screening, • appropriate approvals for protocol, • identification of individuals diagnosed with a BRCA or Lynch syndrome-related mutation and their at-risk relatives, • protocol for providing genetic services to at-risk relatives, including genetic counseling, testing, and further interventions, • evaluation plan for pilot study, and • how-to guide, webinar, and peer-reviewed journal article on pilot study. Outcomes Outcomes will include • increased numbers of at-risk relatives identified and appropriately referred for genetic services, • increased capacity of state health department to conduct cascade screening, and • shared information on strategies, findings, and lessons learned from cascade screening pilot study.
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 127	Applicant must have strong organizational, presentation, and writing skills. Applicant must be able to collaborate with different state entities, including cancer registries, cancer control programs, and clinical institutions in the state. Applicant (or subcontractor/collaborator) must have expertise in epidemiology and the capacity to run queries on cancer registries to identify individuals at risk for HBOC and LS using appropriate statistical software. Applicant must have the capacity to contact and follow-up with at-risk relatives and institutions providing genetic services and other interventions to these individuals. Applicant (or subcontractor/collaborator) must have the capacity to author necessary applications for protocol approvals (IRB and others), a manuscript to be submitted for peer-reviewed journal publication, and educational materials for a public health audience (state public health and cancer registry workers).
Applicant program experience* (Maximum of 500 words) Word count 167	Applicant must have a strong working relationship with cancer registries, cancer control programs, and clinical institutions in the state. Applicant should have experience and expertise with epidemiology and chronic disease prevention, particularly cancer. Applicant should have expertise in state legislation that might affect ability to conduct cascade screening (e.g., laws affecting health department's ability to contact at-risk relatives) and how these limitations can be addressed. Applicant should have experience with coordinating activities across and disseminating information to different state entities. Applicant (or subcontractor/collaborator) should have experience with epidemiologic analyses and statistical software needed to perform these analyses. Applicant should have experience with obtaining IRB and other necessary approvals and conducting program evaluation. Applicant should have experience working with state programs and clinical institutions that will be providing genetic services and other interventions to at-

	risk relatives. Applicant should have experience with or be able to collaborate with groups who have experience with developing educational materials for a public health audience (state public health and cancer registry workers).
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 29	Applicants are strongly encouraged to work with state cancer registries and cancer control programs and can consider collaborating with cancer centers and other clinical institutions in their state.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 36	Subcontractor with expertise in epidemiology and working with cancer registries who is able to run queries on cancer registries to identify individuals at risk for HBOC and LS using available statistical software (SAS and others).
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 12	Funding will be $150,000 per state, with 3 states maximum funded.
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 18	Create a video-based curriculum for pediatricians and obstetricians based on the Talk With Me Baby early...
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Steven Reynolds Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-394-9159 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	slr6@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 A
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 12	State Health Agency leaders that collaborate with Georgia pediatricians and obstetricians.
Proposed project funding*	$110,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 198	The applicant will work with a new collaborative between the Georgia Department of Public Health (DPH), the Marcus Autism Center, and the Georgia Children's Cabinet along with First Lady Mrs. Sandra Deal, and a variety of other partners, intends to encourage parents and guardians to talk more with their babies. Called "Talk With Me Baby" (TWMB) is a population-based approach that leverages the large-scale workforces and population groups (e.g., pediatricians and obstetricians) that already interact with new and expectant parents on a recurring basis. By preparing individuals in these workforces to strengthen the capacity of parents and caregivers to deliver language nutrition to the infants in their care, TWMB can efficiently and affordably reach the whole population of infants and their caregivers—while ensuring an additional emphasis on those at risk of not receiving abundant language nutrition. The Georgia Department of Health's "Talk With Me Baby" initiative goal is clear: encourage increased language development. Project Outcome: Applicant will develop in collaboration with the Georgia Department of Public Health a video-based curriculum for pediatricians and obstetricians based on our Talk With Me Baby early brain development curriculum. The applicant will provide consultation, curriculum development, and production of the video training.
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	The applicant should have the capacity to work with the Georgia Department of Public Health and awareness of the "Talk with me Baby" program, development of education based curicullum for a professional workforce, and video education production.
Applicant program experience* (Maximum of 500 words) Word count 29	The applicant should have experience working with State Health Officers. Specifically, the applicant should have knowledge of and existing relationships with the Georgia Department of Public Health.
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 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 12	Engaging City and County Health Departments 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 A — Target Population Category Descriptions
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	City, county and local public health departments
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 226	

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 project has two major goals to include:

• Promotion of CDC's 6|18 Initiative and other evidence-based interventions to city and county health departments to increase awareness and support. Examples of activities may include:

a. Identify and leverage networking opportunities to promote the 6|18 Initiative utilizing national, state, and local meetings and webinars.
b. Share 6|18 Initiative fact sheets, evidence summaries and other materials with membership through appropriate communication mechanisms.

• Coordinate technical assistance for city and county health departments to implement and support 6|18 interventions. Examples of activities include:

a. Develop materials and tools based on lessons learned from state and local support of 6|18 interventions
b. Review and provide feedback on 6|18 Initiative's public health engagement activities
c. Identify and leverage opportunities for training on 6|18 implementation and support with peer learning networks

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
34

• Applicant should demonstrate capacity for project coordination, support for partnership activities and meeting and logistics planning.
• Applicant must demonstrate expertise in coalescing city and county government leaders in promoting and training on evidence-based strategies.

Applicant program experience* (Maximum of 500 words) Word count 30	• Applicant must demonstrate capacity in addressing issues related to the transforming health care system. • Applicant must work collaboratively with CDC on promotional and technical assistance 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 11	Funds should be used to support: • Program support staff • Meeting support • Summary reports
CIO CERTIFICATION*	
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Save & Close | Submit | Submit without sending email

submit date: 2017-03-22

*You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 8	Environment and Public Health Nexus: US EPA-States Collaborative Pilots
CIO*	DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division*	OTHER Other division US EPA Office of Research and Development
CIO POC name(s)* Enter up to 3 names	Lisa Matthews; Amy Scheuer Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(202)564-6669; (202)564-3243 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	matthews.lisa@epa.gov; scheuer.amy@epa.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 A
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 12	Target population is state environmental agencies and state public and environmental health agencies.
Proposed project funding*	$25,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 951	Goals: The mission of the United States Environmental Protection Agency (EPA) is to protect the environment and human health, and at its core is a public health agency. Healthy people and communities cannot exist without healthy, functioning ecosystems. EPA's Office of Research and Development (ORD) in cooperation with the Environmental Council of States (ECOS, the national association of state environmental agency leaders) with its research arm, the Environmental Research Institute of the States (ERIS), and partners reaching state public health officials and state environmental health directors plan to collaborate in developing communications and other outcomes that will leverage resources and advance the mutual mission of protecting the public's health from environmental threats. ECOS and expected partners provide assistance and serve as liaisons to their state agency members. Expected Outputs • Risk communication toolkits • Risk communication case studies • Comparison of the risk communication approaches Outcomes • Pilots will help create new links between EPA and CDC as federal partners. • Increased accessibility of risk communication strategies for states and communities. • Establish and maintain diverse public health and environmental partnerships. Project 1: Communicating the Risks of PFAS: Case Studies and Toolkit Project Description: Per- and Polyfluoroalkyl Substances (PFAS) found in water continue to pose problems for state health and environmental agencies. While EPA supports state and public water systems in their efforts to reduce exposure to PFOA and PFOS in drinking water, including issuing the health advisory level of 70 parts per trillion, states still issue their own health advisories related to these chemicals. State and territorial health agencies and their environmental counterparts have oversight of the water systems and are responsible for implementing mitigation measures to reduce chemical exposure, as well as communicating these risks. EPA's November 2016 Fact Sheet provides helpful

	background information and recommendations for state, local and tribal health officials and water system operators, but states still struggle with the risk communication piece for their health advisories. Proper risk communication is needed to inform the public of the issue(s) without alarming them. The type of communication style used for one audience may be different from another, so communication materials need to be tailored to the target audience. There is also the balance of communicating what health departments and water systems operators can and cannot do to address the problems. Information uncertainty also surfaces as an obstacle. What information is picked up by a newspaper and what information is left out? How do you respond to a community that demands biomonitoring? All of these issues need to be considered when communicating an issue and health advisory to the public. In 2016, both PFAS and the larger group of PFCs arose as a priority issue for state environmental and health agencies. Through this project, state partners will collect state examples of how state health and environmental agencies have been addressing PFAS in their jurisdictions, including the wording of the accompanying health advisories and the methods used to communicate them to the public. State partners, including ECOS, will use these to develop a risk communication toolkit that focuses on PFCs, including PFAS. How are states developing the wording for their advisories? How are they rolling them out to the public? What types of written and social media are being used? What types of STHA personnel are needed to support this type of communication effort, as well as the response from the public? State partners may also consult with risk communication consultant when developing the risk communication toolkit. At the end of this work plan, EPA and state partners will host a webinar showcasing at least three state examples, as well as the new risk communication toolkit. Project 2: Communicating the Risks of Harmful Algal Blooms: Case Studies and Toolkit Project Description: As harmful algal blooms (HABs) are a nation-wide issue, it would be helpful for states to have risk communication materials (similar to the PFAS proposal above) developed for HABs. In addition to this being a public health issue, agriculture can also be impacted by HABs, concerning irrigation as well livestock's consumption of polluted waters. This proposal would follow a format similar to the PFAS risk communication proposal above. Project 1 and 2 Objectives and Activities: Objective 1: Better understand how state health and environmental agencies are developing and communicating their health advisories regarding PFCs, including PFAS, and HABs. Activity 1.1: Field formal request to state environmental health officials and their environmental counterparts to participate in case study interviews regarding PFC health advisories. Develop short list and interview protocol. Activity 1.2: Interview state health and environmental personnel from up to 5 states regarding their experiences with developing the advisories (including the use of EPA materials), rolling them out, and responding to requests from the public concerning the messages. Activity 1.3: Compile case study interviews and findings in fact sheet format. Objective 2: Develop a risk communication toolkit aimed at supporting state health and environmental agencies in relaying information related to PFCs and HABs to the public. Activity 2.1: Using case studies and related materials (e.g., EPA, CDC resources), consult state risk communication workgroups regarding key themes for messaging about PFCs and HABs and best formats to roll out health advisories. Discuss all aspects of risk communication related to these health advisories and gather information for toolkits. State partners may bring in their risk communication specialist to participate/facilitate dialogues. Activity 2.2: Develop a risk communication toolkit using all of the information gathered throughout the project. The toolkit will include such items as key messages and talking points, tips for working with the media, how to engage in conversations with the public around PFCs and HABs, social media guide, and links to external resources (such as EPA and CDC materials and example state health advisories). Activity 2.3: Host webinars showcasing at least 3 state case studies and the new risk communication toolkits.
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 35	The successful applicant should represent state public and environmental health agencies in the United States as well as influence public health policy to ensure excellent state-based public health programs to improve the nation's health.

