CDC-RFA-DP18-1812PPHF18
Tribal Practices for Wellness In Indian Country
A. FUNDING OPPORTUNITY DESCRIPTION

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP18-1812PPHF18. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Tribal Practices for Wellness In Indian Country

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP18-1812PPHF18

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.762

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**02/20/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Due Date for Informational Conference Call:	

January 23, 2018, 1:00PM EST

Conference: 866-709-6101

Passcode: 37005261

G. Executive Summary

1. Summary Paragraph

CDC convened tribal health leaders to increase understanding of tribal practices that strengthen physical and mental health, wellbeing, tribal identity, and connection to culture to better support the work tribes and their members do to stay healthy and well. This 3-year funding opportunity supports tribal practices that build resiliency and connections to community, family, and culture, which over time, can reduce risk factors for chronic disease among American Indians and Alaska Natives. The long-term goals are to reduce morbidity and mortality due to heart disease, stroke, cancer and diabetes. Recipients will include up to 14 American Indian Tribes, Alaska Native villages, or American Indian or Alaska Native tribally-designated organizations serving a specific tribe, reservation or native village. No more than 2 awards to tribes and tribal organizations will be made within a single I.H.S. Area**.** Recipients will address these strategies:

- Connect cultural teachings to health and wellness
- Seasonal cultural practices that support health and wellness
- Social and cultural activities that promote community wellness
- Collaborations that strengthen wellbeing
- Intergenerational learning that supports wellbeing and resilience
- Promote traditional healthy foods
- Promote traditional and contemporary physical activities

Up to 14 Urban Indian Organizations will also be funded to address the same strategies for that portion of their patient populations that is American Indian and Alaska Native.

a. Eligible Applicants: Limited

b. NOFO Type: Cooperative Agreement

c. Approximate Number of Awards: 28

Up to 14 American Indian Tribes, Alaska Native villages, or American Indian or Alaska Native tribally-designated organizations serving a specific tribe, reservation or native village, (up to 2 will be funded in each of the 12 IHS Areas depending on strength of applications. In addition up to 14 Urban Indian organizations will be funded (https://www.ihs.gov/urban/)

d. Total Period of Performance Funding: $12,000,000

e. Average One Year Award Amount: $140,000

f. Total Period of Performance Length:	3
g. Estimated Award Date:	04/30/2018
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability are strongly encouraged.

Part II. Full Text

1. Background

a. Overview

AI/AN have higher rates of chronic disease than other racial and ethnic groups in the United States. They have the highest prevalence of diabetes[i], have higher heart disease and stroke death rates[ii], and are more likely to be obese[iii] and smoke cigarettes[iv].

Many AI/AN communities (including urban settings) have established programs that maintain strong traditions to enhance or reintroduce cultural wellness practices specific to the location, history, and traditions of their people. Efforts to keep community members engaged in these traditions are critical.

Studies have demonstrated that culture and language have a positive impact on health and well-being. American Indian youth who speak their native language and have non-parental role models may have lower rates of suicide[v] and may be less likely to engage in risky behaviors like alcohol and commercial tobacco use[vi]. Based on tribal leader input, we anticipate that lifestyle interventions that incorporate native history and culture will be effective in reducing chronic disease risk factors, and over time, reduce morbidity and mortality due to heart disease, stroke, cancer, and diabetes.

This NOFO offers support for the implementation of tribal practices and cultural traditions to build resiliency and connections to community and culture to improve physical, mental, emotional, and spiritual health and wellbeing. This approach will include implementation of tribal wellness practices that were identified by tribal health leaders who were convened by CDC in 2016 so CDC can better understand and support tribal practices that strengthen tribal identity and connection to culture. The NOFO will include evaluation to strengthen the evidence-base for this approach in tribal communities.

This NOFO will complement the Good Health and Wellness in Indian Country (DP14-1421PPHF14) program, which has demonstrated that a coordinated, holistic, and tribally driven approach can strengthen the ability of tribes to improve the health of American Indians and Alaska Natives.

