National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce
Division of Jurisdictional Support
Program Services and Innovation Branch
FINAL

FY 2024 (Year 2) CIO Project Plans
CDC-RFA-TO-23-0001-02SUPP24:
Strengthening Public Health Systems and Services in Indian Country

Entity Type Eligibility: Tribes

- Tribal Alcohol-Impaired Driving Prevention Program

Entity Type Eligibility: Regional Tribally Designated Organizations

- Tribal Alcohol-Impaired Driving Prevention Program

Entity Type Eligibility: All

- Contributing to Healthy Native Babies Program
- Implementation of Electronic Case Reporting for Work-Related Asthma
- Point-of-Care Hepatitis C Virus Testing to Improve the Diagnosis and Treatment of Hepatitis C among AI/AN Persons

CIO Projects: Only Tribes Eligible

Funding Strategy 2: FY 2024 CIO Project Plan

CDC-RFA-TO-23-0001

Strengthening Public Health Systems and Services in Indian Country

Project Plan Template Instructions

GENERAL INFORMATION

Project Title *

Tribal Alcohol-impaired Driving Prevention Program

CIO Lookup *

National Center for Injury Prevention and Control

Division, Office, or Unit Lookup *

Division of Unintentional Injury Prevention

CIO Point of Contact(s) (POC) *

Aaron Grober; Bethany West; Alex Philipose

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

CIO POC Email(s) *

xih7@cdc.gov; hzv5@cdc.gov; xkh6@cdc.gov

CIO POC Phone Number(s) *

770.488.0787; 770.488.0602; 770.488.3835

Select 1 or more entity types.*

- [x] Tribe
- [ ] Regional Tribally Designated Organization

Geographic Area/Regions for strengthening public health and services work

HHS Region (Select all that apply)*

- [x] Regions 1 - 4
- [x] Region 5
- [x] Region 6
- [x] Region 7

- [x] Region 8
- [x] Region 9
- [x] Region 10

Indian Health Service (IHS) Area (Select all the apply)*

- [x] Alaska (HHS Region 10)
- [x] Albuquerque (HHS Regions 6 and 8)
- [x] Bemidji (HHS Region 5)
- [x] Billings (HHS Region 8)
- [x] California (HHS Region 9)
- [x] Great plains (HHS Region 7 and 8)
- [x] Nashville (HHS Region 1-4)
- [x] Navajo (HHS Regions 6, 8, & 9 [Navajo Nation only])
- [x] Oklahoma City (HHS Region 6 and 7)
- [x] Phoenix (HHS Region 9)
- [x] Portland (HHS Region 10)
- [x] Tucson (HHS Region 9)

Description of the Intended Populations *

Vehicle drivers and future drivers in tribal communities served by any of the following:
- *Tribal transportation and injury prevention programs*
- *Tribal public health organizations*
- *Community-based organizations*

PROJECT FUNDING

TO-23-0001 Period of Performance: August 31, 2023 – August 30, 2028
Budget Period Length: 12-months

Proposed Project Funding Per Recipient *

$ 200,000

Approximate Number of Awards *

4

Whole numbers only

Expected Length of Project *

- ( ) The CIO will fund the project for the entire period of performance (5 years). The recipient will submit a continuation application for the project each budget period/year (approximately every 12 months).

- (●) The CIO will fund the project for two or more consecutive budget periods. The recipient will submit a continuation application for each budget period (approximately every 12 months).
- ( ) The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project for additional budget periods.

APPROACH: STRATEGIES AND OUTCOMES

All CIO Project Plans must align with the CDC-RFA-TO-23-0001 NOFO

Strengthening Public Health Systems and Services in Indian Country Strategy (ies) that most relate to your proposed project plan (Select up to two): *

No	**Strategy 1: Foundational Public Health Capabilities** implemented to strengthen the ability to conduct assessment/surveillance; prepare for and respond to public health emergencies; develop and support policies, communications, community partnership, organizational competencies, and accountability and performance management.
No	**Strategy 2: Data Modernization** activities to develop and deploy scalable, flexible, and sustainable technologies, policies, and methods to implement data and analytical capabilities to support the Essential Public Health Services.
Yes	**Strategy 3: Public Health Programs and Services** implemented to strengthen the ability to comprehensively meet tribal public health needs.
No	**Strategy 4: Workforce** activities to develop and maintain a diverse workforce with cross-cutting skills and competencies.

Strengthening Public Health Systems and Services in Indian Country Outcome(s) that most relates to your proposed project (Select one or more): *

Yes	Improved capacity to develop public health programs and services to address prioritized public health activities in AI/AN communities.
Yes	Improved capacity to implement public health programs and services to address prioritized public health activities in AI/AN communities.
Yes	Improved capacity to evaluate public health programs and services to address prioritized public health activities in AI/AN communities.

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

PROJECT DETAILS

Purpose*

The primary cause of unintentional injury-related death among American Indians and Alaska Natives (AIAN) is motor vehicle crashes. AIAN have a high prevalence of alcohol-impaired driving and the highest alcohol-impaired driving death rates among all racial/ethnic populations. The purpose of this project is to reduce injury and death due to alcohol-impaired driving in the AIAN population by directly funding Tribal Nations (referred to as Tribes in this document) to implement interventions using the Indigenous Evaluation approach and western evidence-based strategies.

Activities

NCIPC recognizes the importance of community-driven approaches that include local culture and Indigenous knowledge in all stages of public health programming (planning, implementation, and evaluation). Recipients will have an opportunity to utilize an Indigenous Evaluation approach to incorporate local values, indigenous knowledge, and traditions in programming to address alcohol-impaired driving. During year 1, recipients will partner with CDC, an Indigenous evaluation consultant, and technical assistance consultants to review and revise the proposed work plan and activities that are submitted as part of this application.

Applicants should propose activities in each of the three intervention components listed below:

- Component 1: Indigenous Approaches to Reduce or Prevent Alcohol-Impaired Driving includes community-based cultural interventions to enhance protective factors related to prevention of alcohol-impaired driving and mitigation of risk factors. Activities proposed for Component 1 may include (but are not limited to) the following examples:
  - Programs to promote healing from historical and intergenerational trauma
  - Activities to promote community and family connectedness
  - Improving Indigenous Social Determinants of Health to mitigate risk factors for alcohol-impaired driving
  - Programs to promote positive experiences within families and/or communities for primary prevention of alcohol-impaired driving
  - Strategies that build upon cultural strengths, tradition, and practices

Optional resources for applicant consideration: Culture is Prevention at https://www.samhsa.gov/sites/default/files/nc-oy1-task-3-culture-is-prevention-final-2018-05-31.pdf

- Component 2: Western Strategies to Reduce or Prevent Alcohol-Impaired Driving includes the use of Western evidence-based, culturally tailored interventions within tribal communities. Activities proposed for Component 2 may include (but are not limited to) the following examples:
  - Improving infrastructure and increasing the Tribe's capacity to address alcohol-impaired driving. Building capacity may include training on Indigenous evaluation approaches and on injury prevention principles and practices.
  - Multicomponent Interventions with Community Mobilization: Interventions that can include one or more components (for example, sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol).
  - Publicized Sobriety Checkpoint Programs: Programs that involve high visibility enforcement conducted by law enforcement stopping drivers systematically to assess alcohol impairment.