Applicant program experience* (Maximum of 500 words) Word count 108	The successful applicant works to help state/territorial health agencies develop and implement programs and policies in public health priority areas. The applicant facilitates collection of relevant information and sharing of ideas and experiences, creates dialogue with outside organizations, represents the states at national forums on health, and identifies best practices in public health. The applicant works with state public health agencies who direct and oversee the majority of the environmental health programs such as air and water quality, chemicals, recreational sanitation and safety, waste management, toxicology, and environmental epidemiology and provides a forum for discussion of key environmental health issues and the sharing of best practices.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 109	To successfully complete these pilot efforts, EPA expects to collaborate with partners that reach states in order to establish and maintain diverse public health and environmental partnerships for meaningful cooperation and collaborative achievement. Effective communications on progress and achievement is expected for this collaborative effort, including brief progress reports every two months. Progress reports should include description of work performed, meetings and deliverables during the time period, problems identified, work planned for the next two months and expected deliverables, as well as a summary of hours and dollars during the two months and cumulative. Progress reports should be sent via email to the EPA POC/Technical Monitor Lisa Matthews.
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	Funds are to support personnel costs and conference calls with states. Any travel should be requested and approved in advance.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 3	Familial Support in Hypertension
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 A
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	2-3 high burden states/territories to strengthen community-clinical linkages and improve population-level hypertension control among adults 18 year of age and older
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 132	This proposal would support a collaborative of 2-3 high burden states/territories to strengthen community-clinical linkages and improve population-level hypertension prevention, detection, and control among adults 18 year of age and older. This work would focus on a system of care for hypertension with particular interest in serving patients, their families, and support system. The collaborative aims to achieve the following outcomes: •Test models that connect participants and their families to clinical, public health, and community supports to help them manage their blood pressure; •Establish and maintain cross-sector partnerships to implement evidence-based public health strategies to prevent, detect, and control hypertension; •Establish and/or strengthen systems to identify individuals with hypertension and improve blood pressure control; and •Increase utilization of successful strategies for identifying and managing blood pressure among participants and their family members and/or support system.
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 105	Applicant should have proven experience and documented success engaging State and Territorial Health Officials as they prioritize and address public health priorities in their respective jurisdictions. Applicant should have experience formulating and influencing sound public health practice and ensuring excellence in state-based public health practice activities. Applicant must have documented experience engaging relevant stakeholders, including state and local health agencies, healthcare providers, payers, community-based organizations, and territories. Additionally, the applicant should have experience engaging stakeholders to gather and analyze relevant data; deploy quality improvement projects, including using PDSA cycles; and package lessons learned into dissemination packages/tool kits for broad dissemination to relevant stakeholders.
Applicant program experience* (Maximum of 500 words) Word count 87	Experience in quality improvement processes, collaborations, development of turn-key type tools for relevant stakeholders specifically engaged in this work. Ability to work with State and Territorial Health Officials and Medicaid Directors. Experience working with programs focused on state leadership such as health officials, payers, community health centers and national organizations that conduct preventive health work. Specifically, the applicant should have experience and expertise in public health systems change, quality improvement, facilitation and strategic planning, as well as specific content in hypertension prevention, detection, and control.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 59	The project will require collaboration with state and local health agencies, territorial health agencies, healthcare providers, payers, community-based organizations. 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 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 11	Hepatitis C testing and treatment awareness among American Indians and Alaska Natives
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	Donald Haverkamp Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	505-235-1163 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	CYQ1@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 A
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	American Indian men and women receiving health care services through Indian Health Service facilities.
Proposed project funding*	$85,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 351	CDC reports that American Indians/Alaska Natives (AI/AN) had the highest increase of liver cancer incidence of all race/ethnicities, with an average annual increase of 3.4% from 2008-2012. While there can be multiple contributing factors to hepatocellular cancer incidence and death rates, hepatitis C virus (HCV) has been identified as widespread pathogen contributing to high rates of new cases and poor outcomes. AI/AN have also been identified as the race/ethnicity with the highest rates of acute HCV and HCV related deaths. The purpose of this project is to Increase knowledge and awareness of health risks and factors that contribute to elevated rates of mortality from hepatocellular cancer (HCC) in Indian Country. Create culturally-specific patient facing materials on prevention, with an emphasis on hepatitis C virus screening and treatment. This project will update and culturally adapt existing educational materials for patients to improve knowledge and treatment seeking behavior, with a focus on HCV. The project will use video and printed materials and actively distribute them to health facilities in the Indian Health Service, a federal agency that provides health care to approximately 2 million AI/AN patients in 35 states. Objectives of the project will be to: increase knowledge of HCC and its causes among AI/AN communities, primarily patients served by the Indian Health Service • increase knowledge of the link of HCV and HCC among AI/AN communities • increase HCV screening as per national recommendations and linkage to care for HCV sustained virological clearance • increase knowledge of new medical options for HCV and improve treatment seeking behavior • decrease stigma associated with HCV Outcomes from the project will include: • Educational video will be produced that is targeted at AI/AN that will be played in medical waiting rooms in IHS facilities and other venues/social media as appropriate • Educational printed materials will be created and then distributed to community and facility based programs • Videos and materials will be created, tested, and distributed by tribal entities Regionally produced videos and print materials can be

	distributed widely to IHS and Tribal health facilities around the country, and utilized to inform more AI/AN of the need for HCV screening and treatment of those who are infected.
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 16	The organization have experience working with tribes and knowledge of Hepatitis C and Liver cancer.
Applicant program experience* (Maximum of 500 words) Word count 19	The applicant should have previous experience working with American Indian and Alaska Native communities and Tribal Health systems.
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 23	The organization should be capable of partnering with a company that can produce high-quality public service announcements that target American Indian audiences.
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: 2017-03-23	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 17	Improving Chronic Disease Surveillance and Management Through the Use of Electronic Health Records a...
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	Jason Bonander; Hilary Wall; Arunkumar Srinivasan 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)488-5606; (770)488-8172; (770)4887632 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	zjz2@cdc.gov; ifx0@cdc.gov; fos2@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 A
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	State health departments, health care controlled networks; Sub-populations include: chronic disease programs, syndromic surveillance initiatives, health IT initiatives
Proposed project funding*	$2,500,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 803	The purpose of this project is to identify capacity building enablers and barriers with state and/or local public health jurisdictions that have the readiness and willingness to develop and/or expand their public health surveillance infrastructure to include chronic disease data and indicators from electronic health records (EHR) and/or related health information systems. Moreover, the project will also identify rigorous epidemiologic methods for using these system's data as well as data and transaction standards - each of which serve to strengthen chronic disease surveillance, management and program evaluation capacity. The use of EHRs has become fairly standard in health care with the last 12 months seeing a rapid evolution of population health management tools (a newer form of health information system) aimed at improving health outcomes across diverse populations. In this changing environment there is significant potential to enhance chronic disease surveillance and management through the use of clinical information from EHRs and related health information systems to monitor the prevalence, treatment, control and management of critical health conditions such as hypertension, diabetes and obesity. In parallel, many state health departments are already building capacity to receive and use immunization and syndromic surveillance data as part of enhancing those aspects of population health. However, most state and local health departments have not engaged in broader activities to tap into EHR data to measure and manage population health needs and evaluate health outcomes for chronic disease, injury, occupational health, and beyond. Moreover, many have yet to begin providing public health data value back into the clinical setting for improved patient and population health management. To date there are a handful of state and local health departments actively exploring ways to extract and use data from EHRs and related health information systems for chronic disease surveillance, management and program evaluation. The models for these activities vary greatly across jurisdictions as do the technologies, standards and methods they employ. Identifying common approaches, standards and methods could advance state and local chronic

	disease surveillance and management capacity. State and local health departments also have varying levels of capacity for using EHR data for chronic disease surveillance. Some health departments have partnered with health care and private vendors to build data platforms that can be used for different conditions or can readily access data from robust state/local health information exchanges. Other health departments do not have such platforms in place for chronic disease surveillance but have developed relationships with health care partners for access to clinical data repositories, developed partnerships with 3rd party health data aggregators or have communicable disease data platforms for syndromic surveillance, immunization or cancer registries that could be expanded. Still other health departments have more limited access to clinical data repositories and may not have robust relationships with clinical partners or the leadership support for this kind of work. Rapidly changing technology as well as changing data and transaction standards make it both exceptionally compelling and challenging to meet the needs of chronic disease surveillance and population health management. Moreover, it is not clear which, if any, of these approaches provides a fruitful way forward toward improving chronic disease surveillance, management, evaluation and decision making. Ideally this project will gather information from across the public health and clinical spectrum, identifying technical, standards, policy and other enablers and barriers, subsequently laying the much-needed groundwork for making wise investments in chronic disease surveillance and management approaches, systems, and standards. It will utilize and build upon the significant previous investments and relationships that health departments have with clinical data providers and define scalable models that can be replicated in other communities. Further, the project outputs will be (1) identifying technologies, data and transaction standards and epidemiological methods that can be re-used, supported and/or advanced in appropriate settings with appropriate bodies that ultimately support improved surveillance capacity and health outcomes, and (2) delivering clear guidance and best practices on leveraging data platforms and partnerships, data standards and technologies and policies to improve chronic disease surveillance and management, (3) playing a key role in advancing technology, data and transaction standards with appropriate national standards development organizations / focused working groups. Activities could include: (1) using a selection process, conduct key informant interviews across representative samples of state and local health departments and health center controlled networks, (2) identification and description of existing models of chronic disease surveillance using EHR/EHR-derived data, (3) description and classification of barriers and enablers with each model around using EHR/EHR-derived data for more timlely and better quality chronic disease surveillance and programmatic decision making, (4) identification of technology, data and/or transaction standards by which improvements in chronic disease surveillance and management can be achieved, (5) provide technical project oversight and management in collaboration with CDC, public health partners, standards setting bodies and others as appropriate to ensure the project effectively and efficiently achieves project outcomes.
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 39	The applicant should have experience with health IT and its influence on, or potential use for, chronic disease surveillance and management in clinical and public health settings. The applicant should also have experience translating findings into actionable products.
Applicant program experience* (Maximum of 500 words) Word count 109	The successful applicant will have substantial experience with a broad spectrum of chronic disease and risk factor programs in areas such as cardiovascular disease prevention, diabetes prevention and management, and obesity prevention. In addition, the successful applicant will have experience in the following areas: (1) epidemiological methods generally, but also applied to the challenges of collecting and analyzing data from clinical care and electronic health records and using that data to inform programmatic decision making, (2) the application and use of health IT as applied in clinical and public health settings for the purpose of chronic disease surveillance and management, (3) facilitating interaction with public health and providers.
COLLABORATIVE WORK	

Expectations for collaboration (If applicable, maximum of 300 words) Word count 69	Collaboration is highly encouraged for this project. Areas would include state epidemiologists supporting and/or engaged in syndromic surveillance and electronic case reporting, data and transaction standards setting organizations as well as state and local health departments. Ideally the applicant should have a history of engaging with scientific and programmatic collaborators of stature to encourage the use of health IT to advance prevention and promote public and population health.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 60	The applicant would be expected to provide oversight and support to the project, but elements of the technical work could be subcontracted to an expert(s) with specific domain knowledge around population health data systems, informatics or data and transaction standards. Any subcontractors should have an established track record of success. CDC would reserve the right to approve the subcontractor.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 11	Travel is permissible but should be minimized for maximum impact.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 5	Interconnecting behavioral health and public health
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Kimberly Hart Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-6648 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	khv8@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 A
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	Target population is STLT Health Officials.
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 517	Behavioral health includes not only ways of promoting well-being by preventing mental illness such as depression or anxiety, but it also directly works towards preventing or intervening in substance abuse, addictions, social determinates of health (SDOH) and other human behaviors that are proven to be unhealthy. Behavioral health is central to everyone's well-being, and is influenced by biological, social and economic factors that can be influenced by population based strategies. Developing comprehensive strategies to promote wellness and prevent behavioral health problems requires a public health approach across many systems, sectors and organizations to help enhance the protective factors that promote positive health outcomes. A public health approach can guide the planning and implementation of strategies to reduce risks to the entire community and those populations within the community that may be at increased risk. As part of ongoing transformation of health care delivery systems, public health officials need to consider how to effectively coordinate behavioral health services with prevention and medical services. Integrating behavioral health into the care continuum presents an opportunity to increase quality, introduce efficiencies, and improve health outcomes (http://www.aha.org/research/reports/tw/12jan-tw-behavhealth.pdf). This project aims to improve public health officials awareness and coordination of strategies and approaches to bring greater attention to address behavioral health issues more fully within the public health system. The project will build on and support strategic initiatives, goals, and objectives of the Substance Abuse and Mental Health Services Administration's "Leading Change 2.0: Advancing the Behavioral Health of the Nation, 2015-2018" plan, especially the initiatives on Health Care and Health Systems Integration, and Workforce Development (https://www.samhsa.gov/about-us/strategic-initiatives). Goal 1: Assess, develop and disseminate information to public health and other sectors about how behavioral health concerns can be uniquely addressed by the public health system in support of the healthcare system without being

	duplicative • Strategies can include working directly with and engaging decision makers outside of public health, identifying what success looks like, measuring a decrease in primary care utilization as well as identifying the benefits of interconnecting population health strategies for behavioral health impact. Goal 2: Provide information and technical assistance to STLT health officials to increase coordination and cooperation among agencies to address SDOH and other factors that exacerbate behavioral health problems in a high-risk community. • Strategies can include developing and offering training sessions and materials; developing and disseminating written guidance; and development of a population-centered policy and public health law approach for addressing behavioral health in a way that complements both existing patient-centered models as well as community level interventions to prevent disease. Goal 3: Support health departments in implementing and evaluating strategies to increase coordination and collaboration among local agencies to address the prevention of behavioral health issues in high-risk communities • Strategies can include identifying and documenting what a "model structure" for a community clinic that provides integrated primary care and behavioral health (e.g., best practices); work with sub-grantees to develop "pilot" initiatives that show how an organization can infuse behavioral health in the continuum of care (e.g., conduct planning sessions with both health department and mental health counterparts); exploring sustainability frameworks for interconnecting population health, social determinants and behavioral health programs.
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 21	The applicant should have the capacity to work with STLT Health Officials and state and federal Behavioral Health Agencies/Organzations.
Applicant program experience* (Maximum of 500 words) Word count 15	The applicant should have experience working with State Health Officers and Behavioral Health Programs.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 26	The applicant may subcontract with National Rural Health Association, National Association of State Mental Health Program Directors and the National Council for Behavioral Health
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 0	

CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 5	Local Food Service Guidelines Action Institutes
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; Diane Harris; 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; 770-488-5547; 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; hva6@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 A
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	Local Health Officials and governments
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 639	The most recent data from the U.S. Census Bureau counted 39,044 general purpose local governments, which includes 19,492 municipal governments, 16,519 township governments and 3,033 county governments. Local governments are often one of the largest employers and the largest purchasers of food in a community. Food service guidelines (FSG) are voluntary best business practices that can be used to increase healthy and safe food options for employees and visitors to public facilities. Cities, towns, and counties can use their purchasing power to provide healthier food to citizens and make a significant impact on community health. Providing targeted technical assistance to municipalities that have yet to establish a food service guidelines policy, and/or develop a plan for implementation, represents an unprecedented opportunity to increase access to healthy foods and beverages for millions of citizens. The establishment of community action teams will foster cross-sector collaboration and ensure community leaders that need the training on proven community-change processes are involved. The goal of the Action Institute will be to leverage the experiences of sister communities that have overcome implementation challenges to help identify lessons learned that can accelerate successful uptake of FSG at the local level. This proposal aims to increase uptake of healthy FSG in 5 to 10 U.S. cities, towns, and/or counties by convening diverse teams of local public health officials and community leaders to participate in the Action Institute and develop a tailored plan of action to accelerate adoption and implementation of FSG. The goal of the Action Institute will be to build capacity among the action teams and accelerate adoption and implementation of healthy food service guidelines in cities, towns, and counties across the U.S. Action Teams participating in the Institute will include stakeholders from a variety of sectors, including: local government officials (e.g. Public Procurement Officers, Contracting Officials, and/or City Managers; leadership from community-based anchor institutions (e.g. hospitals, colleges/universities, YMCA's or Boys and Girls Clubs); and management from vendors, broad line distributors, and other food service operators currently providing food service in

	the community. These local stakeholders play an integral role in healthy food procurement and the implementation of an effective FSG policies and practices. The grantee will develop an interactive agenda that engages the community-based action teams and provides tailored TA, tools, and resources from national experts, while facilitating peer-to-peer learning. Team-building opportunities will promote infrastructure development and advance the team's collective thinking regarding vision, priorities, and next steps for successful FSG implementation. The following objectives will be achieved as part of each Action Team's activities: 1. Conduct an initial assessment to identify existing resources, infrastructure capacity, and potential champions within a community that will play an important role in advancing adoption and implementation of FSG. 2. Create a plan-of-action that describes the key steps the community-based team will take to advance FSG implementation in specific venues (e.g. local government worksites, public parks, colleges/universities, hospitals, and/or other community-based anchor institutions with food service operations). Each action team must identify proposed outcomes, milestones, and a timeline for completing key steps in the plan. 3. Develop a set of process and outcome measures (e.g. health and/or economic) that the community can track and report on over time. Expected deliverables: 1. A kick-off meeting and 3 subsequent technical assistance workshops that engage action teams on how to address specific challenges and utilize successful strategies for FSG adoption and implementation; 2. Action plans for each community that outline how they will accelerate adoption and implementation of FSG and healthy procurement practices; 3. A six-month follow up with action teams to determine progress made, barriers encountered, and identification of additional TA needs to help them achieve their stated goals; 4. A summary outlining lessons learned from the Institute, including identification of "levers-of-change", barriers, and facilitators for FSG implementation in cities, towns, and counties; 5. A final evaluation report summarizing the impact of the Action Institute. Quantitative and qualitative measures of both health and economic impact should be included.
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 51	Applicant must meet all of the following: • Direct access to a network of city and county public health departments; • Ability to foster effective cross-sector relationships with local elected leaders and businesses; • Capacity to provide evaluation training and technical assistance; • Ability to recruit subject matter experts in implementation of food service guidelines/healthy procurement policies.
Applicant program experience* (Maximum of 500 words) Word count 38	- Experience in managing and supporting the implementation of FSG within cities, towns, and counties. - Experience in raising the visibility of and support for implementation of FSG. Other relevant applicant program experience: • Health in All Policies • Community Health and Wellness • Nutrition Policy
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 31	The applicant will be required to create collaborative teams, to be called Action Teams, to engage across to advance implementation of FSG in communities described in project description section.
	Subcontracts may be needed for consultants with expertise in local-level procurement policy and facility operations.

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 16	
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 10	Local Response to Public Health Emergencies: Focus on the Opioid Epidemic
CIO*	NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL
Division*	DIVISION OF UNINTENTIONAL INJURY PREVENTION
CIO POC name(s)* Enter up to 3 names	Noonan, Rita; Mahendra, Reshma; Yang, Emily 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)488-1532; (770)488-1207; (404)498-1655 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	rgn5@cdc.gov; zep0@cdc.gov; ypi0@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 A
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	County and City Health Officials; National organization supporting county, local, and city health officials, and key state or local partners in opioid overdose prevention
Proposed project funding*	$1,350,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 690	Goal: To increase the capacity of city, county, and local health departments to respond effectively to the opioid epidemic -- by working more closely with state and local partners (including law enforcement, treatment providers and state health departments), and rolling out evidence-based strategies at the local level. Background: The United States is in the midst of an opioid overdose epidemic. Opioids (including prescription and illicit opioids, such as heroin) killed more than 33,000 Americans in 2015 – which is nearly quadruple the number from 2000. Every day, more than 1,000 people are treated in Emergency Departments for misusing prescription opioids. People who are addicted to prescription opioids are 40 times more likely to become addicted to heroin. A local public health response is critical to turning the tide on the epidemic. In response, the Centers for Disease Control and Prevention (CDC) recently launched an ambitious agenda to save lives by focusing on public health's core strengths: (1) using data to track the epidemic; (2) providing tools and training to health care providers to improve patient safety; and (3) scaling up effective public health interventions in states. CDC's Overdose Prevention in States (OPIS) program, a $75M investment across 44 states and the District of Columbia, addresses each of these core areas by: strengthening state surveillance of both fatal and non-fatal opioid-related overdoses; enhancing Prescription Drug Monitoring Programs (PDMPs) for public health surveillance and point-of-care decisions by providers; using data for community-level decision-making; supporting the practice of guideline-concordant care; and evaluating state-level policy efforts to curb the epidemic. Similar efforts should be developed in community and local settings to ensure a continuity of public health prevention and response, with a greater emphasis on multi-sectorial partnerships. Expected Outputs: Tools and resources for public health use, which may include: sample MOUs for greater local collaboration; data sharing agreements; action plans to address outlier Rx prescribers in the local area, to include academic detailing, follow-up, and support for clinical practices that aim to improve patient safety; success stories from other local

	collaborations around the country; communication protocols for activating responses when a "hot spot" is detected; protocols for emergency departments; recommendations for linkages to care for people who have overdosed; guidance on naloxone use and distribution for local organizations; program implementation guidance for promising or evidence-based strategies. Expected Outcomes: Increased use of data for local decision-making; clear, streamlined public health response protocols that strengthen communication and action between public health, law enforcement, and treatment; increase in guideline-concordant care in targeted clinical practices; an increase in the number of overdose survivors who are linked to treatment and recovery services; an increase in the use of promising or evidence-based strategies at the local level; a decrease in the number of local overdose deaths. Activities: 1. In collaboration with CDC, identify local communities that merit a greater investment of CDC's time and effort by capitalizing on current efforts, such as the Drug Enforcement Administration's (DEA) 360 pilot cities, CDC's work with High Intensity Drug Trafficking Areas (HIDTA). 2. With CDC, identify local areas or counties that have very high Rx opioid prescribing rates to determine if they are candidates for inclusion in this set of activities. 3. Conduct an assessment of local public health burden, needs, and capacities in a number of identified local areas (e.g., 2 DEA cities and 2-3 HIDTA pilot sites, high prescribing counties). 4. Engage local sites, to include community task forces, coalitions, and health care systems that can help develop a local action plan that includes public health, law enforcement, and treatment/recovery services. 5. With the assistance of a highly skilled partner such as the National Resource Center for Academic Detailing (NaRCAD), identify high prescribing clinical practices in the local area that would benefit from academic detailing to bring their medical practices into closer alignment with the CDC Guideline for Opioid Prescribing. Engage those clinical sites and offer detailing services. 6. Concurrent with other activities, build out a suite of public health tools and resources to help guide effective local responses to the opioid epidemic. 7. With CDC, participate in the development of an evaluation plan in selected sites to help track and measure progress toward expressed outcomes, to include some health outcomes of interest.
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 27	Must have adequate staffing and organizational capacity to work in several communities at the same time, while building out a suite of tools/resources for broader dissemination.
Applicant program experience* (Maximum of 500 words) Word count 67	Applicant should have experience with all facets of local public health capacities, practices, and opportunities to address a major public health epidemic. Moreover, the applicant should have some understanding of the opioid epidemic and the key strategies, partners, and protocols that would be needed to better address the problem. Experience with multi-sectorial partnerships is a must, as well as strong linkages to state-level public health partners.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 17	With law enforcement, hospital systems, opioid treatment and recovery services, as well as harm reduction groups.
	The applicant may contract (or acquire consultant services) as needed, to adapt or deliver training, interventions, and other activities in identified local communities. If any subcontracting required, subcontractors should have experience working with multi-sector partners at the local level, have experience on public health issues at the local level, and have an understanding of the opioid epidemic in the local context.

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 67	

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.	
submit date: 2017-03-24	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 4	Million Hearts in Big Cities
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION FOR HEART DISEASE AND STROKE PREVENTION Other division
CIO POC name(s)* Enter up to 3 names	Judy Hannan; Haley Stolp Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-4572; 770-488-7442 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	jat5@cdc.gov; vul4@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 A
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 10	Local health departments serving municipalities throughout the United States
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 307	

Million Hearts® 2022 is a national initiative co-led by the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services to prevent 1 million heart attacks and strokes in 5 years. This project would fund one or more municipalities to implement the strategies within the Million Hearts® 2022 Framework outlined at https://millionhearts.hhs.gov/files/MH-Framework.pdf and fund the development of a "Million Hearts Municipality" package that makes Million Hearts priorities and evidence-based strategies relevant to local governments. The priority for the municipalities could be based on current ability to implement strategies, adverse cardiovascular mortality trends within the community, and/or capacity to reach priority populations.

This project convenes stakeholders (e.g. health systems, hospitals, payers, employers, and the public) to plan and mobilize systematic and evidence-based changes around the following Million Hearts goals at the city/metropolitan population level:

• Keeping People Healthy
 o Reduce sodium intake (20% Target)
 o Decrease tobacco use (20% Target)
 o Increase physical activity (20% Target – reduction in physical inactivity)

• Optimizing Care
 o Improve performance on the ABCS (Aspirin use, Blood pressure control, Cholesterol management, and Smoking cessation) (80% Target)
 o Increase use of cardiac rehab (70% Target)
 o Engage patients in heart-healthy behaviors

• Improving outcomes for priority populations
 o Blacks/African-Americans
 o 35-64 year olds
 o People who have had a heart attack or stroke
 o People with mental illness or substance use disorders

In general, this project would implement Million Hearts at a city level; capturing city pride and city networks to reduce heart attacks and strokes. While no exact model is currently in action, the following municipalities have instituted pieces of this and shown the value of collaboration at the city level: San Diego's "Be There: Making San Diego County a Heart Attack and Stroke Free Zone"; Chicago's "Healthy Chicago, Healthy Hearts" campaign and Washington DC's success through the ASTHO Learning Collaborative.

