

Category A

CIO

Project Plans



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Addressing Impediments To Public Health Data Sharing

Do not use all capital letters.

6/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

No

Target Population Description *

State public health agency officials and their informatics or data modernization leadership

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

11/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

75-21-0959

Funding Statutory Authority *

TBD

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No

☐

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

No

☐

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

Yes

☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes

☒

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

Yes

☒

No

☐

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

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health

Yes ☐

Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health

Yes ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

This project aims to build on previous work in identifying the impediments to national and state data sharing and to determine and strategically implement actions to address these impediments in partnership with state public health agencies.

35/150 words maximum

Program Strategy: Data and Information Systems

Activities *

- Convene roundtable to discuss and receive feedback on previously developed implementation roadmap that includes solutions/actions for health agency officials in addressing impediments

to data sharing

- **Support state health officials with technical assistance (TA) in implementing roadmap**

Process Measures *

- **Maintain or expand roundtable participation level of previous year and invite at least 15 distinct state health organizations**
- **Provide TA assisting ELC-funded jurisdictions in implementation of the data sharing implementation roadmap to between 5 and 10 state health organizations**
- **For jurisdictions funded for data modernization activities by CSELS through the Epidemiology and Laboratory Capacity Cooperative Agreement (activity C2), jurisdiction participation in both the a) roundtable and b) implementation of the data sharing roadmap would fulfill jurisdiction requirement to participate in a TA assessment to identify annual TA priorities and opportunities.**

Outputs *

- **Develop a written summary report from roundtable**
- **Updated data sharing implementation roadmap based on roundtable**
- **State health organizations implementing/updated data sharing agreements**

Budget Period Outcomes *

See above.

Outcome Measures *

- **At least 5 states or jurisdictions begin utilizing the data sharing roadmap to implement data sharing**
- **State health organizations are better equipped to implement data sharing**

Program Strategy: Laws and Policies**Activities ***

- **Build on previous environmental scans and conduct a through analysis of all state laws and policies impacting or influencing public health data sharing**
- **Identify incentives and solutions to address the laws and policies either enabling or impeding data sharing**
- **Draft and create a toolkit to help state health officials address laws and policies related to data sharing**

Process Measures *

- **Develop a summary of common policies that either enable or impede data sharing – policies addressed should be relevant to at least 50% of states and jurisdictions**
- **Craft a toolkit with at least two resources for state health officials to use in addressing laws and policies relating to data sharing**

Outputs *

- **One white paper on the current legal and political state of data sharing**
- **Toolkit for state health officials to use in addressing laws and policies around data sharing**

Budget Period Outcomes *

See above.

Outcome Measures *

- **At least 20 - to 25 state health officers are able to access and utilize the toolkit**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

- **The recipient organization should have established relationships with state health officers and organizations. They should be able to convene a diverse, representative roundtable that includes national, state, and local health officials knowledgeable of data sharing.**
- **Applicant must have the necessary organizational capacity to support collaboration among partner organizations that have data, have legal expertise, or could utilize data to improve public health**
- **Applicants must have organizational capacity to conduct high quality legal analysis and to present information using best-practice communication for a non-legal audience**
- **They must have to capacity to perform the tasks laid out above**

98/200 words maximum

Program Experience

- **Previous experience hosting roundtables with national, state, and local stakeholders is preferred.**
- **As is ongoing work with state health officials.**
- **Should have strong background in analyzing data sharing laws at the state, federal, and local level.**
- **Experience initiating and supporting engagement opportunities for public health and non-public health organizations**
- **Experience with: informatics ability to understand data sharing systems, use of current standards, and modernization priorities for public health and healthcare organizations**

68/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

CSELS Office of the Director staff will be involved in overall strategic direction of this project. In addition to subject matter expertise, staff will assist to ensure the project remains on-time and within scope. CSELS anticipates monthly or bi-weekly calls with the awardee.

42/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

n/a

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

n/a

0/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

Recipient Name

Update CIO

No ☐

**FY21 CIO Project Plan**

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

12/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

500,000

Funding Appropriation *

TBD

Funding Statutory Authority *

Non-COVID

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No



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

Yes



CBA Program Outcomes (Check one or more)*

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

Yes



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

No



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

No



Intermediate: Strengthened capability of public health workforce to deliver essential public health services

No



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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

Yes ☒

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

On any given night in 2019, approximately 568,000 people in the United States experienced homelessness. Water, sanitation, and hygiene (WASH)-related health emergencies (emergencies caused by WASH diseases) are public health problem among people experiencing homelessness (PEH). Outbreaks of *Shigella*, hepatitis A, and group A streptococcal skin infections among PEH have recently been reported in multiple US jurisdictions.