[i] CDC Division of Diabetes Translation, National Diabetes Statistics Report, 2014. Atlanta, GA. http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf 2014.

[ii] Indian Health Service. Trends in Indian Health, 2014 Edition. Rockville, Maryland: U.S. Department of Health and Human Services, 2014.

[iii] Centers for Disease Control and Prevention (CDC). Summary Health Statistics: National Health Interview Survey: 2014. Table A-15. 2016. https://www.cdc.gov/nchs/nhis/shs/tables.htm [accessed 2016 Nov 25].

[iv] U.S. Department of Health and Human Services. The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General(http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2016 Nov 25].

[v] Hallett, D., Chandler, M.J., & Lalonde, C.E. (2007). Aboriginal language knowledge and youth suicide. *Cognitive Development 22,* 392-399.

[vi] Beebe, L.A., Vesely, S.K., Oman, R.F. et al. (2008). Protective Assets for Non-use of Alcohol, Tobacco and Other Drugs among Urban American Indian Youth in Oklahoma. 12(Suppl 1): 82. https://doi.org/10.1007/s10995-008-0325-5

b. Statutory Authorities

Authority Public Health Service Act 42. U.S.C., section 241(a), and 247(b)(k)(2), and Title IV, Section 4002, Prevention and Public Health Fund, Affordable Health Care Act.

c. Healthy People 2020

Diabetes, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Tobacco Use , Adolescent Health, Early and Middle Childhood, Maternal Infant and Child Health, and Social Determinants of Health

d. Other National Public Health Priorities and Strategies

- The Surgeon General's Call to Action to Support Breastfeeding:
- http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html
- Step it Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities
- https://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/index.html
- National Physical Activity Plan, 2016: http://www.physicalactivityplan.org/index.html#
- Dietary Guidelines for Americans 2015-2020: https://health.gov/dietaryguidelines/2015/
- Feeding Ourselves: Food Access, health disparities, and the pathways to healthy Native American communities http://www.heart.org/HEARTORG/Advocate/VoicesforHealthyKids/Feeding-Ourselves_UCM_475570_Article.jsp#
- Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation: *Caring for our Children*
- http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx
- School Health Guidelines to Promote Healthy Eating and Physical Activity: http://www

.cdc.gov/mmwr/pdf/rr/rr6005.pdf The National Tribal Behavioral Health Agenda http://store.samhsa.gov/product/PEP16-NTBH-AGENDA

- National Partnership for Action to End Health Disparities: http://minorityhealth.hhs.gov/npa/
- CDC-led National Diabetes Prevention Program: http://www.cdc.gov/diabetes/prevention/index.htm
- 2014 Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress: http://www.surgeongeneral.gov/library/reports/50-years-of-progress/50-years-of-progress-by-section.htm

e. Relevant Work

These CDC programs have laid important ground work in chronic disease prevention efforts in Indian Country:

- (2002-2004) "Honoring Our Health"
- (2005-2008) "Identifying Indicators of Environmental Adaptations to Address Diabetes in AI/AN Communities."
- (2002-2010) Diabetes Education K-12 curriculum, *Health is Life in Balance.*
- (2011-2013) Case studies from 8 tribal communities using *Eagle Books*.
- (2008-2014) "Using Traditional Foods and Sustainable Ecological Approaches to Promote Health and Prevent Diabetes in American Indian and Alaska Native Communities."
- Universities Working with Communities to Prevent Type 2 Diabetes
- (2014-2019) Good Health and Wellness in Indian Country

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

The following Tribal Practices for Wellness in Indian Country Logic Model (see Figure 1) provides a framework to use throughout program planning, implementation, and evaluation. Tribal health leaders identified the 7 strategies below based on traditional tribal practices that connect tribal members to culture and keep them well. The applicant is required to select 3 strategies from the logic model and propose at least 1 activity for each selected strategy. The applicant should define their "service population", which could be a tribe, a community primarily comprised of AI/AN, or a specific population within a service catchment area. All outcomes below refer to the defined service population.