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
49

	The applicant organization needs the capacity to 1) convene municipality/city leadership to meet the community's needs in preventing heart attacks and strokes and 2) work with their constituents to develop a package of materials that other municipalities can use to replicate the program in their own municipality.
Applicant program experience* (Maximum of 500 words) Word count 50	The desired applicant organization has experience working with a diverse and multi-sectoral group of stakeholders; experience implementing quality improvement processes with health care organizations; experience establishing new networks and collaborations; experience developing guidance tools for local health authorities; experience monitoring and reporting target cardiovascular health outcomes and process data.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 48	The applicant organization is expected to maintain ongoing collaboration with local health departments and entities implementing the Million Hearts® strategies in the field. Collaboration with the Million Hearts® team regarding roles, expectations, and project status updates is will also expected for the duration of the project.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 83	Applicant would be expected to serve as the primary organization in charge of leading the project and providing appropriate oversight and support, but pieces of the technical work may need to be subcontracted to an expert with specific knowledge of local health authority and other municipal service needs. One or more municipalities may be subcontracted to coordinate/invest in strategies outlined in the Million Hearts framework. Any subcontractors should have an established track record of success. CDC would reserve the right to approve the subcontractor.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 57	Funds should be used to pilot the program in one or more municipalities, gather external stakeholder input, and develop guidance tools for other local health authorities to reproduce the project in other jurisdictions. Travel is permissible but should be minimized for maximum impact. The project proposal should be scalable with increased funding going to additional municipalities.
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 *You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 7	Opioid Overdose Prevention In ESOOS States: Technical Assistance
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; Avery, Jacqueline 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)488-5241 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; hjn9@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 A
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 16	State Health Officials (SHOs) and their staff, along with other State Health Agency (SHA) leaders.
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 464	Background: CDC is currently funding 12 states to better track opioid-involved overdoses through Enhanced Surveillance of Opioid Overdose in States (ESOOS). More specifically, states are using the funding to: (1) Increase the timeliness of reporting nonfatal and fatal opioid overdose and associated risk factors; (2) Disseminate surveillance findings to key stakeholders working to prevent opioid-involved overdoses; and (3) Share data with CDC to support improved multi-state surveillance of and response to 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. Awardees have highly variable levels of this required expertise and therefore need significant technical assistance and convening of the various sources of experience and insight. Goals: Goal (1): To support states in enhancing and maximizing their surveillance of Opioid Overdose through peer-to-peer learning and ongoing technical assistance support Goal (2): To provide all logistics for the annual ESOOS Awardee Meeting (RSV) held in Atlanta, Georgia. Goal (3): To provide effective communication templates for states for public health practice. Project Description: The applicant will assist states by coordinating and facilitating technical assistance related to enhanced surveillance on nonfatal and fatal opioid overdose through various mediums and approaches, including peer-to-peer trainings, facilitations, webinars, and other forms of education and training. In addition, the applicant will develop communication tools for states on opioid overdose in states. The applicant will be responsible for all logistics for the annual ESOOS Awardee Meeting (RSV) held in Atlanta, including reserving hotel, meeting space, provision of written materials, developing the agenda, signage, coordinating speakers, communication with states, and on-site technical help during the meeting (e.g. registration). Activities: The applicant will provide monthly webinars

	for technical assistance to funded states in partnership with CDC and other vendors. Applicant will coordinate and facilitate peer-to-peer calls and the development of an online virtual learning community among state health departments and will help identify, with assistance from CDC, the appropriate networks and states to participate in those exchanges. In addition, the applicant will provide technical assistance tools, supporting communication activities. For example, the applicant may develop templates for communicating snapshots of state-based opioid overdose prevention efforts. The applicant will also be responsible for providing all logistics for the annual ESOOS Awardee Meeting (RSV) held in Atlanta, Georgia. The responsibility includes, reserving hotel, meeting space, provision of written materials, agenda, signage, coordinating speakers, communication with states and on-site technical assistance during the meeting.
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 91	Applicant should have the organizational and institutional capacity to identify TA needs related to public health surveillance, implement that TA, and collaborate with (or direct) other partners and resources. Applicant must also demonstrate readiness and capacity to build learning collaboratives among and across diverse sub-groups of state awardees. Applicant should have capacity to help benefit State Health Officials (SHOs) and their staff, including senior deputies, informatics directors, workforce development directors, environmental health directors, public health preparedness directors, accreditation coordinators, and local health department liaisons.
Applicant program experience* (Maximum of 500 words) Word count 109	Applicant should have 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 Enhanced Surveillance of Opioid Overdose in States FOA and other CDC activities related to opioid overdose prevention.. Applicant should have capacity to help benefit State Health Officials (SHOs) and their staff, including senior deputies, informatics directors, workforce development directors, environmental health directors, public health preparedness directors, accreditation coordinators, and local health department liaisons.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 83	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 handling logistics, coordination and follow-up of webinars, state reports and/or findings
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 95	The applicant may contract (or acquire consultant services) as needed, to deliver, co-develop and/or co-facilitate technical assistance activities (e.g. onsite TA, webinar-delivered TA, communication templates). Potential contractors may assist in the development and delivery of the technical assistance webinars that will have some focus on how State Health Officials and their partners can best support these areas of action within their states. If any subcontracting required, subcontractors must have the following areas of expertise: Experience working in public health surveillance either at local, state, or federal level.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable	Coordination of all TA resources and vendors and track their TA. Deliver a TA series (including monthly webinars and learning collaborative) to funded states in partnership with CDC and other vendors. Limited Coordinating and facilitating peer-to-peer calls among state health departments and will help identify, with assistance from CDC, the appropriate networks and states to participate in those exchanges. The applicant will also be responsible for providing all logistics for the annual ESOOS Awardee Meeting (RSV) held in Atlanta, Georgia. The responsibility includes, reserving hotel, meeting space, provision of written materials,

(Maximum of 300 words) Word count 132	agenda, signage, coordination speakers, communication with states and on-site technical assistance during the meeting. Funds may also be used to support technical assistance tools, such as state profile snapshots.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 7	Performance Improvement for rural and/or small health departments
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	DIVISION OF PUBLIC HEALTH PERFORMANCE IMPROVEMENT
CIO POC name(s)* Enter up to 3 names	Charisse Walcott; Teresa Daub Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-0409; 404-498-0317 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	cwalcott@cdc.gov; evr6@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 A
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	Small local health departments (serving <50,000 population, or having <10 LHD staff), or in a location defined by the U.S. Census Bureau as rural.
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 324	The goal of this project is to provide targeted technical assistance (TA) for rural and/or small local health departments across the United States. Data and information from both PHAB and NACCHO indicate that small and rural health departments are those that require the most additional support to meet the national standards and seek accreditation. Eligible local health departments must be small (defined by serving <50,000 population, or having <10 health department staff), or be in a location defined by the U.S. Census Bureau as rural. Health department pursuit of accreditation is helpful, but does not impact eligibility and is not required in order to receive targeted TA from awardee. The awardee will lead an effort to support performance improvement activities focusing on two Public Health Accreditation Board (PHAB) Domains: • Standard 5.2 and/or Standard 5.3 (CHIP or Strategic Plan) • Standard 9.1 and/or Standard 9.2 (PM system/QI process) Health departments can choose to work on one or more Standards, in either Domain. Awardee Activities may include: • Enhancing training, technical assistance, and support resources for small/rural health department employees, focusing on the implementation of performance improvement activities • Collaborating with national partners to ensure coordination and implementation of strategies that will assist small/rural health department employees As a result of these efforts, awardee will advance performance improvement within small/rural local health departments. Outputs will include: • Facilitated opportunities for interactive and peer-to-peer sharing and networking experiences (e.g., one-on-one sessions, facilitated conference calls, use of online communities to complete tailored assignments, training workshops, etc.) Passive webinars would not be an example of this type of TA. • Performance improvement materials and related resources specifically tailored to the small/rural health departments • A standardized Pre- and Post- Project Assessment that clearly shows how targeted TA was able to impact knowledge, skills, and abilities of small/rural health departments related to performance improvement. Outcomes will include: • Increased knowledge and skills among the rural/small public health workforce related to public

	health performance improvement • Increased ability among the small/rural public health workforce to implement performance improvement activities
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 42	Awardee will be expected to proactively coordinate and leverage activities among partners with similar interests and activities. They are expected to collaborate with CDC programmatic staff – through the CDC/OSTLTS/DPHPI Health Department and Systems Development Branch – on all activities.
Applicant program experience* (Maximum of 500 words) Word count 32	The awardee will have an in-depth knowledge of the public health accreditation and improvement workforce. Additionally, the awardee will have experience working with public health staff in small/rural health departments.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 39	Awardee will be expected to proactively collaborate with national partners who have similar activities. They are expected to work with CDC programmatic staff – through the CDC/OSTLTS/DPHPI Health Department and Systems Development Branch – on all activities.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 43	Select activities may be subcontracted upon written approval by CDC if this will allow the work to be done more efficiently or at a higher quality than if not sub-contracted. Applicants should propose sub-contract work consistent with the goals of this project.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 23	Funds may be used for allowable direct or indirect costs that advance program objectives. Construction and research are prohibited under this funding
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 4	Population Health Workforce Initiative A
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; Mark Messonnier; Taira Duncan 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; 404 639 8218; 404 498 6187 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; qzm3@cdc.gov; ted5@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 A
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	State health departments and territorial health departments and their staff.
Proposed project funding*	$1,128,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 328	Background: CDC is engaged in efforts to improve the U.S. health system and protect the public's health. A key priority is strengthening the workforce and developing leaders in population health. Population health approaches focus on improving health outcomes by both integrating public health and health care services as well as addressing the social, economic, and cultural determinants of health in communities. The Population Health Workforce Branch (PHWB) of CDC/CSELS/DSEPD is tasked with improving America's population health workforce. Within PHWB are several fellowship programs representing different disciplines, but they have not taken advantage of potential collaborations by which their effectiveness could be enhanced through complementarity. The current transformation of the US health care system offers PHWB an unprecedented opportunity to; 1) assume national leadership by assisting health departments to promote the reorientation of the health care system toward population health and 2) assert the added value of its fellowships when they work together in synergistic and complementary ways to provide service to entities committed to population health. Objectives: PHWB proposes to pilot test a new population health workforce development initiative for selected health departments and states committed and ready to invest in population health work, but in need of a catalyst to begin developing population health capacity in the workforce. This initiative would be that catalyst by; 1. Helping selected health departments and states develop a population health workforce development plan 2. Scoping a two-to three-year project that addresses a major population health challenge such as: 6|18 HI-5 SIM and Medicaid / Medicare issues A complex public health problem such as Prescription Drug Overdose 3. Enabling health departments and states to make a value-added case demonstrating positive and measurable effectiveness 4. Providing integrated multidisciplinary teams of post-doctoral fellows (economists, informaticians, preventive medicine experts) tailored to a project with technical assistance from the CDC. Expected Outputs: The specific outputs of each pilot engagement include; 1) two

	manuscripts documenting project processes and outcomes, 2) two professional presentations, 3) a population health project implementation and maintenance plan, and 4) a final report on the engagement.
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 26	Applicant has relationships with state health departments and an understanding of the needs for population health planning regarding strategic transformational planning and workforce development needs.
Applicant program experience* (Maximum of 500 words) Word count 49	Applicant has experience collaborating with state health departments to develop population health strategic plans and population health competency for the workforce. Applicant must also have demonstrated ability to collaborate with third parties, such as CDC, to achieve population health goals and objectives in state and/or local health departments.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 113	This initiative represents primary collaboration between the CDC (PHWB and subject matter experts) and the pilot host sites. The organization who receives these CoAg funds should be prepared to facilitate this collaboration with respect to; training, logistics, leadership, and marketing. As such the recipient of CoAg funds should be able to work with; 1) state and local health departments on the ideation and implementation of evidence-based population health practices, 2) PHWB as the primary administrator of the workforce infrastructure and capacity-building aspect of this initiative, and 3) other potential collaborators such as the CDC Office of the Associate Director for Policy, OSTLTS, the NCCDPHP Division of Population Health, and relevant non-governmental entities.
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 39	The recipient of the CoAg funds will use the funds to hire the teams of fellows, collaborate on training, provide benefits (health, relocation, etc.), and provide a cost share that will be used for fellow travel, software, etc.
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:	

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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