Inclusion of PEH is often missing from WASH-related public health emergency plans. To date, little work has been done to systematically assess local health department needs related to response planning for WASH-related public health emergencies among sheltered and unsheltered PEH. Additionally, few resources are

available for local jurisdictions to initiate response planning for WASH-related health emergencies among sheltered and unsheltered PEH.

This project will assess public health jurisdiction needs related to WASH-related public health emergencies among sheltered and unsheltered PEH, and support the development and evaluation of preparedness plans in select jurisdictions.

147/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

- Support 3-6 local health department jurisdictions (from geographically diverse regions) with large populations of PEH to develop and implement preparedness plans for WASH-related health emergencies. Response plan should be focused on both sheltered and unsheltered populations and should focus on public health emergencies (defined as emergencies caused by WASH related pathogens such as *Shigella*, Hepatitis A, and group A streptococcus). Preparedness plans should also include information about different WASH-related diseases.
- Conduct a process evaluation among the 3-6 jurisdictions developing response plans to describe the process of developing and implementing the plan.
- Using information from the needs assessment (see Activity in Program Strategy: Programs and Services) and the process evaluation create a toolkit that other jurisdictions can use to develop preparedness plans for WASH-related health emergencies among sheltered and unsheltered PEH. Toolkit should include templates, guidance, example materials, information about implementation experiences from funded jurisdictions, lessons learned and stories from the field, strategies to form partnerships and overcome barriers, and example strategies that have worked in funded jurisdictions. Toolkits should include information specific to both sheltered and unsheltered PEH and about different WASH-related diseases.
- Disseminate preparedness plans developed by 3-6 funded jurisdictions to a range of stakeholders, including unfunded local health department jurisdictions. Use a range of strategies including virtual symposia, conference presentations and roundtables, and virtual workshops to share preparedness plans with other jurisdictions.
- Disseminate the toolkit developed to support non-funded jurisdictions through to a range of stakeholders, including to non-funded jurisdictions and health departments. Use a range of strategies including virtual symposia, conference presentations and roundtables, and virtual workshops to share preparedness plans with non-funded jurisdictions.
- Evaluate the intention and capacity to create preparedness plans for WASH-related emergencies among sheltered and unsheltered PEH among non-funded jurisdictions following dissemination

activities.

- Conduct an outcome evaluation among the 3-6 funded jurisdictions to assess impact of developing and implementing the WASH-related preparedness plans for WASH-related emergencies among sheltered and unsheltered.

Process Measures *

- Number of jurisdictions supported to develop preparedness plans
- Number of jurisdictions supported to implement preparedness plans
- Number of process evaluations completed
- Number of dissemination activities to share preparedness plans (e.g., webinars, meetings)
- Number of dissemination activities to share toolkit (e.g., webinars, meetings)
- Number of stakeholders preparedness plans disseminated to
- Number of partners toolkit disseminated to
- Number of non-funded jurisdictions participating in dissemination activities
- Number of non-funded jurisdictions asked about intention to create preparedness plans for WASH-related emergencies among PEH.

Outputs *

- Toolkit for developing preparedness plans for WASH-related health emergencies among PEH
- Process and Outcome evaluation summary report
- Dissemination activity agenda, slide-decks, presentations
- Jurisdiction preparedness plan

Budget Period Outcomes *

- Local health departments will have improved capacity to develop preparedness plans for WASH-related public health emergencies, and to customize these plans to their local jurisdiction needs.
- Local health departments will have increased capacity to implement preparedness plans for WASH-related public health emergencies which will serve to address public health needs of sheltered and unsheltered people experiencing homelessness in their jurisdiction.

Outcome Measures *

- Development, dissemination, and evaluation of preparedness plans for WASH-related health emergencies among PEH
- Jurisdictions that participated in creating a preparedness plan reporting feeling better able to respond to WASH-related health emergencies among PEH

- Jurisdictions that participated in creating preparedness plans report regular collection of housing and PEH data
- Jurisdictions that participated in creating preparedness plans report establishing connections with PEH organizations and partners
- Jurisdictions that participated in dissemination activities report intention to create response plans
- Jurisdictions that participated in dissemination activities have increased capacity to develop response plans.

Program Strategy: Programs and Services

Activities *

- Conduct a needs assessment with local health department partners to examine needs related to WASH-related health emergencies among sheltered and unsheltered PEH. Needs assessments should have questions focused on differences in needs related to sheltered and unsheltered PEH, and focused on different WASH-related diseases. All local health departments will be invited to participate in the needs assessment. Needs assessment should include either qualitative, quantitative, or both methods of data collection. Needs assessment should explore local needs, strategies used in the past to address WASH-related health emergencies among PEH, existing partnerships with organizations supporting PEH, challenges responding to WASH-related health emergencies among PEH, and challenges developing response plans for WASH-related health emergencies among PEH. Needs assessment should include stakeholders from a range of jurisdictions in the United States and stakeholders at multiple levels in public health organizations.