Optional resources for applicant consideration:

1. CDC Tribal Motor Vehicle Injury Prevention Best Practices Guide at https://www.cdc.gov/transportationsafety/pdf/native/TMVIP_Best-Practices_Guide_2016-a.pdf;
2. National Highway Traffic Safety Administration's Countermeasures That Work at https://www.nhtsa.gov/book/countermeasures/countermeasures-that-work#:~:text=Countermeasures%20That%20Work%20is%20intended,problem%20areas%20in%20their%20States
3. Community Preventive Services Task Force's Findings for Motor Vehicle Injury at https://www.thecommunityguide.org/topics/motor-vehicle-injury.html#:~:text=Community%20Preventive%20Services%20Task%20Force%20Findings&text=August%201%2C%202018%20CPSTF%20recommends,risks%20for%20traffic%2Drelated%20injury
4. National Academies of Sciences, Engineering, and Medicine's recommendations in Getting to Zero Alcohol-Impaired Driving Fatalities at https://nap.nationalacademies.org/catalog/24951/getting-to-zero-alcohol-impaired-driving-fatalities-a-comprehensive-approach

- Component 3: Public Safety Partnerships and Interventions - Public safety partners (police and law enforcement agencies, courts and corrections, fire and paramedic/emergency services) respond to alcohol-impaired driving-related crashes and should be engaged in prevention efforts. Activities proposed for Component 3 may include (but are not limited to) the following:

- Linkages to care and/or harm reduction such as pre-arrest or pre-trial diversion, which use interactions with law enforcement as an opportunity to refer individuals with alcohol use disorder to treatment.
- Promote and improve data sharing between public safety and public health partners.
- Implement promising practices that have demonstrated some impact on alcohol-impaired driving and associated risk factors and may include post arrest outreach programs and links to care and support services.

Progress reports every six months:
Reports may include project updates, including sharing progress on outcome and process measures that recipients developed for their programs, and progress on indigenous evaluation.

Process Measures

- Recipients will work with local tribal communities and CDC personnel and affiliates to develop process measures. Status updated on these measures will be shared via progress reports.
- Reports should include project updates, including sharing progress on process measures that communities developed for their programs, progress on indigenous evaluation.

Outputs

Year 1:
• Create actionable plan to address alcohol-impaired driving with measurable objectives by the end of year 1 in partnership with CDC staff, Indigenous Evaluation consultant, and technical assistance consultants.

Buy in, commitment, and support from stakeholders

Years 2-3:
• Implement interventions and strategies to reduce or prevent alcohol-impaired driving• Prepare one summary document that describes the implemented interventions and Indigenous evaluation approaches.

Year 4:
Close out activities

Outcome(s)

Improved capacity in use of culturally-driven and/or western strategies in prevention and programmatic decision-making
• Increased capacity to utilize the Indigenous Evaluation approach.
• Increased understanding of Tribal alcohol-impaired driving prevention best practices

Outcome(s) Measures

Recipients will work with local tribal communities and CDC personnel and affiliates to develop outcome measures. Status updated on these measures will be shared via progress reports.

Progress reports every six months:
Reports may include project updates, including sharing progress on outcome and process measures that recipients developed for their programs, and progress on indigenous evaluation.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Expected Recipient Organizational Capacity

Applicant should demonstrate reach and collaborative opportunities with public health entities in tribal communities. Given the complexity of alcohol-impaired driving prevention, it is important that applicants are primed for success through effective collaborations between tribal and other entities in transportation, behavioral health, law enforcement, and judicial systems. Applicant should have a mixture of the following organizational and institutional capacities: ability to develop and implement strategic public health approaches that are culturally relevant and appropriate, ability to partner with tribal and other entities commensurate with planned outcomes, data collection capacity, evaluation capacity, and strong ability to collaborate with other public health partners and resources.

Include skills, technology, organization reach, and infrastructure.

Expected Recipient Program Experience

Applicant should have strong experience with AIAN public health programs and experience implementing effective public health action through a multi-pronged approach (a plus if the applicant has experience with transportation safety and behavioral health programs addressing excessive alcohol use). Applicant should be knowledgeable of strategic planning, building partnerships, and effective community interventions. Applicant should have/gain knowledge of the National Highway Traffic Safety Administration's Countermeasures that Work and CDC's recommended strategies to reduce or prevent alcohol-impaired driving.

Applicant should have/gain experience or willingness to work with tribal programs designed to address protective factors related to prevention of alcohol-impaired driving and mitigate risk factors.

Include content expertise and target population relationship.

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

Applicant is expected to have or to develop meaningful collaborations with groups/partners most directly involved with alcohol-impaired driving prevention. These meaningful collaborations may include organizations that: (1) have experience with alcohol-impaired driving prevention and law enforcement programs and experience implementing effective action through a multi-agency approach; (2) have experience bringing together personnel from agencies and organizations across sectors; and (3) have experience tailoring health and community interventions for cultural appropriateness. In addition, recipients will collaborate with Technical Assistance and Indigenous Evaluation Consultants in strategic planning, program implementation, and evaluation activities. Additional technical assistance support will be available to recipients by IHS injury prevention specialists in the field.

Expected contractual/consultant work and recommended criteria for identifying or selecting contractors/consultants, if applicable

The applicant may contract (or acquire consultant services) as needed, to assist in the development and implementation of the community-based cultural interventions and western evidence-based strategies.

BUDGET INSTRUCTIONS

Provide general instructions on any restrictions, limitations, or parameters on the use of funds, if applicable

Each applicant may submit a project plan for between $160,000 and $200,000.

Funds from this cooperative agreement can be used to connect to care, however, funds cannot provide the care itself. Program budget should include travel to an annual workshop.

CIO CERTIFICATION

By submitting this project plan as "Final", I certify the following:

1. The project plan describes the proposed project and related activities my CIO expects to be completed during the budget period.
2. The proposed project is not designed to acquire goods or services to benefit CDC or its mission. For example, the project will not be used to develop materials on behalf of CDC or its programs, or to conduct surveys and submit the data to CDC for its use.
3. My CIO's Office of General Counsel representative(s) has/have reviewed the proposed project plan and found no legal or statutory limitations to what has been proposed.
4. I understand my CIO is responsible for conducting the objective/technical reviews and submitted funding packages to the DJS/PSIB Tribal Team.
5. Any conference or meeting will be ancillary to the project (i.e., the convening is not the primary goal or activity of the project).
6. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS) prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE USE ONLY

Admin Update?