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 10	Provision of Technical and Capacity Building Assistance for State Health Departments
CIO*	NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES
Division*	OFFICE OF THE DIRECTOR
CIO POC name(s)* Enter up to 3 names	Rafael Aviles; Michelle Basket; Leslie Rodriguez Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-520-6673; 404-639-8561; 404-639-8421 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	fyr2@cdc.gov; apf2@cdc.gov; iwn3@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 A
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 4	State health departments
Proposed project funding*	$285,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 128	The goal of the Performance and Quality portfolio of work is to continually strengthen the public health infrastructure and improve State Health Agencies' (SHA) performance throughout the United States. This will be accomplished through advancing participation in national accreditation, facilitating performance management and quality improvement, and increasing systems assessments and enabling states to strengthen their ability to deliver the essential public health services. Specifically, NCIRD's prject goals are to collaborate, educate, and provide tools to health communication professionals in states and local public health departments and other immunization partners on effective communication strategies regarding vaccine-preventable disease prevention to reduce the incidence of vaccine-preventable diseases and respiratory diseases, increase awareness of the importance of the recommended immunization schedule, and increase awareness of the importance of vaccination for all ages.
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 68	The ability to utilize the Virtual Immunization Communication Network Webinar(s), Symposium formats, Teleconferences, and the NPHIC Website to help communication professionals understand, adjust, and implement best or promising practices that will enable state and local health organizations to reduce the incidence of vaccine-preventable and respiratory diseases, increase awareness of the importance of the recommended immunization schedule, and increase awareness of the importance of vaccination for all ages.
Applicant program experience* (Maximum of 500 words) Word count 68	The ability to partner with NCIRD and other public health organizations to collaborate with health communication professionals in states and communities and to educate state and local public health partners on effective communication strategies regarding vaccine-preventable disease prevention and respiratory disease prevention and control, the importance of vaccination for all ages, the importance of following the recommended immunization schedule, utilization of new technologies to reach diverse audiences.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 44	It is recommended that the applicant will collaborate with NIPHIC. NIPHIC is the only organization known to CDC that has the requisite resources to be able to reach out to health communication professionals and networks at the local, state, and national levels.
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 17	The maximum amount of funds possible should be used for programmatic purposes through a collaboration.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 15	Public Health Direction Setting: Expanding the Public Health Road Map Series for Cognition and Caregiving
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 A
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	Senior leadership in State Health Departments
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 237	The Alzheimer's Association and the Centers for Disease Control and Prevention's (CDC) Healthy Aging Program have developed the second in a series of road maps to advance cognitive health as a vital, integral component of public health. The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013–2018[PDF–2.5 M](https://www.cdc.gov/aging/pdf/2013-healthy-brain-initiative.pdf), outlines how state and local public health agencies and their partners can promote cognitive functioning, address cognitive impairment for individuals living in the community, and help meet the needs of care partners. Action items are categorized into four traditional domains of public health: monitor and evaluate, educate and empower the nation, develop policy and mobilize partnerships, and assure a competent workforce. Public health agencies and private, non-profit, and governmental partners at the national, state, and local levels are encouraged to work together on the actions that best fit their missions, needs, interests, and capabilities. This project may include participation in the 2018 update of the Road Map, specifically, work related to the expansion of the roadmap into two main sections: Brain/Cognitive Health, and Caregiving for those with cognitive decline. Awardee may participate in developing a new format and develop a dissemination strategy for the new 2018 Public Health Roadmap for Cognitive Health and Caregiving. Additionally, the recipient will create readily accessible resources from the Road Map for state officials and other audiences, including but not limited to fact sheets, policy briefs, social media, and webinars.
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 59	Applicants should have organizational capacity to offer technical assistance and opportunities for collaboration among senior leadership within state and territorial health departments. Applicant should have the organizational capacity to work with national organizations. Technological capacity to provide and develop synthesis documents (both web and print), webinars, conference calls and outreach through the Internet and social media is required.
Applicant program experience* (Maximum of 500 words) Word count 78	Applicant should have proven successful ability to work and liaison with senior leadership within state and territorial health departments, and proven ability to mobilize these partnerships to address new or emerging areas of public health. The applicant should also have the technicolgical capacity to develop, format and disseminate reports, training, webinars and outreach through avenues such as the internet and social media, as well as direct contact state health department chronic disease programs and others, described above
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 86	In partnership with CDC's Alzheimer's disease and Healthy Aging Program, the applicant will: 1. participate in the 2018 update of the Road Map. Including assessment of current needs among leadership within state and territorial health departments. 2. create new strategies and mechanisms to help disseminate the Road Map and support the implementation of action items among senior leadership within state and territorial health departments. 3. create readily accessible resources from the Road Map (in print and web format), such as social media, fact sheets, policy briefs, and webinars
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 99	Cost will include staffing support including, coordinators, 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 and logistics, providing meeting transcripts, developing the decision aid materials, conducting review and revisions, conducting usability testing, and evaluating the materials.
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 7	Public Health in Indian Country Capacity Scan (PHICCS)
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	TRIBAL SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Damion Killsback; Carmen Clelland Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404 498-1697; 404 498-498-2208 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	nja5@cdc.gov; yur3@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 A
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	Tribal Public Health Departments
Proposed project funding*	$100,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 169	Applicant will analyze the scan data, develop and disseminate a comprehensive profile/report on the state of public health capacity in Indian Country. Applicant will present scan results to CDC/ATSDR Tribal Advisory Committee (TAC), and work with the Committee members on how best to apply the findings to their own work as advisors to the CDC. Applicant will develop a communications toolkit with modules on the scan so that Tribal health advocates can more easily utilize and discuss the findings locally. Applicant will present scan results to CDC Tribal Advisory Committee, and work with the Committee members on how best to apply the findings to their own work as advisors to the CDC. Applicant will conduct presentations at national conferences on the scan results. Future versions of PHICCS is needed beyond the initial scan development and pilot testing to implementation, analysis, evaluation and dissemination in order to have a continued, consistent published comprehensive picture of the Tribal public health throughout Indian Country, paralleling similar, regular assessments done ASTHO and NACCHO.
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 71	Applicant must be familiar with the logistics and background of the initial PHICCS project design, development and implementation: in 2015, PHICCS received initial funding for one year used to draft and pilot test a scan tool with the guidance of an advisory committee of Tribal public health subject matter experts; July, 2016 a second round of funding for another twelve months to disseminate scan tool, collect data, conduct analysis and report and publish findings.
Applicant program experience* (Maximum of 500 words) Word count 30	Applicant must have experience in working with in collaboration with and presenting to CDC, State, Tribal, Local and Territorial (STLT) health departments and agencies including HHS agencies such as SAMHSA and IHS.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 26	Applicant will conduct a presentations on the PHICCS results to CDC, SAMHSA and IHS as well as at least 4 Area Indian Health Boards.
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 16	Applicant will provide submit a budget that is reflective of the work to be completed.
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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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 10	Public Health in Indian Country Capacity Scan (PHICCS) - Part I
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	TRIBAL SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	CDR Damion Killsback Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404 498-1697 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	nja5@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 A
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	Tribal Public Health Departments
Proposed project funding*	$40,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 75	Applicant will be expected to implement Public Health in Indian Country Capacity Scan (PHICCS) and collect public health data for analysis and reporting. By June 30, 2018, applicant will collect public health data from at least 60% of the tribal health programs/departments through the completion of the PHICCS project. By June 30, 2018, applicant will complete an evaluation of the process in order to inform future data collection efforts and prepare for future versions of PHICCS.
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 29	The applicant should represent or have the capacity to reach, meet and engage tribal government leaders, tribal public health officials and tribal health departments and should demonstrate capacity.
Applicant program experience* (Maximum of 500 words) Word count 30	Applicant should have experience working with CDC/ATSDR, tribal leaders and tribal health departments, tribal serving agencies and organizations to develop and implement programs and policies in public health areas.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 23	Applicant funded under this project plan will be expected to collaborate with other stakeholders that are working in this area as needed.
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 0	
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 8	Puerto Rico Departamento de Salud NBS Hosting and Support
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Caroline Sulal 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) 488-1522 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	ecq8@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 A
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	Territorial health departments
Proposed project funding*	$227,800
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 300	The implementation of the NEDSS Base System (NBS) will assist in the standardization of many of the PRDH administrative infrastructure processes. Long term, the standardization will provide a reduction in reporting burden for notifiable disease notifications sent to the CDC. Historically, due to the lack of sustainable qualified technical staff as well as fragmented administrative personnel hiring policies/practices, the PRDH would be the primary beneficiary for considering an NBS, Application Service Provider (ASP) solution as a first option. The established NBS/ASP solution currently implemented in the USVI would provide first hand "optional", direct solutions (exposure/experiences) from a grantee that has similar public Health priorities. NBS is a CDC-developed integrated information system that helps local, state, and territorial public health departments manage reportable disease data and send notifiable disease data to CDC. NBS provides a tool to support the public health investigation workflow and to process, analyze, and share disease-related health information. NBS also provides reporting jurisdictions with a NEDSS-compatible information system to transfer epidemiologic, laboratory, and clinical data efficiently and securely over the Internet. Built and maintained by CDC, NBS integrates data from many sources on multiple public health conditions to help local, state, and territorial public health officials identify and track cases of disease over time. This capability allows public health to provide appropriate interventions to help limit the severity and spread of disease. NBS facilitates the adoption of national consensus standards used across public health and healthcare—including vocabulary standards such as LOINC, SNOMED, and RXNORM and messaging standards such as HL7—and helps local, state, and territorial public health departments use standards when sending information to CDC about notifiable diseases and conditions. To date, 22 health departments (19 states; Washington, DC; Guam; and U.S. Virgin Islands) use NBS to manage public health investigations and transfer general communicable disease surveillance data to CDC.
	☑ ☐ 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 ☐ Other ☐ 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 34	Proposed project capabilities are enhanced through partnership with CDC's Epidemiology and Laboratory Capacity for Infectious Diseases (ELC). PRDH would benefit from Inductive Health's offering of the NBS/ASP experience currently provided to the USVI.
Applicant program experience* (Maximum of 500 words) Word count 23	The ELC provided funding support to the PRDH for 14 projects in FY 2016. ELC funding specifically supported Health Information Systems (HIS).
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 9	• CDC Programs ELC CSELS/NEDSS • USVI Department of Health • Public Health Informatics Institute
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 30	A direct IT contract between Inductive Health and the PRDH that supports the NBS implementation would be ideal. The use of a third party intermediary complicates and delays implementation.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 230	NBS Hosted By Inductivehealth (Secure Private Cloud Environment). InductiveHealth's Core NEDSS Base System (NBS) Hosting and Support service: 1. Provide support services utilizing staff with detailed knowledge of the NBS. 2. Provide a Production and Staging/Training hosting environment for the NBS application and supporting sub-systems (e.g. SAS, Rhapsody, and PHINMS). 3. Provide off-site daily system backups and a target disaster recovery return-to-live of under 4 hours. 4. Provide system performance tuning to ensure fast user interface, database, reports, and ETL performance. 5. System support services including software upgrades, and hotfix and patch deployment. 6. Secure the system using FISMA-Moderate and HIPAA-compliant security controls. 7. Provide 24x7x365 help desk access via phone and email for requesting support, including 24 hour on-call support for system availability problems. NBS help requests are available Monday – Friday 9:00 AM to 5:00 PM (AST). 8. Provide a Service Level Target (SLT) of 99.5 percent uptime for the NBS and supporting sub-systems. 9. Provide proactive service health monitoring and alerting of infrastructure and application faults. 10. Perform NBS application configuration. 11. Provide training sessions delivered via web conferencing for end users and client instructors. 12. Provide ad-hoc data exports and database query support. Objective Review-Completed 60 days after signed contract between Inductive Health and PRDH. 3 Staff for 2 Site visits, including gathering requirements. Initial System Setup/ Surveillance Program Consulting-Completed Production roll-out is planned for completion thirty (30) days after contract start. Core Hosting/ Support- Completed Production roll-out is planned for completion thirty (30) days after contract start. Rhapsody license-Required on Production deployment.

CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 4	Reducing Hypertension Among Priority Populations
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; Rebkah 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 A
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	State health departments
Proposed project funding*	$3,000,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 91	Traditional and nontraditional partners (e.g., community-based organizations, faith-based organizations, sororities and fraternities, and local health councils) will implement interventions that focus on DHDSP priority strategies such as, team-based care, community-clinical linkages, self-monitoring of blood pressure linked to clinical support, medication adherence, and removal of barriers to care or other areas related to hypertension prevention, detection, and control. Additionally, interventions must meaningfully address the social determinants of health. The applicant will produce effective, high-quality, scientifically accurate educational tools/resources for use in strengthening community-clinical linkages. The project should be scalable to multiple communities.
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 100	Applicant should have proven experience and documented success engaging State and Territorial Health Officials as they prioritize and address public health priorities in their respective jurisdictions. Applicant should have experience formulating and influencing sound public health practice and ensuring excellence in state-based public health practice activities. Applicant must have documented experience engaging relevant stakeholders, including state and local health agencies, healthcare providers, payers, community-based organizations, and territories. Additionally, the applicant should have experience engaging stakeholders to gather and analyze relevant data; deploy quality improvement projects, including using PDSA cycles; and package lessons learned into dissemination packages/tool kits for broad dissemination to relevant stakeholders.
Applicant program experience* (Maximum of 500 words) Word count 108	Experience in quality improvement processes, collaborations, development of turn-key type tools for relevant stakeholders specifically engaged in this work. Ability to work with State and Territorial Health Officials and Medicaid Directors. Experience working with programs focused on state leadership such as health officials, payers, community health centers and national organizations that conduct preventive health work. Specifically, the applicant should have experience and expertise in public health systems change, quality improvement, facilitation and strategic planning, as well as specific content in hypertension prevention, detection, and control. Additionally, the applicant should have experience in the development and delivery of a community-based and evidence-based lifestyle program focusing on hypertension.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 61	The project will require collaboration with state and local health agencies, territorial health agencies, healthcare providers, payers, and community-based organizations. 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 71	The project may require engagement of entities, via sub-contracts, with a significant, proven experience working with Federally Qualified Health Centers. Additional expectations and criteria for selection may include significant engagement and collaboration with Health Center Control Networks and Federally Qualified Health Centers; the development of relevant tools and resources and providing technical assistance to FQHC HIT networks; translating findings and programmatic efforts into technical packages; and broadly disseminating these resources to relevant stakeholders.
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*	
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 9	State Cancer Program Transformation in a Changing Health Policy Environment
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	Faye Wong; Jacqueline Miller Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770.488.6427; 770.488.5061 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	fwong@cdc.gov; jmiller5@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 A
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	Target audiences include DCPC/CDC, state chronic disease directors, directors of CDC-funded cancer programs in state health departments, tribes and tribal organizations, US territories, and universities.
Proposed project funding*	$100,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 363	Goals: CDC is proposing activities related to monitoring the health policy environment at the national and state levels, and assessing how cancer prevention and control programs are transforming to take advantage of opportunities to increase cancer screening. Outcomes: This project will monitor the evolving health policy environment at the national and state levels to identify opportunities that support breast, cervical, and colorectal cancer screening; follow-up diagnostic testing for those who have abnormal screening results; and improved access to treatment. Additionally, it will assess state program transformations in cancer program policies, practices, and service delivery in order to increase cancer screening, in particular, among the CDC-funded cancer screening programs. This information will be applied to… 1. Inform the short and long term planning of cancer screening programs 2. Develop national and state cancer screening program policies and make operational decisions 3. Engage national, state, and local partnerships to increase cancer screening rates 4. Develop and deliver needed technical assistance, support, and training to state, tribal, territorial, and university grantees 5. Inform program evaluation on the impact of health policies on cancer screening programs and state level cancer screening rates Expected Outputs/Example Activities: This project will continuously gather information and monitor changes in national and state health policies that support cancer screening including proposed national and state legislations and changes in coverage of cancer screening, follow-up, and treatment by entitlement programs such as Medicare and Medicaid. Analyses will be conducted to assess the policy and programmatic implications of emerging or revised health policies on chronic disease prevention and control programs, in particular, on cancer screening programs. Additionally, chronic disease and cancer prevention and control program transformations will be monitored relative to modifications in policies, practices, and delivery models. Example outputs/activities may include: analysis of proposed health policies; research to identify appropriate and useful information from varied sources that monitor and analyze national and state health

	policies; analyses of the implications of proposed health policies on chronic disease and cancer screening; monitoring of health policy implementation; preparing summaries and reports along with proposing recommended actions steps; developing communication messages for various audiences; developing PowerPoint slide presentations and conducting webinars; briefing CDC management and staff; providing technical assistance in addressing questions and issues that arise; and similar outputs/activities.
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 117	Applicant organization should have a comprehensive understanding, extensive experience, and, existing strong and ongoing communication and collaboration with the target audience of state, tribal and territorial public health departments across the US; additionally, the applicant organization should have experience in working with chronic disease programs and have existing established relationships and partnerships with key national organizations in public health, chronic disease, cancer prevention and control, health care systems (e.g. Federally Qualified Health Centers), and, others that reach low income, high risk populations. Such an organization with a well-established, competent infrastructure will ensure good understanding of the project's policy and program implications as well as of the project audience, and greater efficiency in carrying out the project.
Applicant program experience* (Maximum of 500 words) Word count 107	Applicant organization should have comprehensive understanding, extensive experience, and, existing strong ongoing collaboration with the target audience of state health departments; comprehensive understanding of the current health care policy environment and key organizations that continuously monitor health policy developments; comprehensive knowledge and understanding of public health and chronic disease prevention and control programs implemented through state health departments, local health departments, and in communities; strong knowledge of the CDC-funded cancer screening programs; strong knowledge of public health and public health delivery systems in states; strong knowledge of the disparate populations served by public health; experience in working with Medicare and Medicaid programs; and other relevant experiences.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 109	Close communication and collaboration as well as frequent updates are appropriate and necessary between the applicant funded for this project and CDC staff for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and Colorectal Cancer Control Program (CRCCP). This is necessary because the national and state health policy environment is complex and constantly in flux while potentially having significant and direct impact on public health programs policies, practices, and delivery models. Additionally, the CDC-funded cancer screening programs are equally are complex requiring a good understanding of what is going on in state programs and how they are adapting their programs to accommodate health policy changes.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 109	The applicant funded should subcontract this project to qualified individuals with relevant experience in health policy and public health to carry out the work described. The period of performance is one year. The following are essential skills needed to perform the work requested: • Strong policy and public health program analysis skills • Strong writing skills • Strong oral communication skills • Strong skills in organizing and synthesizing multiple sources of complex information • Strong collaboration skills in working with a team of colleagues • Knowledge of national health policies and programs such as Medicaid and Medicare • Knowledge of state health department chronic disease programs, CDC-funded cancer screening programs (NBCCEDP, CRCCP), and the CDC-funded National Comprehensive Cancer Control Program (NCCCP).
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable	Provide qualified individuals dedicated to carrying out this project as generally described.

(Maximum of 300 words) Word count 14	

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	Strengthening Local Health Department (LHD) Capacity for Integrated Chronic Disease Prevention
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	Joseph Bertulfo Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-488-5079 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	bwn8@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 A
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 23	2,800 LHDs across the United States, includes primary audience of LHD leaders and secondary audience of LHD employees and local gov't officials
Proposed project funding*	$100,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 463	The applicant will consider partnering with the National Forum for Heart Disease and Stroke Prevention (National Forum) to complete the following work as described below. The applicant will identify opportunities for its members and stakeholders in industry, government, academia and the nonprofit sector to carry out successful programs, strategies and policies to prevent heart disease and stroke, and to develop innovative interventions to accomplish that goal. It does this by: • Convening members and stakeholders to share successful practices • Expanding and accelerating the dissemination of successful practices • Recruiting organizations, agencies, institutions and companies to take or share "ownership" of planks in the national Public Health Action Plan to Prevent Heart Disease and Stroke • Convening experts and nontraditional partners to shape new approaches to heart disease and stroke prevention • Providing the vision for new collaborations and actively linking organizations to lead, develop and execute them • Engaging partners to scale up successful programs and practices This effort will be used to support World Heart Day (September 2018) and goals and objectives as discussed by the CDC and the National Forum The goal of this project is to increase support and awareness for heart disease and stroke prevention, through World Heart Day activities. Objective 1: Coordinate World Heart Day (WHD) activities, through the National Forum, to promote healthy behaviors and focus on on-going community health issues. Objective 1 Activities: • To expand the Move with the Mayor Challenge, a mayor-led campaign that encourages Americans to take control of their cardiovascular health through walking. • Host bi-monthly check-in calls with the National Forum to discuss upcoming campaigns and opportunities for collaboration. • Leverage collaborative relationships with national partners (e.g., NACCHO, ASTHO, NACDD, the American Academy of Cardiology, American Heart Association, Preventive Cardiology Nursing Association) to identify prospective community heart disease and stroke prevention champions. • Launch and collect data (e.g. participation, capture, uptake, and media coverage) national "World Heart Day Move with the Mayor

	Challenge Program." • Provide technical assistance and facilitate planning and early stage implementation by partners to help collaborations gain traction and develop community-level leadership. • Expand and maintain a database of experts willing to speak and provide technical assistance related to the ABCS. • Disseminate lessons learned from World Health Day activities and national partner collaborations Objective 1 Outputs: • Report on "World Heart Day Move with the Mayor Challenge Program" including participation, capture, uptake and media coverage. • Technical assistance provided to communities implementing World Heart Day activities • Two podcast or webinars to disseminate lessons learned from collaborations and world health day activities. Objective 1 Outcomes: • Increased implementation of promising and evidence-based public health programs, policies, and services to prevent heart disease and stroke and their risk factors. • Establishment of sustainable multi-sector, community collaborations that prevent major chronic disease risk factors and heart disease and stroke. • Increase the number of Mayors involved in the Move with the Mayor Challenge by 20%, a mayor-led campaign that encourages Americans to take control of their cardiovascular health through walking.
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 33	The applicant should have the capacity to work all local health departments and work with additional organizations that can reach local government officials on issues related to heart disease and stroke.
Applicant program experience* (Maximum of 500 words) Word count 25	The applicant should have experience working with the National Forum to carry out activities related to the prevention of heart disease and stroke.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 45	The applicant should be able to work with the National Forum to carry out activities in the work plan. The National Forum is an expert in the prevention of heart disease and stroke, and will continue to support national efforts to promote these activities.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 45	The applicant should be able to work with the National Forum to carry out activities in the work plan. The National Forum is an expert in the prevention of heart disease and stroke, and will continue to support national efforts to promote these activities.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 17	Strengthening Local Health Department (LHD) Capacity for rural small and mid-sized communities to addr...
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Steven Reynolds Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-394-9159 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	slr6@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 A
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	2,800 LHDs across the U.S., which includes the audience of LHD leaders and secondary audience of LHD employees and local government officials (i.e, mayors).
Proposed project funding*	$300,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 441	The purpose of this project is to increase the capacity of local health department (LHD) leaders and staff, representing a range/diversity of rural small and mid-sized communities across the country, to cultivate and leverage cross-sectoral partnerships to implement evidence-informed, evidence-based, and innovative interventions across a range of public health services that address the social determinants of health and improve local population health. The capacity of LHDs to address the unique health needs of rural communities would be increased by (1) developing/enhancing staff cross-sector partnership development and sustainability skills and strategies, through virtual trainings, including effective strategies for engaging in community health assessment and planning efforts to identify, design, implement, and sustain local population health interventions ; (2) providing direct funding (e.g., mini grants) and targeted in-person and remote training and technical assistance to LHD demonstration sites representing a variety of rural communities to support of their cross-sectoral partner development and joint population health efforts, also resulting in a series of stories from the field that highlight rural LHDs' experience in and innovative approaches to cross-sectoral partnership development, including describing the facilitators, challenges, and lessons learned addressing the social determinants of health and advancing population health in rural communities; and (3) developing a community of practice for targeted demonstration sites and other interested LHDS; and (4) broadly distributing resources both developed national local health departments organizations for the project as well as existing resources, including those developed/promoted by CDC, which support rural LHD cross-sectoral partnership development, including a training guide and tools for conducting CHAs/CHIPs, action planning to address locally identified population health needs and address social determinants of health that impact the community; and engage and partner with local government officials (i.e., mayors or commissioners) to extend support for these efforts. These efforts would be accompanied by an evaluation component later in the grant period to assess the impact of these capacity-

	building efforts and inform the development of additional tools and resources that benefit rural LHDs and their partners. Expected outputs would focus on a cross-sectoral partnership development skill set training model addressing the unique needs of rural LHDs, funding and technical assistance provided to select rural LHDS for deployment of the training skill set, case studies detailing cross-sectoral partnership development successes in rural communities, and distribution of resources developed for broad reach to rural LHDs. Expected outcomes would focus on an increased awareness of rural cross-sectoral partnership development processes, improved training resources and focused interventions to address social determinants of health in rural communities. Written publications on the value of addressing social determinates of health in the specific and selected rural communities will also be developed and disseminated.
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 39	The applicant should have the capacity to work all local health departments and work with additional organizations that can reach local government officials on issues related to rural small and mid-sized communities to address social determinants of health.
Applicant program experience* (Maximum of 500 words) Word count 60	The applicant should have experience working with LHD in rural settings. Specifically, the applicant should have knowledge of and existing relationships with local health departments, demonstrated ability in developing action plans, demonstrated ability in developing and implementing technical assistance, and demonstrated ability in evaluating program and disseminating results and experience analyzing data to inform program efforts in the territories.
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 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.	
submit date:	