Process Measures *

- Number of qualitative interviews and/or quantitative surveys administered as part of the needs assessment
- Number of partners results of needs assessment shared with
- Number of attendees to webinars or other dissemination activities to share needs assessment findings
- Number of jurisdictions participating in the needs assessment

Outputs *

- Summary report describing the methods and findings of the needs assessment
- Webinar, workshop, or other strategy to disseminate the findings of the needs assessment to health department and other relevant stakeholders

Budget Period Outcomes *

- Local health departments will have increased leadership capacity to identify public health needs related to WASH-related public health emergencies.

Outcome Measures *

- Stakeholders will have an increased understanding of the gaps, challenges, strategies used, and existing activities other health departments have used to respond to WASH-related health emergencies among sheltered and unsheltered PEH.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant organization must have the capacity to effectively and efficiently collaborate with local health department partners. This project requires a significant level of staff time and diligence to ensure timely progress. The applicant organization should have the capacity, expertise, and mechanisms to conduct qualitative and/or quantitative needs assessments, conduct program evaluations, develop toolkits, present project findings, and disseminate findings through a range of mechanisms.

65/200 words maximum

Program Experience

The applicant should have experience supporting local health department partners to develop preparedness or other emergency plans, experience with qualitative and quantitative data collection, experience with program evaluation, and experience disseminating information to range of partners. The applicant should have extensive knowledge and be deeply familiar with the trends, experiences, and needs of local health department stakeholder groups. The applicant organization should have the capacity, expertise, and mechanisms to conduct qualitative and/or quantitative needs assessments, conduct program evaluations, develop toolkits, present project findings, and disseminate findings through a range of mechanisms.

90/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

It is expected that the partner will meet weekly with the CDC collaborators/team to discuss the project. It is also expected that the partners will be able to collaborate with a range of public health organizations and organizations working in the homeless service sector to increase the reach of dissemination activities. Depending on the specific project activities, additional type of cross organization collaboration may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

75/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Subcontracting may be required as part of this project, specifically to subcontract with the 3-6 funded local jurisdictions to develop and implement preparedness plans for WASH-related health emergencies among PEH. Subcontractors selected should be from geographically diverse parts of the country, and from areas with moderate to large populations of either sheltered or unsheltered PEH.

Additionally, subcontracting may also be needed to conduct the needs assessment, process evaluations and outcome evaluations of the project, or to disseminate preparedness plans, evaluation findings, and toolkits. Subcontractors selected should demonstrate previous experience and success conducting these types of activities.

94/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.

54/200 words maximum



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

14/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

150,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

The program is authorized under sections 317(k)(2,

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

No ☐

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

No ☐

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

No ☐

No ☐

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

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

No ☐

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

Yes ☒

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

This project supports stakeholder engagement and build local capacity through a local health department to use data to inform public health action by utilizing data from the Violence Against Children and Youth Surveys (VACS). A VACS provides a platform to cover priority areas for injuries and violence: ACEs, opioid misuse/overdose, and suicide. The project supports coordination at the local health department level, to build the local health department's capacity to engage partners and lead data to action activities using pilot VACS

data. The project will also involve capacity-building workshops and activities to engage multi-sector partners and inform development of an action plan that reflects program and policy implications of VACS data. The project will leverage the VACS pilot data to support local health department leadership in developing of a comprehensive, multi-sectoral response to prevent and respond to violence.

137/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Lead existing multi-sector taskforce post-VACS implementation to adequately disseminate VACS data and develop actions plans from Data to Action workshops (see Partnerships below).

Process Measures *

Regular taskforce meetings (x number per year to be decided by recipient).

Outputs *

Regular taskforce meetings (x number per year to be decided by recipient).

Budget Period Outcomes *

Each sector of the taskforce (e.g., health, justice, education) have linked VACS data to evidence-based interventions in their sector action plans.

Outcome Measures *

Multisectoral response to VACS data has implemented evidence-based programs.

Program Strategy: Partnerships**Activities ***

Support the local health department in leading a Data to Action workshop. This workshop takes domestic VACS data and translates it for program and policy recommendations.

Process Measures *

At least one workshop held

Outputs *

Report on the findings from the Data to Action workshop

Budget Period Outcomes *

- 1. At least one workshop held**
- 2. At least one workshop report produced**

Outcome Measures *

Workshop report is used to form a City-wide action plan for preventing and responding to violence against children.