- ○ Yes
- ◉ No

Form Type	Funding Year	Submission Date
New CIO Project	FY24 (Year 2)	3/20/2024 4:00:00 AM

Used In

Submit form as *

Final

Use this "Submit form as Draft" field until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button when ready to submit as final. You cannot make edits after you submit as "Final."

CIO Projects: Only Regional Tribally Designated Organizations Eligible

Funding Strategy 2: FY 2024 CIO Project Plan

CDC-RFA-TO-23-0001

Strengthening Public Health Systems and Services in Indian Country

Project Plan Template Instructions

GENERAL INFORMATION

Project Title *

Tribal Alcohol-impaired Driving Prevention Program

CIO Lookup *

National Center for Injury Prevention and Control

Division, Office, or Unit Lookup *

Division of Analysis, Research, and Practice Integration

CIO Point of Contact(s) (POC) *

Aaron Grober; Bethany West; Alex Philipose

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

CIO POC Email(s) *

xih7@cdc.gov; hzv5@cdc.gov; xkh6@cdc.gov

CIO POC Phone Number(s) *

770-488-0787; 770-488-0602

Select 1 or more entity types.*

- [ ] Tribe
- [x] Regional Tribally Designated Organization

Geographic Area/Regions for strengthening public health and services work

HHS Region (Select all that apply)*

- [x] Regions 1 - 4
- [x] Region 5
- [x] Region 6
- [x] Region 7

- [x] Region 8
- [x] Region 9
- [x] Region 10

Indian Health Service (IHS) Area (Select all the apply)*

- [x] Alaska (HHS Region 10)
- [x] Albuquerque (HHS Regions 6 and 8)
- [x] Bemidji (HHS Region 5)
- [x] Billings (HHS Region 8)
- [x] California (HHS Region 9)
- [x] Great plains (HHS Region 7 and 8)
- [x] Nashville (HHS Region 1-4)
- [x] Navajo (HHS Regions 6, 8, & 9 [Navajo Nation only])
- [x] Oklahoma City (HHS Region 6 and 7)
- [x] Phoenix (HHS Region 9)
- [x] Portland (HHS Region 10)
- [x] Tucson (HHS Region 9)

Description of the Intended Populations *

Vehicle drivers and future drivers in tribal communities served by any of the following:
- *Tribal transportation and injury prevention programs*
- *Tribal public health departments/programs*

PROJECT FUNDING

TO-23-0001 Period of Performance: August 31, 2023 – August 30, 2028
Budget Period Length: 12-months

Proposed Project Funding Per Recipient *

$ 200,000

Approximate Number of Awards *

3

Whole numbers only

Expected Length of Project *

- ( ) The CIO will fund the project for the entire period of performance (5 years). The recipient will submit a continuation application for the project each budget period/year (approximately every 12 months).
- (•) The CIO will fund the project for two or more consecutive budget periods. The recipient will submit a continuation application for each budget period (approximately every 12 months).

The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project for additional budget periods.

APPROACH: STRATEGIES AND OUTCOMES

All CIO Project Plans must align with the CDC-RFA-TO-23-0001 NOFO

Strengthening Public Health Systems and Services in Indian Country Strategy (ies) that most relate to your proposed project plan (Select up to two): *

No — **Strategy 1: Foundational Public Health Capabilities** implemented to strengthen the ability to conduct assessment/surveillance; prepare for and respond to public health emergencies; develop and support policies, communications, community partnership, organizational competencies, and accountability and performance management.

No — **Strategy 2: Data Modernization** activities to develop and deploy scalable, flexible, and sustainable technologies, policies, and methods to implement data and analytical capabilities to support the Essential Public Health Services.

Yes — **Strategy 3: Public Health Programs and Services** implemented to strengthen the ability to comprehensively meet tribal public health needs.

No — **Strategy 4: Workforce** activities to develop and maintain a diverse workforce with cross-cutting skills and competencies.

Strengthening Public Health Systems and Services in Indian Country Outcome(s) that most relates to your proposed project (Select one or more): *

Yes — Improved capacity to develop public health programs and services to address prioritized public health activities in AI/AN communities.

Yes — Improved capacity to implement public health programs and services to address prioritized public health activities in AI/AN communities.

Yes — Improved capacity to evaluate public health programs and services to address prioritized public health activities in AI/AN communities.

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

PROJECT DETAILS

Purpose*

The primary cause of unintentional injury-related death among American Indians and Alaska Natives (AIAN) is motor vehicle crashes. AIAN have a high prevalence of alcohol-impaired driving and the highest alcohol-impaired driving death rates among all racial/ethnic populations. The purpose of this project is to reduce

injury and death due to alcohol-impaired driving in the AIAN population by directly funding Tribal Nations (referred to as Tribes in this document) to implement interventions using the Indigenous Evaluation approach and western evidence-based strategies.

Activities

NCIPC recognizes the importance of community-driven approaches that include local culture and Indigenous knowledge in all stages of public health programming (planning, implementation, and evaluation). Recipients will have an opportunity to utilize an Indigenous Evaluation approach to incorporate local values, indigenous knowledge, and traditions in programming to address alcohol-impaired driving. Recipients will partner with CDC, an Indigenous evaluation consultant, and technical assistance consultants to review and revise the proposed work plan and activities that are submitted as part of this application.

Applicants should propose activities in each of the three intervention components listed below:

- Component 1: Indigenous Approaches to Reduce or Prevent Alcohol-Impaired Driving includes community-based cultural interventions to enhance protective factors related to prevention of alcohol-impaired driving and mitigation of risk factors. This would include the recipient supporting, collaborating, or providing technical assistance or funding to Tribes. Activities proposed for Component 1 may include (but are not limited to) the following examples:
  - Collaborating with Tribes in activities to promote community and family connectedness
  - Providing Tribes technical assistant in improving Indigenous Social Determinants of Health to mitigate risk factors for alcohol-impaired driving
  - Supporting Tribes in promoting positive experiences within families and/or communities for primary prevention of alcohol-impaired driving
  - Collaborating with Tribes to develop, implement, and evaluate strategies that build upon cultural strengths, tradition, and practices

Optional resources for applicant consideration: Culture is Prevention at https://www.samhsa.gov/sites/default/files/nc-oy1-task-3-culture-is-prevention-final-2018-05-31.pdf.

- Component 2: Western Strategies to Reduce or Prevent Alcohol-Impaired Driving includes the use of Western evidence-based, culturally tailored interventions within tribal communities. This would include the recipient supporting, collaborating, or providing technical assistance or funding to Tribes. Activities proposed for Component 2 may include (but are not limited to) the following examples:
  - Providing technical assistance to Tribes improving their tribal public health infrastructure to increase their capacity to address alcohol-impaired driving. Building capacity may include training on Indigenous evaluation approaches and on injury prevention principles and practices.
  - Collaborating with Tribes on developing, implementing, and evaluating multicomponent interventions with community mobilization. These interventions can include sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol.