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 20	Strengthening the US Public Health System to Enhance the Health Communication Capacity of State, Trib...
CIO*	OFFICE OF THE ASSOCIATE DIRECTOR FOR COMMUNICATION
Division*	OFFICE OF THE DIRECTOR
CIO POC name(s)* Enter up to 3 names	Amy Heldman 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)639-7963 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	evd4@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 A
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 12	State and local public health officials who serve as health communicators
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 417	Goals: The purpose of this project is to strengthen the U.S. public health system by supporting a network of state, tribal, local, and territorial (STLT) public health officials who serve as health communicators. This collaborative effort will foster and enhance a public health communicator community of practice that facilitates collaboration and builds capacity among public health entities. Additionally, the project will provide capacity for rapid information dissemination among this community of public health officials who serve as health communicators during public health emergencies. This project includes a needs assessment and an evaluation component to determine the effectiveness of the work conducted, highlight areas of success, and recommend strategies for improvement where needed. Expected Outputs: • Develop and conduct/complete a needs assessment at the beginning of the project, and use the results to inform the project • Develop a Strengths, Weaknesses, Opportunities, and Threats (SWOT) matrix • Expand/support existing systems/platforms to foster communication and collaboration among public health officials with health communication responsibilities • Assess/quantify number of and geographical location of public health officials in network • Implement opportunities for sharing best practices • Allow rapid deployment of public health information through state, tribal, local, and territorial public information officers and other public health officials and communicators during public health emergencies • Enable collaboration and sharing of communication resources and best practices in network • Developt and implement an evaluation plan Outcomes: • Increased capacity for public health communication among state and local officials with health communication responsibilities based on needs assessment and SWOT • Increase in opportunities for sharing best practices among public health officials with health communication responsibilities • Demonstrated ability to quickly deploy public health information to state, tribal, local, and territorial public information officers and other public health officials and communicators • Public health communication needs addressed through technical assistance efforts • Continuous improvement based on

	findings of evaluation Sample Activities (others may be proposed): • Develop, implement, or enhance an existing system, platform, or other means to facilitate communication and increase capacity for public health communication among state, local, and other public health officials with communication responsibilities and build or enhance a community of practice to exchange ideas and share best practices • Project should be informed by current networks or communication systems already in place for greatest efficiency • Create a scalable plan of operation, especially to accommodate surges including responses to major disease outbreaks and other public health crises • Provide technical assistance to public health officials with communication responsibilities by leveraging the network to identify communication gaps, serving as a means to connect participants to communication resources • Conduct an evaluation throughout the project and implement approved strategies that improve the overall effectiveness of the work
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 If other, please specify* (Maximum 100 words) Word count 9 Increased capacity for state and local health communication
Applicant organizational capacity* (Maximum of 500 words) Word count 77	Organization should have capacity to leverage existing networks of health communicators to achieve project goals. The organization should also have the capacity and ability to rapidly accommodate surges related to major disease outbreaks and other public health crises. The organization should have knowledge, skills, and ability to provide technical assistance related to public health communication topics. The organization should demonstrate experience and ability in conducting needs assessments and evaluation of public health communication program and/or activities.
Applicant program experience* (Maximum of 500 words) Word count 57	Applicants should demonstrate experience working with a network of public health communicators that facilitates collaboration and builds capacity among public health entities. Applicants should show experience in rapidly mobilizing and disseminating information during a public health emergency. Further, the applicant should demonstrate a strong organizational understanding and experience in communication needs assessment, evaluation, and technical assistance.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 32	Collaborate with CDC and other public health organizations to access communication priorities, challenges, trends, and opportunities—paying particular attention to the perspectives of public health communication professionals who work in health departments.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 88	Any potential subcontractors should demonstrate same organization all capacity as mentioned above: Organization should have capacity to leverage existing networks of health communicators to achieve project goals. The organization should also have the capacity and ability to rapidly accommodate surges related to major disease outbreaks and other public health crises. The organization should have knowledge, skills, and ability to provide technical assistance related to public health communication topics. The organization should demonstrate experience and ability in conducting needs assessments and evaluation of public health communication program and/or activities.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable	n/a

(Maximum of 300 words) Word count 2	

CIO CERTIFICATION*	
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submit date: 2017-03-13	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 12	Technical assistance and support for CDC/ATSDR Tribal Advisory Committee members and tribal leaders
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	TRIBAL SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Damion Killsback, Carmen Clelland, Alleen Weathers 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) 498-1697; (404) 498-2205; (404) 498-2298 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	nja5@cdc.gov; yur3@cdc.gov; vvl7@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 A
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 12	Tribal governments, Tribal public health departments, and tribal public health programs
Proposed project funding*	$45,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 47	Expectations are to provide technical assistance, planning and support for the Summer 2017 and Winter 2018 CDC/ATSDR Tribal Advisory Committee (TAC) Meetings and other technical engagements with TAC members, tribal leaders and tribal public health officials. Development of meeting and engagement materials and supplies as necessary.
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 57	The applicant should represent or have the capacity to reach, meet and engage tribal government leaders, tribal public health officials and tribal health departments and should demonstrate capacity in the following areas: • Represent tribal leadership • Influence public health policy to ensure successful tribal-based public health practice • The capacity to engage and meet with CDC/ATSDR TAC members and tribal leaders
Applicant program experience* (Maximum of 500 words) Word count 28	Applicant should have experience working with CDC/ATSDR TAC, tribal leaders and tribal health agencies and organizations to develop and implement programs and policies in public health areas.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 23	Applicant funded under this project plan will be expected to collaborate with other stakeholders that are working in this area as needed.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 2	TBD
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 20	Applicant will submit a budget that is reflective of the work to be completed in the current budget period.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 4	Tribal Governments as Federal Partners
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	TRIBAL SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Jessica Damon; Damion Killsback; Carmen Clelland Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404 498-0563; 404 498-1697; 404 498-2208 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	lyy0@cdc.gov; nja5@cdc.gov; yur3@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 A
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	Tribal public health departments, tribal health departments and tribal governments
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 189	Purpose the Office for State, Tribal, Local, and Territorial Support (OSTLTS) would like to develop a comprehensive assessment with tribal leaders from federally recognized tribes on how they are or would like to partner with federal agencies. This assessment would inform tribal and federal engagements and partnerships through the creation of a profile of preferred strategies in support of tribal sovereignty and the federal trust responsibility. The CDC working through the Indian service organization proposes to develop, and pilot test an assessment tool. Then analyze collected data, and disseminate the findings throughout the HHS. The proposed objectives are as follows: assessment tool design, implementation, and data collection. By December 2017, applicant will develop assessment tool that examines how tribal stakeholders would like to partner with federal agencies focusing on tribal public health. By March 31, 2018, applicant will analyze the data collected from all participating federally recognized tribes to identify significant findings. The analysis will include narrative report and flow chart depicting the prescribed process workflow for engaging tribal nations as federal partners. By June 15, 2018, applicant will disseminate the significant findings to HHS and submit findings to scientific and academic journals in order to inform future engagement efforts.
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 40	Applicant should have experience working with federal agencies, tribal leaders and tribal health departments, tribal serving agencies and organizations to develop and implement programs and policies in public health areas. Applicant must also demonstrate experience in qualitative research methods.
Applicant program experience* (Maximum of 500 words) Word count 26	Applicant must have experience in working with in collaboration with and presenting to State, Tribal, Local and Territorial (STLT) health departments, the CDC and other HHS agencies.
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 18	Applicant will provide submit a budget with a detailed narrative that is reflective of the work to be completed.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 13	Using data to drive action in workforce development efforts of state health agencies
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	FATIMA CORONADO Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-6551 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	FEC2@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 A
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 4	State Health Departments
Proposed project funding*	$170,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 918	A skilled state public health workforce is essential for protecting and improving the health and wellness of the public and responding to major health threats. The public health community must improve its ability to assess the needs of the current public health workforce, communicate the value of the public health workforce, and equip future public health leaders with the skills necessary to carry out essential public health responsibilities and respond to the changing landscape of the U.S. public health system. Within this context, CDC and specifically DSEPD has taken steps to better understand the public health workforce needs and gaps. For instance, in 2015, ASTHO worked with consultants to implement a study methodology to measure public health workforce gaps in state and local health departments (Workforce Gaps Study); outline strategies for supporting workforce development to address the identified needs of the workforce (e.g., strengthening capability and education of the workforce, pathways to careers in PH, systems and capacity); and further develop, refine and test the public health workforce taxonomy through the public health enumeration working group. In 2016, the project team built on the results of the Workforce Gaps Study to create a mixed methods approach to further understand and analyze the training needs of managers and leaders in state health agencies, the Directors Assessment of Workforce Needs Study (DAWNS). In addition, CDC is supporting the launch of the next Public Health Workforce Interests and Needs Survey (PH WINS), which will be fielded in September 2017. To align with and take action on previous workforce development efforts during the coming fiscal year, DSEPD proposes to continue advancing workforce development capacity in state health agencies through the the following three objectives: 1. Provide of in-depth, bureau-level workforce analyses for state health agencies participating in the 2017 Public Health Workforce Interests and Needs Survey (PH WINS) 2. Create toolkits that address findings from PH WINS, DAWNS, and the Workforce Gap Survey 3. Implement the workforce measures based on the ASTHO Performance Dashboard The overall goal of this project is to build on and align

previous and existing work to take a more strategic approach to improving workforce development capacity in state health agencies. Objective 1: Provide of in-depth, bureau-level workforce analyses for state health agencies participating in the 2017 Public Health Workforce Interests and Needs Survey (PH WINS) Using both DAWNS and PH WINS data for participating agencies/bureaus, the applicant will create tools to create reports for all state health agency bureaus with sufficient response rate and size from PH WINS 2017. These reports will provide granular feedback to bureau chiefs about the state of their workforce, including relative comparisons to other participating bureaus and agencies in the US. This task includes the creation of both large-scale, detailed reports and executive summaries. The former will be completed through the creation of a semi-automated reporting process, wherein a template is created and the approach replicated for participating bureaus. Brief executive summaries will also be crafted with highlights for participating bureaus and agencies. Objective 1 Activities: • Activity 1.1: Work with expert consultant familiar with PH WINS data and methodology to create automated reporting script for bureau-level analysis • Activity 1.2: Work with expert consultant to analyze data and interpret findings on workforce perceptions and priorities from two perspectives and priorities from both the management and non-management perspectives. Objective 1 Outputs: • Output 1.1a: Bureau-level reports for state health agencies that reach minimum level of response for reporting. • Output 1.2a: Two drafted manuscripts that utilize results from PH WINS, DAWNS, and the Workforce Gap Survey. Objective 1 Outcomes: • Outcome 1.1a: Increased understanding of bureau-specific training needs. Outcome 1.2a: Improved understanding of the extent to which individual worker perceptions of training needs align with managerial perceptions. • Outcome 1.2b: Increased ability to prioritize training needs by occupation at a national level. Objective 2: Create toolkits that address findings from PH WINS, DAWNS, and the Workforce Gaps Study. ASTHO and the de Beaumont Foundation are supporting six teams that are participating in a learning collaborative with the aim to foster partnerships and improve workforce development practices in state and local health agencies. Teams are addressing workforce development projects related to PH WINS findings in their jurisdiction. Teams are focusing on leadership, change management, succession planning and recruitment, and cultural diversity. These team projects will be completed in September 2017. This objective aims to continue working with these teams to leverage their new experiences and lessons learned to address findings from PH WINS 2017, DAWNS, and the Workforce Gaps Study. Following the model of CDC's technical packages, toolkits would present strategies and approaches to address common workforce development challenges, and evidence to support these produced by the learning collaborative teams. Objective 2 Activities: • Activity 2.1: Create and convene an alumni network from the first cohort of the PH WINS Learning Collaborative. • Activity 2.2: Convene this alumni network to provide feedback on drafted toolkits. • Activity 2.3: Work with workforce development expert that is familiar with the PH WINS Learning Collaborative to create two toolkits that address topics such as succession planning, recruitment, retention, and capturing institutional knowledge. • Activity 2.4: Work with leading organization among state health agencies to communications staff to create podcast that summarizes relevant workforce information, data, and recommendations. Objective 2 Outputs: • Output 2.1: Four webinars with alumni network. • Output 2.2: Two toolkits that address current needs in the public health workforce. • Output 2.3: Podcast that describes workforce data and actionable items. Objective 2 Outcomes: • Outcome 2.1: Sustained engagement and activity of the six learning collaborative teams. • Outcome 2.2: Greater implementation of evidence based practices that improve approaches to workforce development in state agencies.