Program Strategy: Programs and Services**Activities ***

Utilizing the outcome of the Data to Action Workshop (see Partnership) the recipient will work with each sector other multi-sector taskforce to develop a plan to prevent and mitigate the effects of violence against children. These plans will be based on evidence-based policies and programs.

Process Measures *

- 1) Multi-sector taskforce meetings**
- 2) Action plans with evidence-based interventions**

Outputs *

Comprehensive, multi-sector action plan that emphasizes evidence-based programs and policies

Budget Period Outcomes *

Fully approved plans from all sectors of the multi-sector taskforce as well as key government offices (e.g. Mayor's office).

Outcome Measures *

Fully implemented evidence-based actions plans to reduce the burden of violence against children

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient organization will have a proven track record of working to build the capacity of Local Health Departments, education sector and frontline service providers, and have extensive project management experience.

30/200 words maximum

Program Experience

Recipient will have experience with violence as a public health problem and how to prevent it; developing the capacity of local public health departments to utilize violence data; and, experience with data translation for programmatic and policy. Other key experiences include capacity building, training, and dissemination of public health information.

49/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

CDC expects that the recipient will work closely with the local health department to develop all goals of this project. Specifically, the recipient can provide direct financial assistance to the local health department (e.g., salary support), provide expert consultations, utilize recipient staff time, and/or bring in outside consultants as needed, but in consultation with the local health department and CDC. CDC will provide direct technical assistance with the Data to Action workshops and will assist as needed for other project goals

80/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Recipients will be permitted to expend funds for project related costs (personnel, fringe, supplies, travel, etc.) in accordance with general terms and conditions for non-research cooperative agreements. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.

53/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Demonstrating Success of Injury And Violence Prevention at the State Level through Impact Storytelling

Do not use all capital letters.

13/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

No

Target Population Description *

State health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

150,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

42 U.S.C. Sections 247b(317K2); Patient Pro & AC

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

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

No ☐

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

No ☐**PROJECT DETAILS**

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

For the selected program strategies:

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

Project Purpose

To build capacity of state health departments to communicate the impact of their funded injury and violence prevention (IVP) programs. Beginning in FY2020, CDC received historic funding for three new programs: adverse childhood experiences (ACEs), suicide prevention, and firearm injury and mortality prevention. Leveraging this funding, CDC funded health departments to respond to these public health issues. Health departments and their partners must be equipped to share compelling stories around these programs to garner interest, encourage partnership, and demonstrate need for continued support. This project will gather health departments and other relevant stakeholders for interactive conversations to better understand and tell the stories of hope and success from these newly funded programs. The project will build the capacity of these health departments to develop and deploy storytelling communication products from the most promising stories using various mediums (potentially presentation graphics, one-pagers, quotes, audio clips, or narrative pieces).

146/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

- Research and develop a strategy to engage targeted health departments from which to gather stories, with technical assistance from CDC
- Develop unstructured questions to guide interactive grantee conversations, complete interactive grantee conversations via web-based video platform, provide low-resolution thematic summary of conversations as well as identify any insights for potential story development
- Working alongside health departments and relevant partners (explained below), co-create a suite of storytelling communication products that share the success and impact stories of health departments funded to undertake work in adverse childhood experiences, suicide prevention, and firearm injury and mortality prevention
- Conduct training webinar for health departments and other relevant partners on how to use these new products for action (e.g., how to strategically disseminate in collaboration with partners, etc.)

Process Measures *

- # health departments engaged
- # impact stories developed

Outputs *

- Strategy document detailing why, who, when and how grantees for conversations will be decided upon, contacted and engaged.
- Unstructured question guide
- Series of health department conversations via web-based video platform
- Low-resolution summary document of health department conversations
- Suite of at least 3-5 impact stories built out into various mediums (might include presentation graphics, one-pagers, shorter quotes, audio clips, or narrative pieces)
- Final training webinar

Budget Period Outcomes *

- Increased understanding and awareness among health departments of how to develop and share compelling stories

- Improved capacity of health departments to demonstrate the impact of injury and violence prevention efforts.
- Increased understanding of the impact of new injury and violence prevention funding

Outcome Measures *

- # of health department committing to utilizing impact stories to increase awareness
- # of health department participating in conversations

Program Strategy: Partnerships

Activities *

- Identify 3-5 partners and/or health department leaders (e.g., SHO level) who will serve as champions to share the impact stories upon completion of the communication products
- Engage champions throughout the process to hear what types of stories and communication products are most needed/beneficial to them when they meet with policymakers/partner organizations/local chapters
- Engage champions in health department conversations and foster ongoing two-way communication among health department IVP staff, health department leadership, and partners.
- (For partner champions only) Engage champion organizations in reaching out within their organization for insights related to types of helpful impact stories, specific examples of highly successful impact stories and most beneficial formats for these stories.