With the long-term goal of reducing morbidity and mortality due to heart disease, stroke, cancer, and diabetes, CDC is supporting implementation of strategies identified by tribal health leaders that will lead to the intermediate (3-year) outcomes. Recipients will select at least 3 strategies from the Logic Model below, and propose at least 1 activity that supports each selected strategy. Recipients should also select a short-term outcome for each their 3 proposed activities. These short-term outcomes should connect and contribute to 3 intermediate outcomes plus the **core**

bolded intermediate outcome.

Figure 1: Tribal Practices for Wellness in Indian Country Logic Model

CDC-RFA-DP18-1812PPHF18 Logic Model: Tribal Practices for Wellness in Indian Country

Bold indicates required project period outcome

Strategies	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Family and community activities that connect cultural teachings to health and wellness Seasonal cultural and traditional practices that support health and wellness Social and cultural activities that promote community wellness Tribal, Inter-Tribal, governmental, and nongovernmental collaborations that strengthen wellbeing Intergenerational learning opportunities that support wellbeing and resilience Cultural teachings and practices about traditional healthy foods to promote health, sustenance and sustainability Traditional and contemporary	Increased number of community members participating in family-centered community activities and events that teach, build upon, celebrate, and strengthen cultural and traditional practices and teachings Increased number of community members participating in health education activities conducted in Native language Increased number of community members aware of community calendar Increased number of community members participating in social and/or Tribal cultural activities conducted to learn about traditional tobacco use, healthy food, physical activity, and lifestyle practices Increased number of community members participating in traditional food programs that promote health and sustenance Increased number of tribal members harvesting and preserving foods Increased number of opportunities for traditional and contemporary physical activity Increased number of community members participating in activities that teach traditional and contemporary physical activities	**Increased understanding of and engagement in healthy living practices** Increased community, social and cultural activities focused on sharing cultural knowledge and practices Increased sense of belonging to tribe and community Increased feelings of connection to and pride of tribal culture Increased knowledge of tribal history and culture Increased inclusion of traditional foods in diets Increased participation in traditional and contemporary physical activity events	Reduced morbidity/ mortality due to diabetes, heart disease and stroke, and cancer. Increased resilience and use of cultural practices to reduce diabetes, heart disease and stroke, and cancer.

physical activities that strengthen wellbeing	Increased number of community members participating in community, social and cultural activities that teach cultural knowledge, practices, and historical events Increased number of community members participating in cultural teachings that support wellbeing and resilience Increased number of community members participating in intergenerational programs offered that support wellbeing and resilience creased number of community members aware of community calendar	Increased intergenerational interactions with a positive impact on wellbeing	

i. Purpose

American Indians and Alaska Natives have higher rates of chronic disease than other racial and ethnic groups in the United States. This NOFO supports implementation of tribal practices and cultural traditions that have been identified by tribal health leaders to improve physical and mental health and wellbeing. Strategies include cultural and traditional practices that support wellbeing and resilience.

ii. Outcomes

Measurable outcomes are essential for determining the extent to which strategies and activities build resiliency and connections to community and culture. Tribal Practices for Wellness in Indian Country outcomes are categorized as short-term, intermediate, and long-term.

Short-term Outcomes

As a part of their annual work plan, recipients will select 3 strategies and at least 1 activity per selected strategy, and propose a short-term outcome (expected 1 year change) aligned with each selected strategy. Recipients can select short-term outcomes from the examples below or may propose other short-term outcomes, which must be clearly described. Recipients will work with a CDC evaluator to finalize their measures and aligned short-term outcomes.