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
199

Applicant is expected to be a national nonprofit organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia, and represent public health professionals these agencies employ. Applicant should be able to formulate and influence sound public health policy and ensure excellence in state-based public health practice. Applicant should be able to track, evaluate, and advise members on the impact and formation of public or private health policy that may affect them and to provide them with guidance and technical assistance on improving the nation's health. Applicant should have established, proven relationships and prior workforce development collaborations with health departments. Applicant should be or work with an expert in PH WINS methodology and have a comprehensive understanding of state health agency infrastructure needs. Applicant or their staff should

	also aim to continually improve our understanding of members' needs. This project should be aligned to the applicant's mission to support members in strengthening and transforming state and territorial public health to improve health and wellness. The information and data provided through this effort will supply the information and evidence needed to drive projects and initiatives and is being communicated back state health agencies.
Applicant program experience* (Maximum of 500 words) Word count 38	The applicant should have experience working on workforce development and research projects during the past five years, as well as lead efforts including PH WINS, PH WINS: Research to Action, the ASTHO Profile, and the Performance Dashboard.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 23	Applicant should be able to collaboratively work with state and local health department agencies, federal organizations, academia, and multiple public health partners.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 36	Applicant will have identify at least 1 consultant to achieve the objectives outlined in the work plan. Consultant will be required to have prior experience and knowledge in PH WINS study methodology, design, and analytics.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 29	The program budget will be used to cover the applicant's staff time, consultant costs, and communication and dissemination of key project deliverables in order to meet project objectives.
CIO CERTIFICATION*	
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submit date:	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 16	Women's Experience with Congenital Syphilis: Qualitative Interviews with Post-Partum Women Associate...
CIO*	NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION
Division*	DIVISION OF SEXUALLY TRANSMITTED DISEASE PREVENTION
CIO POC name(s)* Enter up to 3 names	Karen Kroeger; Monique Carry; Penny Loosier Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-4488; 404-639-2275; 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	knk2;kju8; 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 A
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 4	State STD programs
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 974	This project is intended to build capacity of STD programs and their staff to reach women at risk for congenital syphilis (CS) and prevent negative birth outcomes related to perinatal syphilis transmission. Findings from this project will be used to inform STD program training, improve outreach to pregnant women, make necessary program adjustments, and strengthen linkages between STD programs and community partners that provide services to pregnant women. This qualitative assessment will document barriers and missed opportunities in the care continuum through interviews with women associated with CS cases. Despite being easy and relatively inexpensive to prevent, CS is increasing in the US. In 2014, there were 458 cases of congenital syphilis (CS) reported in the US. More than a fifth (21.8%) of women associated with these cases did not receive any prenatal care at all. More than two-thirds (68.6%) of women received some prenatal care, but were inadequately treated, or untreated, for syphilis (Bowen et al 2015). For women who obtain some amount of care, delays in recognizing and diagnosing pregnancy, along with an insufficient number, or poor timing, of prenatal care visits during the pregnancy, can shorten the window of opportunity for diagnosing and effectively treating syphilis infections. Field records, case reviews, and surveillance data can help us identify missed opportunities within the health system to prevent CS; however, a notable gap in currently available data is the perspective of women who are associated with CS cases. This project will conduct approximately 60 in-depth qualitative interviews with 2016-2017 CS case mothers across at least 3 jurisdictions with high numbers of congenital syphilis cases. Qualitative interviews will allow case mothers to convey their perspectives on their pregnancy and prenatal care experience, their syphilis diagnosis, interactions with the health system, and the subsequent negative birth outcome. Interviews will explore case mothers' knowledge and understanding about giving birth to an infant with congenital syphilis, and elicit their perspectives on what could have helped prevent a negative birth outcome. Using appropriate elicitation techniques, interviews will focus on the period from 30 days

prior to diagnosis of pregnancy until 30 days after delivery of the infant. Interviews will be structured to explore specific points during the course of the pregnancy and prenatal care continuum for missed opportunities and potential intervention points. Case mothers will be recruited from 3 STD program project areas, identified as states or metropolitan statistical areas (MSA) identified as having high rates and case numbers of congenital syphilis during the past 3 years. States and/or MSAs will be selected based on location characteristics relevant to the project. (e.g. disease burden, geographic region/location, willingness to participate, demonstrated support from local jurisdictions). The number of interviews to be conducted in each state/MSA will be based on weighted averages (states with more cases conduct proportionally more interviews). In most states, CS cases tend to cluster within a relatively small number of counties where there are cities or urban areas; therefore, the assumption is that the awardee and each state will identify and work with a small number of designated counties in recruiting case mothers for interviews. Case mothers will be recruited into the project in one of two ways. 1) Prior cases: State or local health department staff will identify 2016 -2017 case mothers, inform them about the study, and refer them to the interview team. 2) New cases: during the course of the study, when new case mothers are identified, the woman will be asked if she is willing to be contacted by the interview team, and her name will be given to the interview team for follow up. Local STD program staff buy in and engagement is essential to the success of the recruiting effort, and health department staff will likely be involved in identifying cases, conducting outreach to case mothers and assisting with recruitment. Interviews, however, will not be conducted by STD program disease intervention specialists or other health department staff. These staff have other responsibilities and are often overburdened. Chosen sites will work with a common qualitative interview protocol and elicitation approach that will be developed by CDC in collaboration with its partners. Face-to-face interviews will be conducted by trained interviewers. Interviews will take approximately 90 minutes and will be tape recorded and transcribed for the purposes of qualitative data analysis. Women will receive a token of appreciation (estimated $60). A demographic survey will be administered to interviewees to characterize the sample; data elements will include items such as race/ethnicity, age, education level, insurance status, previous pregnancies, history of STD/HIV, employment status, etc. Analysis and Dissemination CDC and the awardee will collaborate on the qualitative and quantitative data analysis and on a written summary report of findings that will be made available to participating states and counties. If appropriate for publication, CDC and the awardee will collaborate on manuscript preparation and submission to a journal. CDC and the awardee will collaborate to obtain all necessary Human Subjects review (Institutional Review Board or Request for Determination of Non-Research) and Office of Management and Budget (OMB) approvals. EXPECTED OUTPUTS - Quarterly report of progress, including activities, progress, challenges, plans to overcome challenges - IRB and OMB approved common study protocol, procedures, and instruments (in collaboration with CDC) - Recorded and transcribed interview transcripts - Written report of findings with recommendations - Dissemination of findings to state and local partners EXPECTED OUTCOMES - Build capacity of STD programs to reach women at risk for CS and prevent CS cases. - Document the experiences of CS case mothers for program managers and policy makers. - Identify strategies for improving outreach and education to women at risk for CS. - Identify barriers to and facilitators of timely syphilis screening and treatment of pregnant women - Identify partnerships and strengthen linkages among STD programs, prenatal care providers, and other community providers of important health and social services to pregnant women.

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
102

The awardee will be responsible for overseeing all aspects of implementation, including identifying appropriate study sites (in collaboration with CDC) and engaging sub-awardees or contractors that have the capacity and expertise to carry out qualitative interview projects. The awardee will be responsible for working with identified state health departments and their partners at the local level (counties) to identify and engage case mothers. The awardee with monitor the project, incluing screening and recruitment of interview participants, monitoring data collection and tracking the number and quality of interviews. The awardee will be responsible for overseeing all data collection and security procedures.

Applicant program experience* (Maximum of 500 words) Word count 82	The applicant will have experience working with state and local health departments to carry out research or evaluation projects at the state and local level. The applicant should have demonstrated expertise in managing partnerships to complete projects. The applicant will have expertise in overseeing qualitative research projects. The applicant should be able to demonstrate that they have the capacity to conduct and monitor qualitative research or evaluation studies including protocol development, instrument development, data management, security, and analysis and reporting.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 128	DSTDP scientists expect to collaborate in protocol and instrument development; to provide content expertise on syphilis and congenital syphilis and to provide social and behavioral science and methodological expertise into the project. The project team has considerable experience conducting fieldwork at the local level and in conducting qualitative research studies, including qualitative data analysis. CDC and the awardee will develop a common qualitative interview protocol and guide to be used across all sites. CDC and the awardee will collaborate to obtain all necessary IRB and OMB approvals. CDC staff with expertise in the content area and in qualitative research methods will provide training to interviewers. CDC and the awardee will collaborate on the qualitative data analysis and on development of a report or manuscript of findings.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 48	The awardee must be able to identify state health departments that meet the study criteria (including requisite demonstration of support from local health departments). The awardee will manage subcontracts necessary to carry out the work (outreach, recruiting, interviewing, data collection and security) at the local level.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 60	Funds will be used to support staff to manage recruitment and interviewing of case mothers in the selected sites. Funds will need to account for incentives for interview participants and for interviewer travel costs. Local health departments may incur costs associated with record searching to identify case mothers and with outreach needed to engage case mothers in interviews.
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	

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 12	Workplace Health Promotion Education Materials for Local Wellness Professionals: Development, Dissem...
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 A
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 21	Public health, health promotion, and/or wellness professionals working in chronic disease prevention programs within local and other health department types
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 751	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. The CDC has developed a number of workplace health programs, initiatives, and products over the last few years that have contributed to increasing the number of employers that provide workplace health programs to their employees and the quality of their efforts. These include: • CDC Worksite Health ScoreCard (HSC) – an online tool to help employers assess implementation of effective health promotion programs, and help them prioritize high-impact strategies for health promotion at their worksites across the following health topics: organizational supports, tobacco control, nutrition, physical activity, weight management, stress management, depression, high blood pressure, high cholesterol, diabetes, signs and symptoms of heart attack and stroke, and emergency response to heart attack and stroke. • Work@Health Program – a comprehensive workplace health training program that has supported over 500 employers of various sizes, industry sectors, and geographic areas, as well as more than 60 public health and wellness professionals 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. • Workplace Health in America Survey – a nationally representative survey of employers to assess the organizational structure, characteristics, and practices of employer-based workplace health programs (e.g., health-related programs, health-related policies, health benefits, environmental supports, infrastructure and capacity.) • Workplace Health Research Network (WHRN) – a thematic research network of the CDC Prevention Research Centers program designed to advance our knowledge and understanding of effective public health interventions that can be applied in the workplace setting as well as the translation of effective interventions into practice through research, training, and technical assistance using established organizational infrastructure, strong community relationships, and cross-center projects. • CDC Workplace Health Resource Center (WHRC) – an easy-to-navigate website and information clearing house for sound, actionable information that employers can use to develop or expand workplace health promotion programs. However, gaps remain in the current portfolio of tools and resources for specific health risks or conditions such as heart disease and stroke, or for certain populations or practitioner groups such as local public health organizations and employers. The goal of this effort is to address and fill these gaps by developing and disseminating a series of workplace health educational and promotional materials targeting priority populations at the local level. The purpose is to 1): make employers and practitioners aware of the potential benefits of workplace health programs; 2) support their understanding and promote the development of a skill set to effectively implement workplace health programs through informational products and technical assistance; 3) improve dissemination of information through video, social media, development of new tools and resources, etc; and 4) integrate and leverage existing CDC programs and initiative information, tools, and resources. Educational and promotional materials can be varied depending on the topic and audience and may include but are not limited to: one pagers, issue briefs, calls to action, webinar and/or podcasts, infographics, and reports. Products and materials should be organized around key workplace health topics and best practices including: organizational support and commitment; building a culture of health; the leading causes of morbidity and mortality such as heart disease and stroke; a comprehensive, evidenced-based approach; using data such as that from the Workpalce Health in America survey to make informed program decisions; strategic communications; organizational capacity assessment using tools like the CDC Worksite Health ScoreCard; and emerging issues. A communications and dissemination strategy to raise awareness and educate local organizations and businesses would follow the product develop and be accompanied by an evaluation of the campaign to determine reach and impact.
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 65	Applicant should have organizational capacity to work with state and local Health Officials, State/Local Health Departments, particularly chronic disease units as well as private non-profit organizations and businesses. The applicant should also have technological capacity to develop and disseminate reports, inforgraphics, issues briefs, calls to action, 1 pagers and other educational/promotional materials; provide webinars, conference calls, and outreach through the internet and social media.
Applicant program experience* (Maximum of 500 words) Word count 38	Applicant should have proven successful ability to work and liaison with senior leadership within local health departments particularly chronic disease units and proven ability to mobilize these partnerships to address new or emerging areas of public health.
COLLABORATIVE WORK	
	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.

Expectations for collaboration (If applicable, maximum of 300 words) Word count 26	
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 23	There may be a need for a graphic artist, product formatting, or mailing if applicant does not have that capacity in-house.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 49	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 support including editors, production, printing, mailing, webinars, web page development, and full open access of the products and publications.
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	