Process Measures *

- # of partners and/or health department leadership identified as championis
- # of champions participating in health department conversations
- # of champions providing feedback to health department IVP staff

Outputs *

- List of champions
- Written low-resolution summary of all collected feedback that can be used to inform the communication product building

Budget Period Outcomes *

- Increased quality and utility of final communication products
- Improved capacity of health departments to collaborate with partner organizations and with their own leadership to develop impact stories
- Increased partner awareness of impact stories from health departments funded to work on adverse childhood experiences, suicide prevention and firearm injury and mortality prevention

Outcome Measures *

- Feedback received was used to determine development of and revisions needed to impact story communication products
- Number of champions that report commitment to utilizing health department impact stories

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient must have a demonstrated history of working directly with and providing technical assistance to governmental health departments. The recipient must also have relationships with partner organizations that have connections to policymakers/local chapters. The recipient may have the ability to subcontract with a communication firm who will assist with editing and revising the success stories to develop the suite of communication materials and ability to manage the subcontractor to ensure completion of deliverables-based developed work plan or scope of work, while providing critical feedback for deliverables improvement.

86/200 words maximum

Program Experience

The recipient must have experience convening stakeholders (including health departments and other partners) to elicit feedback and input. The recipient must also have experience identifying, developing, and disseminating public health impact stories (particularly injury and violence prevention impact). The recipient must demonstrate experience of successfully working with communication firm to deliver a communication product and experience with hosting and/or conducting training for public health professionals.

64/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

It is expected that the recipient will organize regular or periodic calls with NCIPC representatives and that the representatives will provide key input and technical assistance as needed.

27/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The recipient may subcontract a communication firm who will assist with editing and revising messages to develop the suite of communication materials. The recipient must follow federal regulations and policies for acquiring a subcontractor under a cooperative agreement

37/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds will be used to subcontract with a communication firm for the development of the suite of success story products.

19/200 words maximum

CIO CERTIFICATION*

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



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Enhancing State Infectious Disease Preparedness And Response Threat-based Capabilities

Do not use all capital letters.

8/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

No

Target Population Description *

State health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

EI funds within NCEZID/DPEI

Funding Statutory Authority *

EI funds within NCEZID/DPEI

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

Enhance infectious disease and biological threat preparedness and response capability of state health departments through engagement with partner and stakeholder subject matter experts and practitioners

24/150 words maximum

Program Strategy: Partnerships

Activities *

1. Routine engagement by partner organization, state health departments, stakeholders, and CDC to

elicit input and feedback on preparedness plans, planning activities and, if applicable, response operations for biological threat agents, emerging infectious disease threats, and other threats of concern.

2. As feasible and appropriate, collection of data by partner organization with state health departments, stakeholders, and others to inform input and feedback on states' preparedness and response topics.

Process Measures *

1. Monthly (or other frequency mutually agreed upon) and, if requested, ad hoc meetings held to discuss key issues and topics to inform infectious disease preparedness planning and response operations
2. As topics dictate, include appropriate STLT or other subject matter experts in discussions

Outputs *

1. Meeting notes, including at a minimum attendees, topics discussed, next steps, and other pertinent items
2. Draft, interim, and other products requested as part of routine or ad hoc engagement
3. Identification of improved state health department response operations through effective planning and partnership with traditional and non-traditional partners

Budget Period Outcomes *

Strengthened state preparedness plans for biological threat agents, emerging infectious disease threats, and other threats of concern

Outcome Measures *

1. # of products developed/# of products distributed for incorporation into preparedness plans and other relevant documents, materials, and processes.
2. # of states that adopt or incorporate partner-developed products into preparedness plans for biological threat agents, emerging infectious disease threats, and other threats of concern

Program Strategy: Programs and Services

Activities *

Assess range of solutions used (e.g., guidance, communications, deployed teams/surge staff, coordination/engagement with partners, digital tools, etc.) to support state health departments during COVID-19 response that can be applied to preparedness planning and response operations for a biological threat event (e.g., plague, anthrax) using quantitative (e.g., survey) and qualitative (e.g., key informant interviews, focus groups) methodologies

Process Measures *

1. Completion of at least one survey to state health departments with at least 40% response rate
2. Completion of at least 20 key informant interviews or 6 focus groups

Outputs *

1. Documentation of scheduled and ad hoc engagement with CDC to discuss progress and next steps
2. Interim and final reports of assessments with recommendation on preparedness and planning work
3. Presentation of findings at an appropriate forum or conference
4. Supporting production of dissemination of findings in appropriate peer-reviewed publication

Budget Period Outcomes *

Improved documentation of lessons learned shared with state public health departments.