Example short-term (1 Year) outcomes include:

- Increased number of community members participating in family-centered community activities and events that teach, build upon, celebrate, and strengthen cultural and

traditional practices and teachings
- Increased number of community members participating in health education activities conducted in Native language
- Increased number of community members aware of community calendar that includes social and cultural activities that strengthen and support wellbeing and resilience.
- Increased number of community members participating in social and/or Tribal cultural activities conducted to learn about traditional tobacco use, healthy food, physical activity, and lifestyle practices
- Increased number of community members participating in traditional food programs that promote health and sustenance
- Increased number of tribal members harvesting and preserving foods
- Increased number of opportunities for traditional and contemporary physical activity
- Increased number of community members participating in activities that teach traditional and contemporary physical activities
- Increased number of community members participating in community, social and cultural activities that teach cultural knowledge, practices, and historical events
- Increased number of community members participating in cultural teachings that support wellbeing and resilience
- Increased number of community members participating in intergenerational programs offered that support wellbeing and resilience

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Intermediate Outcomes

As a part of their evaluation plan, recipients will be required to measure their impact over the 3-year project period on the **core (bolded)** outcome listed below. Applicants must choose 3 additional intermediate outcomes from the list below to measure as a part of their evaluation plan. Recipients will work with a CDC evaluator to measure their intermediate outcomes.

- **Core outcome (required): Increased number of AI/AN reporting stronger understanding of and engagement in healthy living practices.**

Intermediate outcomes (choose 3) include:

- Increased community, social and cultural activities focused on sharing cultural knowledge and practices
- Increased sense of belonging to tribe and community
- Increased feelings of connection to and pride of tribal culture
- Increased knowledge of tribal history and culture
- Increased inclusion of traditional foods in diets
- Increased participation in traditional and contemporary physical activity events
- Increased intergenerational interactions with a positive impact on wellbeing

Long-term Outcomes

Recipients will not be required to measure long-term outcomes although it is expected that, over time, successes in achieving the intermediate outcomes among community members will ultimately lead to these long-term outcomes:

- Reduced morbidity/mortality due to diabetes, heart disease and stroke, and cancer
- Increased resilience and use of cultural practices to reduce diabetes, heart disease and stroke, and cancer

iii. Strategies and Activities

Applicants will select 3 strategies listed below and in the logic model, and for each, propose at least 1 activity. The activities included below are provided as examples. Applicants can propose other activities, and if they do, they must clearly describe the other activities and explain how each relates to the selected strategy and how each will be measured. Applicants are not expected to provide details that may compromise the sacredness of tribal practices. Applicants are asked to consider adapted strategies for tribal members with disabilities to ensure that all members have the opportunity to benefit from cultural practices for wellness.

Strategies for Tribal Practices for Wellness in Indian Country are:

Strategy 1: Family and community activities that connect cultural teachings to health and wellness

- Activity: Implement family-centered community activities and events working with community members and partners that teach, build upon, celebrate, and strengthen cultural and traditional practices and teachings.
- Activity: Establish or develop health education Native language activities that promote and connect community health and Native language.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 1.

Strategy 2: Seasonal cultural and traditional practices that support health and wellness

- Activity: Establish an annual community calendar of seasonal cultural and traditional events, celebrations and activities that support and reinforce healthy practices.
- Activity: Support implementation of one or more seasonal and traditional cultural events, celebrations, traditional harvest or activities and engage community members and partners to make the event even healthier.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 2.

Strategy 3: Social and cultural activities that promote community wellness

- Activity: Establish and/or strengthening community social and cultural activities focused on sharing cultural knowledge and practices, honoring the future through our people and

youth especially teachings of historical events for mental and emotional wellbeing.
- Activity: Social and/or Tribal cultural activities incorporating opportunities to learn about traditional healthy food, physical activities, and lifestyle practices to enhance mental and emotional wellbeing.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 3.

Strategy 4: Tribal, Inter-Tribal, governmental, and nongovernmental collaborations that strengthen wellbeing

- Activity: Partner with area Tribes and Inter-Tribal Councils to strengthen opportunities to engage in healthy traditional, cultural, and educational activities.
- Activity: As an example of collaboration, projects may include partnerships with community development financial institutions and other partners and sectors to increase culturally relevant economic and other opportunities.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 4.