Optional resources for applicant consideration:

1. CDC Tribal Motor Vehicle Injury Prevention Best Practices Guide at https://www.cdc.gov/transportationsafety/pdf/native/TMVIP_Best-Practices_Guide_2016-a.pdf;
2. National Highway Traffic Safety Administration's Countermeasures That Work at https://www.nhtsa.gov/book/countermeasures/countermeasures-that-work#:~:text=Countermeasures%20That%20Work%20is%20intended,problem%20areas%20in%20their%20States
3. Community Preventive Services Task Force's Findings for Motor Vehicle Injury at https://www.thecommunityguide.org/topics/motor-vehicle-injury.html#:~:text=Community%20Preventive%20Services%20Task%20Force%20Findings&text=August%201%2C%202018%20CPSTF%20recommends,risks%20for%20traffic%2Drelated%20injury
4. National Academies of Sciences, Engineering, and Medicine's recommendations in Getting to Zero Alcohol-Impaired Driving Fatalities at https://nap.nationalacademies.org/catalog/24951/getting-to-zero-alcohol-impaired-driving-fatalities-a-comprehensive-approach

- Component 3: Public Safety Partnerships and Interventions would include the recipient supporting, collaborating, or providing technical assistance or funding to Tribes. Activities proposed for Component 3 may include (but are not limited to) the following:
  - Support Tribes in improving data sharing between public safety and public health partners
  - Provide Tribes technical assistance with implementing and evaluating promising practices that have demonstrated some impact on alcohol-impaired driving and associated risk factors and may include post arrest outreach programs and links to care and support services.

Progress reports every six months:
Reports may include project updates, including sharing progress on outcome and process measures that recipients developed for their programs, and progress on indigenous evaluation.

Process Measures

- Recipients will work with local tribal communities and CDC personnel and affiliates to develop process measures. Status updated on these measures will be shared via progress reports.
- Reports should include project updates, including sharing progress on process measures that communities developed for their programs, progress on indigenous evaluation.

Outputs

Year 1:
• Create actionable plan to address alcohol-impaired driving with measurable objectives by the end of year 1 in partnership with CDC staff, Indigenous Evaluation consultant, and technical assistance consultants.

Buy in, commitment, and support from stakeholders

Years 2-3:
• Implement interventions and strategies to reduce or prevent alcohol-impaired driving• Prepare one summary document that describes the implemented interventions and Indigenous evaluation approaches.

Year 4:
Close out activities

Outcome(s)

• Improved capacity in use of culturally-driven and/or western strategies in prevention and programmatic decision-making
• Increased capacity to utilize the Indigenous Evaluation approach.
• Increased understanding of Tribal alcohol-impaired driving prevention best practices

Outcome(s) Measures

Recipients will work with local tribal communities and CDC personnel and affiliates to develop outcome measures. Status updated on these measures will be shared via progress reports.

Progress reports every six months:
Reports may include project updates, including sharing progress on outcome and process measures that recipients developed for their programs, and progress on indigenous evaluation.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Expected Recipient Organizational Capacity

Applicant should demonstrate reach and collaborative opportunities with public health entities in tribal communities. Given the complexity of alcohol-impaired driving prevention, it is important that applicants are primed for success through effective collaborations between tribal and other entities in transportation, behavioral health, law enforcement, and judicial systems. Applicant should have a mixture of the following organizational and institutional capacities: ability to develop and implement strategic public health approaches that are culturally relevant and appropriate, ability to partner with tribal and other entities commensurate with planned outcomes, data collection capacity, evaluation capacity, and strong ability to collaborate with other public health partners and resources.

Include skills, technology, organization reach, and infrastructure.

Expected Recipient Program Experience

Applicant should have strong experience with AIAN public health programs and experience implementing effective public health action through a multi-pronged approach (a plus if the applicant has experience with transportation safety and behavioral health programs addressing excessive alcohol use). Applicant should

be knowledgeable of strategic planning, building partnerships, and effective community interventions. Applicant should have/gain knowledge of the National Highway Traffic Safety Administration's Countermeasures that Work and CDC's recommended strategies to reduce or prevent alcohol-impaired driving.

Applicant should have/gain experience or willingness to work with tribal programs designed to address protective factors related to prevention of alcohol-impaired driving and mitigate risk factors.

Include content expertise and target population relationship.

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

Recipients are expected to have or to develop meaningful collaborations with Tribes and groups/partners most directly involved with alcohol-impaired driving prevention. These meaningful collaborations may include organizations that: (1) have experience with alcohol-impaired driving prevention and law enforcement programs and experience implementing effective action through a multi-agency approach; (2) have experience bringing together personnel from agencies and organizations across sectors; and (3) have experience tailoring health and community interventions for cultural appropriateness. In addition, recipients will collaborate with Technical Assistance and Indigenous Evaluation Consultants in strategic planning, program implementation, and evaluation activities. Additional technical assistance support will be available to recipients by IHS injury prevention specialists in the field.

Expected contractual/consultant work and recommended criteria for identifying or selecting contractors/consultants, if applicable

Recipients may contract with Tribes to strengthen tribal public health infrastructure and increase Tribes' capacity to address alcohol-impaired driving.

Recipients may contract (or acquire consultant services) as needed, to assist in the development and implementation of the community-based cultural interventions and western evidence-based strategies.

BUDGET INSTRUCTIONS

Provide general instructions on any restrictions, limitations, or parameters on the use of funds, if applicable

Funding is subject to availability.

Each applicant may submit a project plan for between $160,000 and $200,000.

Funds from this cooperative agreement can be used to connect to care, however, funds cannot provide the care itself. Program budget should include travel to an annual workshop.

CIO CERTIFICATION

By submitting this project plan as "Final", I certify the following:

1. The project plan describes the proposed project and related activities my CIO expects to be completed during the budget period.
2. The proposed project is not designed to acquire goods or services to benefit CDC or its mission. For example, the project will not be used to develop materials on behalf of CDC or its programs, or to conduct surveys and

submit the data to CDC for its use.

3. My CIO's Office of General Counsel representative(s) has/have reviewed the proposed project plan and found no legal or statutory limitations to what has been proposed.
4. I understand my CIO is responsible for conducting the objective/technical reviews and submitted funding packages to the DJS/PSIB Tribal Team.
5. Any conference or meeting will be ancillary to the project (i.e., the convening is not the primary goal or activity of the project).
6. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS) prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE USE ONLY

Admin Update?