Outcome Measures *

At least 95% of appropriate State public health departments receive shared lessons learned from COVID-19 response that can be applied in infectious disease planning and preparedness efforts for biological threat events

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

1. Proven experience in convening stakeholders, facilitating discussions, drafting recommendations/guidelines, event planning, and quantitative and qualitative methodologies
2. Proven networking mechanisms to disseminate findings to key stakeholder groups in the biological threat agent emergency area

30/200 words maximum

Program Experience

Expertise in infectious preparedness and response related to biological threat agent emergencies

11/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

Collaborate with other subject matter experts in infectious disease biological threat agents
Collaborate with governmental public health departments

16/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Expect use of subcontractual work for additional support to complete activities

10/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

No additional instructions

2/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

6/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

18/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

770,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

Section 317(k)(2) and 307 of the Public Health Ser

Expected Project Length *

☐

The CIO will fund the project for one year

☒

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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No

☐

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

No

☐

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

No

☐

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

No

☐

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

No

☐

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

No

☐

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

Yes

☐

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

Yes ☒**PROJECT DETAILS**

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

For the selected program strategies:

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

Project Purpose

The purpose of this project is to create post-overdose protocols, policies, and procedures for Emergency Departments (EDs). Local public health departments play a key role in collaborating with EDs. The goal is to ensure people experiencing a drug overdose are initiated on medications for opioid use disorder (MOUD), receiving naloxone, being referred to treatment and connected community-based recovery organizations, and are linked to patient navigators at this critical time of care. In the participating emergency departments, designated care coordinators are embedded in the emergency department care team to help facilitate all of these touchpoints in the care continuum. Patient outcomes of interest include overdose, referrals, entering treatment, receiving harm reduction services. The project will produce a toolkit with protocols to support implementation and a journal article.

123/150 words maximum

Program Strategy: Programs and Services**Activities ***

1. Prioritize hospitals ready to implement emergency department overdose protocols
2. Coordinate meetings/calls with project team
3. Oversee implementation efforts in at least 2 hospitals
4. Create and disseminate journal article and companion toolkit of protocols

Process Measures *

1. Successfully collaborate to recruit and support at least 2 hospitals
2. Engage at least 2 hospitals to implement emergency department overdose protocol

Outputs *

1. Implement emergency department overdose protocol
2. Peer review journal article or technical report
3. Toolkit that is publicly available to help increase uptake and use of evidence-based emergency department overdose protocols in the field

Budget Period Outcomes *

1. Improve evidence-based overdose care in emergency departments
2. Improve linkage to care among emergency departments and community-based organizations

Outcome Measures *

1. Increase in number of patients starting buprenorphine
2. Increase in number of patients entering OUD treatment
3. Increase in number of local public health departments partnering with emergency departments to connect patients to care

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient has the capacity to conduct this project with a short learning curve as the recipient has a demonstrated track record of doing this exact type of work. Recipient must have demonstrated capacity to work in partnership with CDC in order to develop the best approach to accomplishing the goals of this project. Recipient is expected to understand the (a) drug overdose scientific literature, (b) treatment and prevention services, (c) process of engaging hospitals and (d) have a working knowledge of the field of emergency department overdose protocols.

87/200 words maximum

Program Experience

Recipient has extensive experience managing/overseeing work with similar scope and purpose. Recipient must have extensive experience working in hospitals/emergency departments. Recipient must demonstrate expertise in collaboration. Recipient must demonstrate functional understanding of key facts in the prevention and treatment of drug overdose in emergency departments

44/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

To effectively conduct the work described in the project details section, the recipient is expected to establish a productive collaboration with CDC and partner organizations to implement the overdose protocol in emergency departments and facilitate the creation of a journal article and toolkit.

42/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

A subcontractor is not required but may be selected for this project. Subcontractor must have extensive experience working in emergency departments, is a recognized leader in the field, and has expertise in the particular field overdose protocols

35/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The budget needs to reflect specific expertise in providing the type of support to complete this project.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

9/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

23/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

450,000

Funding Appropriation *

75-21-0120

Funding Statutory Authority *

Public Health Service Act Section 1707 (42 U.S.C.

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The purpose of this project is to develop materials and strengthen capacity for health departments serving American Indian/Alaska Native (AI/AN) populations to raise awareness of urgent maternal warning signs amongst AI/AN women and communities.