Strategy 5: Intergenerational learning opportunities that support wellbeing and resilience

- Activity: Establish or strengthen opportunities to encourage two way sharing and connect youth, adults, and elders to share knowledge about food, language, ceremonies, stories, places, technology, crafts, and play.
- Activity: Establish or strengthen opportunities for adults and elders to pass on Tribal, cultural and other knowledge to children and young people, and to other adults and elders.
- Activity: Establish and strengthen intergenerational programs that address historical trauma and that promote and enhance healing and resilience.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 5.

Strategy 6: Cultural teachings and practices about traditional healthy foods to promote health, sustenance and sustainability

- Activity: Establish or strengthen sustainable programs to gather, raise, harvest, produce or preserve traditional healthy foods, and provide those foods and beverages to individuals, families, schools, institutions, and others.
- Activity: Partner with Tribal, Inter-Tribal, governmental, and non-governmental entities to produce and promote traditional diets, including foods and drinks to sustain health.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 6.

Strategy 7: Traditional and contemporary physical activities that strengthen wellbeing

- Activity: Enhance, strengthen, or increase opportunities and supports for traditional and contemporary physical activity at schools, work sites, cultural and community events, and

other venues.
- Activity: Enhance, strengthen, or increase traditional knowledge and history that supports traditional and contemporary physical activities at home, in school, worksites, cultural, and community events.
- Activity: Build traditional or contemporary physical activity into Strategies 1 to 6, above.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 7.

The strategies and activities listed above are designed to incorporate native history and culture to improve wellness practices among community members that will be effective in reducing chronic disease risk factors, and over time, reduce morbidity and mortality due to heart disease, stroke, cancer, and diabetes.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Collaboration with programs funded by CDC is encouraged, particularly those that are working to reduce risk factors associated with diabetes, heart disease, stroke, cancer and obesity. National initiatives, guidelines, and policies have been identified from The Community Guide; CDC's Division of Nutrition, Physical Activity, and Obesity; Division of Diabetes Translation; Division for Heart Disease and Stroke Prevention; Division of Cancer Prevention and Control and the Office on Smoking and Health that may complement and build upon effective, culturally-based strategies and activities. In addition, examples of CDC tribal programs that may provide collaboration opportunities to support achievement of Tribal Practices for Wellness in Indian Country outcomes include Good Health and Wellness in Indian Country and the National Native Network for Tobacco Control (a public health resource that serves to decrease commercial tobacco use and cancer health disparities among American Indians and Alaska Native Tribes). Applicants should collaborate with relevant programs based on community needs, and provide evidence of collaborations/partnerships using MOU, MOA, or letters of intent to collaborate. Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grantsolutions.gov

b. With organizations not funded by CDC:

Recipients are encouraged, though not required, to partner with organizations that promote tribal health and wellbeing to maximize resources, reach, and impact. Potential organizations for collaborations may include non-profit agencies, tribes or tribal organizations, professionals organizations, schools, senior centers, historical preservation organizations, youth organizations, traditional healers, tribal colleges and universities, community development organizations and law enforcement, among others. Applicants should collaborate with relevant programs based on community needs, and provide evidence of collaborations/partnerships using MOU, MOA, or letters of intent to collaborate. Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grantsolutions.gov

Below is a list of potential programs and organizations for collaborations in Indian Country working in topic areas covered in this NOFO. The organizations and agencies in this list are

intended as examples only and all collaborations/partnerships proposed by applicants will be considered on their individual merit.

- National Council for Urban Indian Health (http://www.ncuih.org/index)
- Healthy Native Communities Partnership (http://www.hncpartners.org/)
- Notah Begay Foundation (http://www.nb3foundation.org/)
- Boys and Girls Club Native Services (http://www.naclubs.org/)
- Running Strong for American Indian Youth (http://indianyouth.org/about-us)