○ Yes ◉ No

Form Type: New CIO Project

Funding Year: FY24 (Year 2)

Submission Date: 4/1/2024 4:00:00 AM

Used In:

Submit form as *

Final

Use this "Submit form as Draft" field until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button when ready to submit as final. You cannot make edits after you submit as "Final."

CIO Projects: All Entity Types Eligible

Funding Strategy 2: FY 2024 CIO Project Plan

CDC-RFA-TO-23-0001

Strengthening Public Health Systems and Services in Indian Country

Project Plan Template Instructions

GENERAL INFORMATION

Project Title *

Contributing to the Healthy Native Babies Program

CIO Lookup *

National Center for Chronic Disease Prevention and Health Promotion

Division, Office, or Unit Lookup *

Division of Reproductive Health

CIO Point of Contact(s) (POC) *

Jordan Vandjelovic; Renee De Shay; Tai Baker

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

CIO POC Email(s) *

jep7@cdc.gov; qkg0@cdc.gov; guz1@cdc.gov

CIO POC Phone Number(s) *

770-488-4060

Select 1 or more entity types.*

- [x] Tribe
- [x] Regional Tribally Designated Organization

Geographic Area/Regions for strengthening public health and services work

HHS Region (Select all that apply)*

- [x] Regions 1 - 4
- [x] Region 5
- [x] Region 6
- [x] Region 7

- [x] Region 8
- [x] Region 9
- [x] Region 10

Indian Health Service (IHS) Area (Select all the apply)*

- [x] Alaska (HHS Region 10)
- [x] Albuquerque (HHS Regions 6 and 8)
- [x] Bemidji (HHS Region 5)
- [x] Billings (HHS Region 8)
- [x] California (HHS Region 9)
- [x] Great plains (HHS Region 7 and 8)
- [x] Nashville (HHS Region 1-4)
- [x] Navajo (HHS Regions 6, 8, & 9 [Navajo Nation only])
- [x] Oklahoma City (HHS Region 6 and 7)
- [x] Phoenix (HHS Region 9)
- [x] Portland (HHS Region 10)
- [x] Tucson (HHS Region 9)

Description of the Intended Populations *

The intended population is tribal elders, leaders, and other community members including birthing persons and other caregivers interested in infant health.

PROJECT FUNDING

TO-23-0001 Period of Performance: August 31, 2023 – August 30, 2028
Budget Period Length: 12-months

Proposed Project Funding Per Recipient *

$ 250,000

Approximate Number of Awards *

1

Whole numbers only

Expected Length of Project *

- ( ) The CIO will fund the project for the entire period of performance (5 years). The recipient will submit a continuation application for the project each budget period/year (approximately every 12 months).
- (•) The CIO will fund the project for two or more consecutive budget periods. The recipient will submit a continuation application for each budget period (approximately every 12 months).

The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project for additional budget periods.

APPROACH: STRATEGIES AND OUTCOMES

All CIO Project Plans must align with the CDC-RFA-TO-23-0001 NOFO

Strengthening Public Health Systems and Services in Indian Country Strategy (ies) that most relate to your proposed project plan (Select up to two): *

Yes — **Strategy 1: Foundational Public Health Capabilities** implemented to strengthen the ability to conduct assessment/surveillance; prepare for and respond to public health emergencies; develop and support policies, communications, community partnership, organizational competencies, and accountability and performance management.

No — **Strategy 2: Data Modernization** activities to develop and deploy scalable, flexible, and sustainable technologies, policies, and methods to implement data and analytical capabilities to support the Essential Public Health Services.

No — **Strategy 3: Public Health Programs and Services** implemented to strengthen the ability to comprehensively meet tribal public health needs.

No — **Strategy 4: Workforce** activities to develop and maintain a diverse workforce with cross-cutting skills and competencies.

Strengthening Public Health Systems and Services in Indian Country Outcome(s) that most relates to your proposed project (Select one or more): *

Yes — Improved capacity to develop public health programs and services to address prioritized public health activities in AI/AN communities.

No — Improved capacity to implement public health programs and services to address prioritized public health activities in AI/AN communities.

No — Improved capacity to evaluate public health programs and services to address prioritized public health activities in AI/AN communities.

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

PROJECT DETAILS

Purpose*

In 2023 the National Institutes of Health (NIH)- Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) forged a partnership with CDC's Division of Reproductive Health to transfer the Healthy Native Babies Program (HNBP) to CDC. The HNBP offers community-informed training to local providers

and community health and outreach workers on reducing the risk for SIDS and other sleep-related causes of infant death using approaches specific to AI/AN cultures. In FY23, CDC began working with tribal recipients to review HNBP program materials and provide input and feedback on any needed updates to HNBP. In FY24, CDC will continue this work by expanding tribal input to include up to 1 additional tribal recipient. The recipient will bring together tribal leaders, elders, and other community members and work directly with CDC and CDC's contractor to review all HNBP program materials and provide feedback. The recipient, along with previously funded recipients, will assist in developing and implementing a plan to pilot updated campaign materials and share lessons learned for future implementation with other tribes or tribal groups. Recipients currently funded under the Healthy Native Babies project are not eligible to apply.

Activities

- Bring together Tribal leaders, elders, and other leaders in AI/AN communities
- Provide feedback on HNBP materials
- Pilot updated HNBP materials
- Participate in developing a plan for implementation of the HNBP updated materials

Process Measures

- Number of tribal leaders, elders, and other community members engaged
- Number of people who review materials
- Survey of pilot program participants
- Number of people who have the opportunity to contribute to the implementation plan

Outputs

- Meetings held
- Documentation of feedback received
- Documentation of pilot activities, successes, challenges
- Documentation of development of an implementation plan to be completed in subsequent project years

Outcome(s)

- Meetings held
- Participants review the body of HNBP materials, including revised materials through pilot testing, and have an opportunity to provide feedback
- Participants have the opportunity to contribute to an implementation plan, and engage in implementation in future years

Outcome(s) Measures

85% of participants:
- Attend and engage in meetings
- Have the opportunity to provide feedback on materials
- Have the opportunity to contribute to a plan for later implementation

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Expected Recipient Organizational Capacity

The recipient organization should have the ability to engage tribal leaders, elders and community participants to provide feedback on a body of public health training materials designed to provide community-informed training to local providers and community health and outreach workers on reducing

the risks for SIDS and other sleep-related causes of infant death using approaches specific to AI/AN communities and cultures. The organization would need to convene meetings, share materials, and thoroughly document any discussions about needed updates to the current HNBP and accompanying materials. The organization should have experience in health communications, meeting organization and facilitation, and planning listening sessions.

Include skills, technology, organization reach, and infrastructure.

Expected Recipient Program Experience

Experience in understanding maternal child health issues is preferred but not required. Existing relationships with key tribal members who have the knowledge and ability to speak for other members and contribute to the further development of the materials is needed.

Include content expertise and target population relationship.