34/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

A National Organization that serves the needs of health departments serving AI/AN populations will develop and coordinate the following activities in collaboration with CDC Technical Monitors to build the capacity of these organizations to raise awareness of the urgent maternal warning signs:

- Collaborate and coordinate with key partners on the approach to engage the AI/AN community to ensure the content developed and implementation strategies, which will be summarized in a creative brief, are respectful of and responsive to the health beliefs, practices and needs of AI/AN women.
- Build capacity to utilize and assist with the dissemination of Hear Her campaign materials to health departments serving AI/AN women, their support networks, and healthcare providers through national, regional and tribal communications channels
 - Share strategies for health departments and other partners to implement the campaign and use the resources developed.
- Provide training and resources to support implementation and distribution of Hear Her campaign materials through channels that reach AI/AN women and their support networks such as social media, tribal newsletters, earned media, and local media.

Process Measures *

- Input from the AI/AN community on the creative brief for the AI/AN segment of the Hear Her campaign
- Distribution of Hear Her campaign materials through channels that reach health departments, AI/AN women and their support networks in both tribal lands and non tribal areas across the nation.

Outputs *

- Report with summary of feedback to creative brief
- Event promoting release of the new campaign materials and strategies that health departments serving AI/AN populations can use to implement Hear Her
- Resources to assist health departments and other organizations serving AI/AN populations with implementation of the Hear Her campaign.

Budget Period Outcomes *

- Engage health departments serving AI/AN populations and distribution of culturally appropriate campaign materials for AI/AN pregnant and post-partum women, their support networks, and health care providers.
- Increased capacity for health departments serving AI/AN populations to raise awareness of urgent maternal warning signs amongst AI/AN women and communities.

Outcome Measures *

- Health departments reporting increased capacity to raise awareness of urgent maternal warning signs

amongst AI/AN women and communities

Program Strategy: Partnerships

Activities *

A National Organization that serves the needs of health departments serving AI/AN populations will develop and coordinate the following activities in collaboration with CDC Technical Monitors to build the capacity of these organizations to raise awareness of the urgent maternal warning signs:

- Develop and implement a strategy to build capacity of health departments serving AI/AN populations to partner with other service organizations, such as WIC, that serve AI/AN pregnant and postpartum women and their support networks to utilize Hear Her campaign materials
- Promote the campaign at relevant conferences and meetings where public health departments and other organizations serving AI/AN women can learn about the campaign and strategies to raise awareness of urgent maternal warning signs

Process Measures *

Distribution of Hear Her campaign materials through health departments serving AI/AN populations and connections to other partners that serve AI/AN women and communities

Outputs *

- A plan for health departments and other organizations serving AI/AN women to partners and utilize Hear Her campaign materials to raise awareness of urgent maternal warning signs amongst AI/AN women, their support networks, and healthcare providers
- Documented promotion and/or distribution of Hear Her materials through partner emails, meetings, toolkits, etc.
- Training or other events for health departments and other organizations on strategies for local implementation to build capacity and strengthen partnerships.

Budget Period Outcomes *

- A network of key leaders and organizations that serve the AI/AN community that utilize the Hear Her campaign to raise awareness of urgent maternal warning signs and improve related communication

amongst AI/AN women and communities

- Increase capacity of health departments serving AI/AN populations to partner with other organizations that serve AI/AN pregnant and postpartum women to raise awareness of the urgent maternal warning signs.

Outcome Measures *

- Health departments reporting/demonstrating increased partnerships to raise awareness of the urgent maternal warning signs

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have significant experience building capacity within health departments serving AI/AN populations and working with AI/AN women and communities. It is important that the applicant have capacity to organize virtual meetings, conduct outreach to partners, facilitate strategic partnerships and feedback, consolidate feedback in a report, and distribute communications materials through national, regional and tribal channels.

56/200 words maximum

Program Experience

1. Experience working with American Indian/Alaska Native women and communities
2. Experiencing working with and building the capacity of Tribal leadership and health systems
3. Experience disseminating health education materials through strategic partnerships, particularly to reach American Indians and Alaska Natives on tribal lands and non tribal areas

42/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The awardee will be expected to engage with CDC's technical monitor and the Hear Her campaign team throughout the project lifecycle, including regular meetings and email communication to collaborate on development of campaign materials and strategies for distribution.

37/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The awardee will be expected to engage with sub-contractors as needed to execute events or other activities.

16/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Use of funds may include, but is not limited to, costs related to personnel time, hosting events, and travel for campaign related meetings or events.

24/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Improving Electronic Data Access For Reportable Conditions For Tribal Governments

Do not use all capital letters.