Federal Government

- Indian Health Service (Health Promotion Disease Prevention - https://www.ihs.gov/hpdp/ ; Indian Health Service Special Diabetes Program for Indians - https://www.ihs.gov/sdpi/); Tribal Epidemiology Centers https://tribalepicenters.org/)
- USDA (Rural Development grants: support housing, community facilities, and community and economic development projects in rural areas.: https://www.rd.usda.gov /programs-services/rural-community-development-initiative-grants ; Federally-Recognized Tribes Extension Program (FRTEP) (https://nifa.usda.gov/program/federally-recognized-tribes-extension-grant-program); Land Grant University (LGU) system: https ://nifa.usda.gov/land-grant-colleges-and-universities-partner-website-directory ; FDPIR nutrition education http://www.fns.usda.gov/fdpir/fdpir-nutrition-education-grant-awards)
- Administration for Children and Families, Administration for Native Americans Native Language Programs (https://www.acf.hhs.gov/ana/programs/native-language-preservation -maintenance)

2. Target Populations

American Indians and Alaska Natives

a. Health Disparities

Tribal Practices for Wellness in Indian Country offers support for the implementation of tribal practices and cultural traditions to build resiliency and connections to community and culture to reduce disparities and improve physical, mental, emotional, and spiritual health and wellbeing among tribal populations.

iv. Funding Strategy

Up to 14 American Indian Tribes, Alaska Native villages, or American Indian or Alaska Native tribally-designated organizations serving a specific tribe, reservation or native village will be funded under this NOFO to address the identified strategies. No more than 2 awards to tribes and tribal organizations will be made within a single I.H.S. Area**.** Up to 14 Urban Indian Organizations will also be funded under this NOFO to address the same strategies for that portion of their patient populations that is American Indian and Alaska Native.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and Performance Measurement: 1) help demonstrate achievement of program outcomes; 2) build a stronger evidence base for specific program interventions; 3) clarify applicability of the evidence base to different populations, settings, and contexts; and 4) drive continuous program improvement. Evaluation and performance measurement can also determine whether program strategies are scalable and effective at reaching the target or intended populations

Applicants should consider their selected or proposed short-term outcomes (from the Outcomes Section), and for each, develop a short-term measure that will show whether the anticipated change took place. CDC will work with grantees to finalize short-term (1 year) performance measures in the first year of the program.

Applicants should consider their selected strategies, activities and short-term outcomes, and select 3 intermediate (3-year) measures, plus the core (required) measure, to examine over the course of their 3-year project. **Applicants should include with their application a list of their 3 selected short-term measures, and 3 selected intermediate measures, plus the core (required) measure.**

Examples of short-term performance measures, and a list of intermediate (3 year) performance measures from which applicants will choose, are below:

Example Short-term measures

- Number of community members participating in health education activities conducted in Native language
- Number of community members participating in traditional food programs that promote health and sustenance
- Number of tribal members harvesting and preserving foods
- Number of community members participating in activities that teach traditional and contemporary physical activities
- Increased number of community members participating in community, social and cultural activities that teach cultural knowledge, practices, and historical events
- Number of community members participating in intergenerational programs offered that support wellbeing and resilience

Intermediate measures:

Core (required) Measure:

- **Number of community members reporting stronger understanding of and engagement in healthy living practices**

Program (choose 3) Measures:

- Number of community members who report attending community social and cultural activities focused on sharing cultural knowledge and practices
- Number of community members reporting a stronger sense of belonging to tribe and community
- Number of community members who report feeling more connected to and proud of their culture as a result of participation in seasonal, cultural, and traditional events and family and community activities
- Number of community members who report increased knowledge of their tribal history and culture as a result of participating in seasonal, cultural, and traditional events and family and community activities
- Number of community members who report that they are including traditional foods in their diets
- Number of community members who report that participating in traditional and contemporary physical activities strengthened their wellbeing
- Number of youth and elders who report that intergenerational interactions had a positive impact on their wellbeing

CDC will assist recipients in measuring outcomes with their chosen intermediate measures.

ii. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Throughout the three-year project period, CDC will work individually and collectively with recipients to answer the following evaluation questions based on the program Logic Model and activities:

1. To what extent do tribal members report increased attendance in community social and cultural activities focused on sharing cultural knowledge and practices?
2. To what extent do tribal members report a stronger sense of belonging to their tribe and community?
3. To what extent do tribal members report feeling more connected to and proud of their culture as a result of participation in seasonal, cultural, and traditional events and family and community activities?
4. To what extent do tribal members report increased knowledge of their tribal history and culture as a result of participating in seasonal, cultural, and traditional events and family and community activities?
5. To what extent do tribal members report increased inclusion of traditional foods in their diets?
6. To what extent do tribal members report participation in traditional and contemporary physical activities strengthened their wellbeing?
7. To what extent do youth and elders report intergenerational interactions having a positive impact on their wellbeing?