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

The recipient will be expected to collaborate with CDC and CDC's contractor on every aspect of the project. The recipient should also collaborate with organizations that serve urban American Indian populations especially on the implementation planning.

Expected contractual/consultant work and recommended criteria for identifying or selecting contractors/consultants, if applicable

Not applicable.

BUDGET INSTRUCTIONS

Provide general instructions on any restrictions, limitations, or parameters on the use of funds, if applicable

Tribal organizations funded in FY23 under TO23-0001 for the HNBP project are ineligible for this FY24 opportunity.

CIO CERTIFICATION

By submitting this project plan as "Final", I certify the following:

1. The project plan describes the proposed project and related activities my CIO expects to be completed during the budget period.
2. The proposed project is not designed to acquire goods or services to benefit CDC or its mission. For example, the project will not be used to develop materials on behalf of CDC or its programs, or to conduct surveys and submit the data to CDC for its use.
3. My CIO's Office of General Counsel representative(s) has/have reviewed the proposed project plan and found no legal or statutory limitations to what has been proposed.
4. I understand my CIO is responsible for conducting the objective/technical reviews and submitted funding packages to the DJS/PSIB Tribal Team.
5. Any conference or meeting will be ancillary to the project (i.e., the convening is not the primary goal or activity of the project).
6. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS) prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE USE ONLY

Admin Update?

○ Yes ◉ No

Form Type: New CIO Project

Funding Year: FY24 (Year 2)

Submission Date: 3/22/2024 4:00:00 AM

Used In:

Submit form as *

Final

Use this "Submit form as Draft" field until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button when ready to submit as final. You cannot make edits after you submit as "Final."

Funding Strategy 2: FY 2024 CIO Project Plan

CDC-RFA-TO-23-0001

Strengthening Public Health Systems and Services in Indian Country

Project Plan Template Instructions

GENERAL INFORMATION

Project Title *

Implementation of Electronic Case Reporting for Work-Related Asthma

CIO Lookup *

National Institute for Occupational Safety and Health

Division, Office, or Unit Lookup *

Respiratory Health Division

CIO Point of Contact(s) (POC) *

Katelynn Dodd

Name of individual serving as Technical Monitor (TM) for the project.

CIO POC Email(s) *

yla8@cdc.gov

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

CIO POC Phone Number(s) *

304-285-6305

Select 1 or more entity types.*

- [x] Tribe
- [x] Regional Tribally Designated Organization

Geographic Area/Regions for strengthening public health and services work

HHS Region (Select all that apply)*

- [x] Regions 1 - 4
- [x] Region 5
- [x] Region 6
- [x] Region 7

- [x] Region 8
- [x] Region 9
- [x] Region 10

Indian Health Service (IHS) Area (Select all the apply)*

- [x] Alaska (HHS Region 10)
- [x] Albuquerque (HHS Regions 6 and 8)
- [x] Bemidji (HHS Region 5)
- [x] Billings (HHS Region 8)
- [x] California (HHS Region 9)
- [x] Great plains (HHS Region 7 and 8)
- [x] Nashville (HHS Region 1-4)
- [x] Navajo (HHS Regions 6, 8, & 9 [Navajo Nation only])
- [x] Oklahoma City (HHS Region 6 and 7)
- [x] Phoenix (HHS Region 9)
- [x] Portland (HHS Region 10)
- [x] Tucson (HHS Region 9)

Description of the Intended Populations *

The intended population for this project includes American Indian and Alaska Native working adults with work-related asthma.

PROJECT FUNDING

TO-23-0001 Period of Performance: August 31, 2023 – August 30, 2028
Budget Period Length: 12-months

Proposed Project Funding Per Recipient *

$ 100,000

Approximate Number of Awards *

1

Whole numbers only

Expected Length of Project *

- ( ) The CIO will fund the project for the entire period of performance (5 years). The recipient will submit a continuation application for the project each budget period/year (approximately every 12 months).
- ( ) The CIO will fund the project for two or more consecutive budget periods. The recipient will submit a continuation application for each budget period (approximately every 12 months).

- [x] The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project for additional budget periods.

APPROACH: STRATEGIES AND OUTCOMES

All CIO Project Plans must align with the CDC-RFA-TO-23-0001 NOFO

Strengthening Public Health Systems and Services in Indian Country Strategy (ies) that most relate to your proposed project plan (Select up to two): *

Yes	**Strategy 1: Foundational Public Health Capabilities** implemented to strengthen the ability to conduct assessment/surveillance; prepare for and respond to public health emergencies; develop and support policies, communications, community partnership, organizational competencies, and accountability and performance management.
Yes	**Strategy 2: Data Modernization** activities to develop and deploy scalable, flexible, and sustainable technologies, policies, and methods to implement data and analytical capabilities to support the Essential Public Health Services.
No	**Strategy 3: Public Health Programs and Services** implemented to strengthen the ability to comprehensively meet tribal public health needs.
No	**Strategy 4: Workforce** activities to develop and maintain a diverse workforce with cross-cutting skills and competencies.

Strengthening Public Health Systems and Services in Indian Country Outcome(s) that most relates to your proposed project (Select one or more): *

No	Improved capacity to develop public health programs and services to address prioritized public health activities in AI/AN communities.
Yes	Improved capacity to implement public health programs and services to address prioritized public health activities in AI/AN communities.
No	Improved capacity to evaluate public health programs and services to address prioritized public health activities in AI/AN communities.

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

PROJECT DETAILS

Purpose*

Work-related asthma (WRA) is a subset of asthma and includes new-onset asthma that is caused by workplace exposures (occupational asthma) or pre-existing asthma that is made worse by workplace exposures (work-exacerbated asthma). Adults with WRA tend to have more severe disease than those with

non-WRA, characterized by greater difficulty in controlling asthma symptoms and more frequent asthma attacks, emergency department visits, asthma-related hospitalizations, and urgent treatment for worsening asthma. In the United States, there is currently no nationwide surveillance system for WRA and conventional data sources are often inadequate for surveillance.

Electronic case reporting (eCR) has opened up a new world of electronically-enabled public health action while reducing the burden of manual reporting on healthcare providers and staff. eCR is the automated, real-time exchange of case report information between EHRs and public health agencies (PHAs). This project builds on existing informatics and eCR infrastructure to advance and improve case surveillance methods among American Indian and Alaska Native Tribes. Project officers will work with a Tribal PHA to build capacity to use eCR to identify and report cases of WRA.

Successful completion of this project will improve Tribal PHA access to real-time surveillance data for WRA.

Activities

Improve the informatics infrastructure for WRA case reporting by supporting implementation of electronic case reporting sent from at least one clinical care organization and received by at least one Tribal PHA.

Activity 1: Engage at least one Tribal PHA that has/have advanced electronic case reporting capabilities and an occupational health surveillance program to partner for this project.

Activity 2: Ensure Tribal PHA is using CDA eICR 3.1 or FHIR eCR 2.0 IG implementation.

Activity 3: Establish receipt of the case reports by the Tribal PHA(s), including any patient work information available, via eCR.

- Ensure that eCR is processed on AIMS platform using the Reportable Conditions Knowledge Management System (RCKMS) and delivered to appropriate PHA(s).
- Partner with at least one PHA to receive, parse and deliver the eCR data to their occupational health program.

Process Measures

- Evidence of sending complete electronic case reports for WRA using the CDA eICR 3.1 standard (i.e., the number and percentage of documents sent, including analysis of correct and incorrect coding of electronic case report data elements).
- Evidence of successful electronic case reporting processing through the APHL AIMS Platform using the CDA eICR 3.1 standard.

Outputs

A report describing the benefits, challenges, and experience of conducting WRA eCR.

Outcome(s)

eCR for WRA will be implemented at a Tribal PHA using RCKMS and the most current eICR standards. Additionally, the processes and lessons learned for eCR can be extrapolated to additional jurisdictions for WRA cases and to other occupational conditions, such as silicosis or pesticide poisoning.

Outcome(s) Measures

Evidence of receipt, ingestion, and proper routing of WRA electronic case reports by PHA(s).

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Expected Recipient Organizational Capacity

The Tribal PHA will author available WRA trigger code(s) and routing rules in RCKMS, based on appropriate jurisdictional public health law. The PHA will establish connectivity with RCKMS according to the systems and protocols of their jurisdiction using the most current eICR standards, test that the data flow properly, and validate that the data are received. The PHA must have an interoperable information system in place and set up to receive and parse the data into an appropriate database for the appropriate surveillance program. Preference will be given to PHAs that can leverage systems in place for infectious disease eCR and therefore only have to establish mechanisms to route the data to the appropriate program(s) within the health department, i.e., the occupational public health program. The program will have to determine if the trigger codes are identifying the right types of cases, through case confirmation, and if the routing rules are working properly.

Include skills, technology, organization reach, and infrastructure.

Expected Recipient Program Experience

The recipient program will preferably have content expertise in information technology (IT), informatics, and epidemiology. The PHA will need to assess and determine what environments will be used to implement eCR. Additionally, the recipient program will have a relationship with the intended population for this project, i.e., American Indian and Alaska Native working adults with work-related asthma.

Include content expertise and target population relationship.

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

None in addition to collaborating with CDC.

Expected contractual/consultant work and recommended criteria for identifying or selecting contractors/consultants, if applicable

None.

BUDGET INSTRUCTIONS

Provide general instructions on any restrictions, limitations, or parameters on the use of funds, if applicable

None outside of what has been noted in the Supplemental NOFO. **Please note that funding for this project is submit to availability.**

CIO CERTIFICATION

By submitting this project plan as "Final", I certify the following:

1. The project plan describes the proposed project and related activities my CIO expects to be completed during the budget period.
2. The proposed project is not designed to acquire goods or services to benefit CDC or its mission. For example, the project will not be used to develop materials on behalf of CDC or its programs, or to conduct surveys and submit the data to CDC for its use.
3. My CIO's Office of General Counsel representative(s) has/have reviewed the proposed project plan and found no legal or statutory limitations to what has been proposed.
4. I understand my CIO is responsible for conducting the objective/technical reviews and submitted funding packages to the DJS/PSIB Tribal Team.
5. Any conference or meeting will be ancillary to the project (i.e., the convening is not the primary goal or activity of the project).
6. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS) prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE USE ONLY

Admin Update?

○ Yes ◉ No

Form Type	Funding Year	Submission Date
New CIO Project	FY24 (Year 2)	4/1/2024 4:00:00 AM

Used In

Submit form as *

Final

Use this "Submit form as Draft" field until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button when ready to submit as final. You cannot make edits after you submit as "Final."

Funding Strategy 2: FY 2024 CIO Project Plan

CDC-RFA-TO-23-0001

Strengthening Public Health Systems and Services in Indian Country

Project Plan Template Instructions

GENERAL INFORMATION

Project Title *

Point-of-care hepatitis C virus testing to improve the diagnosis and treatment of hepatitis C among AI/AN per

CIO Lookup *

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Division, Office, or Unit Lookup *

Division of Viral Hepatitis

CIO Point of Contact(s) (POC) *

Emily Cartwright

CIO POC Email(s) *

esf9@cdc.gov

Name of individual serving as Technical Monitor (TM) for the project.

You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.

CIO POC Phone Number(s) *

404-981-0266

Select 1 or more entity types.*

- [x] Tribe
- [x] Regional Tribally Designated Organization

Geographic Area/Regions for strengthening public health and services work

HHS Region (Select all that apply)*

- [x] Regions 1 - 4
- [x] Region 5
- [x] Region 6
- [x] Region 7

- [x] Region 8
- [x] Region 9
- [x] Region 10

Indian Health Service (IHS) Area (Select all the apply)*

- [x] Alaska (HHS Region 10)
- [x] Albuquerque (HHS Regions 6 and 8)
- [x] Bemidji (HHS Region 5)
- [x] Billings (HHS Region 8)
- [x] California (HHS Region 9)
- [x] Great plains (HHS Region 7 and 8)
- [x] Nashville (HHS Region 1-4)
- [x] Navajo (HHS Regions 6, 8, & 9 [Navajo Nation only])
- [x] Oklahoma City (HHS Region 6 and 7)
- [x] Phoenix (HHS Region 9)
- [x] Portland (HHS Region 10)
- [x] Tucson (HHS Region 9)

Description of the Intended Populations *

The intended population are AI/AN people at increased risk of hepatitis C virus (HCV) infection that may have difficulty accessing health care services including traditional phlebotomy services.

PROJECT FUNDING

TO-23-0001 Period of Performance: August 31, 2023 – August 30, 2028
Budget Period Length: 12-months

Proposed Project Funding Per Recipient *

$ 150,000

Approximate Number of Awards *

3

Whole numbers only

Expected Length of Project *

- ( ) The CIO will fund the project for the entire period of performance (5 years). The recipient will submit a continuation application for the project each budget period/year (approximately every 12 months).
- ( ) The CIO will fund the project for two or more consecutive budget periods. The recipient will submit a continuation application for each budget period (approximately every 12 months).

- [x] The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project for additional budget periods.

APPROACH: STRATEGIES AND OUTCOMES

All CIO Project Plans must align with the CDC-RFA-TO-23-0001 NOFO

Strengthening Public Health Systems and Services in Indian Country Strategy (ies) that most relate to your proposed project plan (Select up to two): *

No	**Strategy 1: Foundational Public Health Capabilities** implemented to strengthen the ability to conduct assessment/surveillance; prepare for and respond to public health emergencies; develop and support policies, communications, community partnership, organizational competencies, and accountability and performance management.
No	**Strategy 2: Data Modernization** activities to develop and deploy scalable, flexible, and sustainable technologies, policies, and methods to implement data and analytical capabilities to support the Essential Public Health Services.
Yes	**Strategy 3: Public Health Programs and Services** implemented to strengthen the ability to comprehensively meet tribal public health needs.
Yes	**Strategy 4: Workforce** activities to develop and maintain a diverse workforce with cross-cutting skills and competencies.