To answer these questions, CDC will use a two-pronged evaluation approach. Recipients will be required to: 1) report on short-term (1 year) measures and intermediate (3 year) performance measures; and 2) participate as requested in national evaluation activities. Recipients will be responsible for gathering data for their chosen short-term measures. With these measures, the recipients and CDC will track the implementation and the achievement of the intended short-term outcomes. CDC, in collaboration with recipients, will develop periodic performance measure reports. Performance measure reports will be used for program monitoring and for targeting areas for program quality improvement. CDC will develop periodic performance measure reports to be disseminated by multiple methods to recipients and other key stakeholders, including federal partners, non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out the activities, strategies, and evaluation requirements as outlined in the NOFO. Applicants must have experience

implementing the selected strategies. CDC anticipates that all applicants will demonstrate capacity to carry out the activities and evaluation over the 3-year project period.

All applicants must describe their organizational capacity to manage grants, carry out CDC program requirements and outline day-to-day responsibilities for key tasks such as leadership of project, monitoring of the project's ongoing progress, preparation of reports, program evaluation, and communication with partners and CDC. Specifically, applicants should provide a description of:

- Experience and expertise in wellness program planning, performance management and monitoring.
- Evaluation experience.
- Ability to travel (using Cooperative Agreement funds) to a grantee meeting sometime during the 3-year project period.
- Capability to manage required procurement efforts, including the ability to write and award subcontracts in accordance with 45 C.F.R. 75, as applicable.
- Experience with financial reporting, budget management and administration systems and methods.
- Personnel management experience (including developing staffing plans, developing and training workforce, managing Direct Assistance and developing a sustainability plan).
- Roles and responsibilities of existing and/or proposed partnerships.

Applicants must also:

- Describe their organizational capacity to carry out the work of this NOFO .
- Be able to implement selected strategies and activities within the first three months after the award is made.
- Demonstrate previous success in collaborating with the community served in this NOFO, and the ability to successfully involve community members in the proposed activities.

Applicants must demonstrate willingness and capacity to share lessons learned with other awardees and tribes throughout Indian Country, and with CDC. Flexibility will be allowed to enable applicants to implement NOFO requirements based on their own organizational design and approach, unless otherwise required by statute, to enable culturally-specific and population-relevant design and implementation of wellness practices.

d. Work Plan

Narrative Description

Applicants must provide a detailed work plan for the first year of the project that includes chosen strategies, intermediate (3-year) outcome, activities, person(s) responsible, timeline, and short-term outcome (expected 1 year change). The work plan and description must be aligned with the Tribal Practices for Wellness in Indian Country Logic Model. Applicants should also provide a high-level description of years 2 and 3 efforts showing how progress will continue to lead toward

the intermediate (3 year) outcomes.

The narrative description of the work plan should provide enough detail so that someone not affiliated with the work could understand what strategies and activities the applicant will implement and what outcomes the applicant expects. The narrative description must:

1. Identify the name and type of recipient (Tribe, Tribal Organization, Urban Indian Organization)
2. Identify the three selected strategies and accompanying activities that will be implemented during the first year of the project.
3. Identify the **core bolded** and three (3) additional intermediate outcomes selected.
4. Describe how you expect the selected strategies and activities will lead to the intermediate outcomes.
5. List the 3 selected short-term outcomes you expect by the end of Year 1.
6. Identify staff, contractors, consultants or partners responsible for overseeing implementation of the activities.
7. Provide the timeline/due date for activities.