Strengthening Public Health Systems and Services in Indian Country Outcome(s) that most relates to your proposed project (Select one or more): *

Yes	Improved capacity to develop public health programs and services to address prioritized public health activities in AI/AN communities.
Yes	Improved capacity to implement public health programs and services to address prioritized public health activities in AI/AN communities.
Yes	Improved capacity to evaluate public health programs and services to address prioritized public health activities in AI/AN communities.

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

PROJECT DETAILS

Purpose*

AI/AN persons are disproportionately impacted by HCV infection and experienced the highest rates of acute HCV infection (2.7 cases per 100,00 persons) and HCV-associated mortality (9.99 per 100,000 persons) in the United States during 2021. A point-of-care (POC) HCV RNA test is expected to be approved by the U.S. Food and Drug

Administration (FDA) in calendar year 2024 and is currently available outside of the United States. The HCV RNA test can diagnose hepatitis C early in the infection (before the body has time to develop detectable hepatitis C antibodies) and therefore shortens the window period for a hepatitis C diagnosis. Furthermore, the POC HCV RNA test uses capillary blood obtained via a fingerstick and allows more people access to hepatitis C testing as traditional phlebotomy services are not needed. A POC HCV RNA can improve uptake of hepatitis C testing in high-impact settings that serve populations disproportionately impacted by HCV infection including people who use drugs. Utilizing a POC HCV RNA can facilitate a test-to-treat model of care that results in higher proportions of people being diagnosed and receiving curative hepatitis C direct-acting antiviral medications. Curing hepatitis C is associated with lower all-cause mortality and prevents further HCV transmission.

Activities

- Identify and partner with syringe services programs and other high impact settings, such as medications for opiate use disorder (MOUD) programs, sexually transmitted infections (STI) clinics, and unhoused shelters that serve AI/AN persons, including AI/AN persons who use drugs
- Create mobile hepatitis C testing sites in areas disproportionately impacted by hepatitis C and/or opiate overdose, utilizing the POC HCV RNA test
- Develop protocols for fixed and mobile hepatitis C programs that facilitates faster initiation of hepatitis C treatment (e.g., “test-to-treat”)
- Provide onsite or referral to hepatitis C treatment services
- Provide onsite or referral to harm reduction services including syringe services programs and medications for opioid use disorder

Process Measures

- Increase the number of high-impact or mobile settings that offer POC HCV RNA testing

Outputs

- Provision of POC HCV RNA technology (portable machine, cartridges, laboratory information system software) in high impact settings that serve AI/AN persons
- Protocols for implementation of POC HCV RNA testing and HCV infection test-to-treat programs
- Final evaluation report

Outcome(s)

- Increased number of AI/AN persons screened, diagnosed, treated, and cured of HCV infection
- Increased number of AI/AN persons who use drugs receiving harm reduction services

Outcome(s) Measures

- Number of AI/AN persons screened for hepatitis C with the POC HCV RNA test
- Number of AI/AN persons diagnosed with HCV infection
- Number of AI/AN persons treated for HCV infection
- Number of AI/AN persons cured of HCV infection
- Number of AI/AN persons referred to HCV treatment
- Number of AI/AN persons provided with or referred to harm reduction services

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Expected Recipient Organizational Capacity

The recipient of this funding must be able to implement POC HCV RNA testing in a syringe services program or other high-impact setting that serves AI/AN persons at increased risk for HCV infection or have a mobile program to reach AI/AN persons in areas with poor access to health care services disproportionately impacted by hepatitis C or opiate overdose. To implement the POC HCV RNA test the recipient must be able to purchase the POC HCV RNA technology (machine, cartridges) and have staff that can be trained to perform the fingerstick blood draw and run the HCV RNA test. The recipient must have the capacity to report test results in compliance with all local reporting requirements. The recipient should have the capacity to either offer hepatitis C treatment or be able to provide a low-barrier referral for HCV treatment.

Include skills, technology, organization reach, and infrastructure.

Expected Recipient Program Experience

The recipient should have demonstrated experience implementing a screening or testing program in AI/AN persons. The recipient should have experience outreaching AI/AN populations that are in remote areas or AI/AN populations that have had a difficult time accessing traditional health care services. The recipient should have experience outreaching AI/AN persons who use drugs. The recipient should have experience either treating HCV infection or be able to provide a low-barrier referral for HCV treatment

Include content expertise and target population relationship.

COLLABORATIVE WORK

Expectations for Collaboration, if applicable

The recipient is expected to provide at least monthly updates on the project and share any barriers, challenges, or successes in implementing the POC HCV RNA test in real-time. The recipient is also expected to collaborate with CDC on protocol and evaluation plan development.

Expected contractual/consultant work and recommended criteria for identifying or selecting contractors/consultants, if applicable

It is expected that the POC HCV RNA testing equipment will be purchased along with the necessary laboratory information package to interface the test results to the electronic medical record. Cartridges, lancets, alcohol prep pads and other equipment related to administering the POC HCV RNA test must be purchased. It is expected that funds will be used to train personnel and to pay personnel to perform the POC HCV

BUDGET INSTRUCTIONS

Provide general instructions on any restrictions, limitations, or parameters on the use of funds, if applicable

The funds will not be used to purchase direct-acting antiviral medications for the treatment of HCV infection. Treatment of HCV infection, including procuring the medications, will go through traditional mechanisms such as private or public health insurance or patient assistance programs. Funding is subject to availability.

CIO CERTIFICATION

By submitting this project plan as “Final”, I certify the following:

1. The project plan describes the proposed project and related activities my CIO expects to be completed during the budget period.
2. The proposed project is not designed to acquire goods or services to benefit CDC or its mission. For example, the project will not be used to develop materials on behalf of CDC or its programs, or to conduct surveys and submit the data to CDC for its use.
3. My CIO’s Office of General Counsel representative(s) has/have reviewed the proposed project plan and found no legal or statutory limitations to what has been proposed.
4. I understand my CIO is responsible for conducting the objective/technical reviews and submitted funding packages to the DJS/PSIB Tribal Team.
5. Any conference or meeting will be ancillary to the project (i.e., the convening is not the primary goal or activity of the project).
6. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS) prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE USE ONLY

Admin Update?

- ( ) Yes
- (•) No

Form Type	Funding Year	Submission Date
New CIO Project	FY24 (Year 2)	3/22/2024 4:00:00 AM

Used In

Submit form as *

Final

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