The following work plan template is offered as an example to show the essential elements that should be included in the work plan submitted with the application. Applicants may submit the work plan in a format that is most conducive for them; however, the essential elements listed above must be included and it must be clear how the components in the work plan crosswalk to the strategies, activities, and outcomes presented in the logic model and the narrative sections of the NOFO. In addition, the work plan provides details of all necessary activities that will be supported through the approved budget, on personnel and/or partners who will complete the activities, and on the timeline for completion.

Work Plan Template:

Recipient name; Type of recipient (Tribe, Tribal Organization, Urban Indian Organization)		
STRATEGY:		
Intermediate (3-year) Outcome		
Activity 1	Person(s) Responsible	Timeline/ Due Date
Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		
Activity 2 (optional)	Person(s) Responsible	Timeline/ Due Date

Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		
STRATEGY:		
Intermediate (3-year) Outcome:		
Activity 1	Person(s) Responsible	Timeline/ Due Date
Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		
Activity 2 (optional)	Person(s) Responsible	Timeline/ Due Date
Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		
STRATEGY		
Intermediate (3-year) Outcome		
Activity 1	Person (s) Responsible	Timeline/Due Date
Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		
Activity 2 (optional)	Person(s) Responsible	ResponsibleTimeline/ Due Date
Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		

Applicants should complete the work plan template for each selected strategy as described below.

1. Recipient Name: List your organization's legal name and the type of recipient (Tribe,

Tribal Organization, Urban Indian Organization)
2. Strategy: List one of the 3 strategies you selected from the logic model.
3. Intermediate (3-Year) Outcome: List one of the 3 intermediate outcomes you selected from the logic model.
4. Activity: Provide a brief description of the activity you plan to conduct in Year 1.
5. Person(s) Responsible: Identify by name or position who is responsible for seeing this activity through to completion.
6. Timeline/Due Date: List the date that you expect to have the activity completed by during this 1-Year budget period.
7. Short-term Outcome: Include a brief description of what change you expect during this 1-Year budget period (from the logic model or other outcome you are proposing
8. Briefly describe how this activity will lead to the Intermediate (3-Year) Outcome: Include a 2 or 3 sentence description of how this activity will lead to your selected 3-Year outcome.

Here is an example of a completed work plan to show how a work plan and all its elements align with the Tribal Practices for Wellness in Indian Country logic model. The narrative component of the application would describe what is outlined in the example work plan.

Recipient Name; Type of Recipient	Tribal Name; Tribe		
STRATEGY	Cultural teachings and practices about traditional healthy foods to promote health, sustenance and sustainability		
Intermediate (3-year) Outcome	Increased inclusion of traditional foods in diets		
Activity 1	Person(s) Responsible	Timeline/ Due Date	Short-term (1-year) outcome
Work with families to raise and harvest corn and cranberries	Project Manager	December 2018	10 families raise, harvest and preserve corn, and plant cranberries.
Briefly describe how this activity will lead to the Intermediate (3-Year) Outcome	Young families that raise and harvest corn and cranberries for food are more likely to include those traditional foods in their diets and share excess crops with tribal members to include in their diets		

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

Recipients will be required to report on their chosen short-term (1 year) measures and intermediate (3 year) performance measures periodically. With these measures, the recipients and CDC will track the implementation and the achievement of the intended short-term outcomes. CDC, in collaboration with recipients, will develop periodic performance measure reports. Performance measure reports will be used for program monitoring and for targeting areas for program quality improvement.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

In a cooperative agreement, CDC staff members are involved in program activities as needed, above and beyond site visits and routine grant monitoring. The CDC program will work as partners with recipients to ensure success of the cooperative agreement by:

1. Supporting recipients in understanding and implementing cooperative agreement requirements and meeting program outcomes;
2. Providing guidance to recipients to improve the work plans and evaluation strategies;
3. Collaborating and supporting grantees to document progress, including doing so in a culturally appropriate way;

4. Providing technical assistance for recipients' evaluation and performance measures;
5. Supporting opportunities to network, improve communication and coordination; and
6. Participating in important meetings, related to the cooperative agreement.