9/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

No

Target Population Description *

The target populations that will receive CBA are tribal health departments and other tribal public health

authorities.

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

16/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

2,000,000

Funding Appropriation *

NA

Funding Statutory Authority *

NA

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

CBA Program Outcomes (Check one or more)*

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

Yes ☐

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

Yes ☐

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

No ☐

Yes ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☒

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

Yes ☒

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

No ☐

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

To partner with at least one tribal government, Tribal Epidemiology Center (TEC), or other tribal body with public health authority to implement electronic case reporting, with the intent of increasing tribal access to electronic health data for reportable conditions. Awardee will work with one or more tribes to connect their public health authority to the APHL Informatics Messaging Service (AIMS) to receive electronic case reports, and to enter tribal specific rules into the Reportable Disease Knowledge Management System (RCKMS) for COVID-19 and other reportable conditions. The awardee will develop and implement a strategy in partnership with one or more tribes to recruit healthcare partners on Tribal lands or providing care to tribal members. Awardee will support at least one tribe in improving informatics capacity to utilize electronic case report data and improve data systems to integrate electronic data.

138/150 words maximum

Program Strategy: Public Health Systems Infrastructure**Activities ***

Support the tribal health authority in receiving health data from healthcare providers that provide care to tribal members in an electronic initial case report format by sharing information about electronic Case Reporting (eCR) with these providers and connecting them to eCR onboarding resources.

Process Measures *

- **# of materials developed about electronic Case Reporting (eCR)**
- **# of materials distributed to health care providers that provide care to tribal members and tribal health authorities**
- **# of tribal health authorities touched in outreach**

Outputs *

- **eCR resources**
- **Partnerships between tribal health authorities and tribal healthcare organizations to send data through eCR.**

Budget Period Outcomes *

- **Increased number of tribal health authorities receiving electronic initial case reports from healthcare organizations providing care to tribal members to support tribal public health.**
- **Increased awareness of eCR and working towards eCR implementation among tribal public health components, including healthcare organizations that serve tribal members.**

Outcome Measures *

- **Number of healthcare organizations providing care to tribal members able to send electronic initial case reports to support tribal public health.**

- **Percentage of providers and tribal health department staff reporting an increased awareness of eCR and how to work towards eCR implementation.**

Program Strategy: Data and Information Systems

Activities *

Support one or more tribal public health authorities to implement electronic case reporting, increasing their access to electronic data for public health decision making.

Process Measures *

Number of tribal public health authorities connecting to AIMS platform and entering rules for reportability within RCKMS.

Outputs *

One or more tribal health authorities is able to receive electronic initial case reports from AIMS for COVID-19 and other conditions and has rules entered into RCKMS.

Budget Period Outcomes *

Each of the sub-recipients or tribes is receiving data to improve public health decision making. Increased number of tribal health authorities receiving data and processing data into surveillance systems.

Outcome Measures *

Number of the sub-recipients or tribes receiving data to improve public health decision making.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient has strong knowledge of and relationships with tribal governments, tribal epidemiology centers, and healthcare organizations that provide healthcare to tribal members. Recipient has existing knowledge of tribal public health infrastructure and should include details in their application about partners' interest in receiving data, and partners' data system planning. Recipient can partner with various tribes with public health authority to receive electronic case reports.

63/200 words maximum

Program Experience

The recipient's program experience includes ability and past experience with one or more tribes to support capacity building in tribal health departments or other tribal public health authorities.

27/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

Grantee will collaborate with electronic case reporting (eCR) team at CDC and other national partner organizations. CDC will facilitate relationships with other partners if necessary after award.

25/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Recommend subcontracting with organizations with tribal health authority as needed. The number of subcontracted organizations should be reflected in the workplan and accomplishments anticipated.

24/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds should be used to support tribal governments, but can be transmitted through tribal epidemiology centers (TECs) or other entities that have delegated public health authority. The recipient can sub-contract to more than one organization to support a broader range of tribes

41/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Increasing Retail Clinic Hiv/sti Prevention Capacity To Reach Underserved Minorities

Do not use all capital letters.

9/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

No

Target Population Description *

Target population are local health departments.

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

5/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,383,000

Funding Appropriation *

75-21-0950

Funding Statutory Authority *

Annual appropriation

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs No ☐

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

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically No ☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services No ☐

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

No ☐

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

Yes ☒

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The overall goal of this project is to partner with local health departments that may leverage the accessibility and flexibility of Retail Health Clinics (RHCs) to expand the reach of HIV/STI diagnosis and prevention

services, including HIV PrEP and rapid testing for STI, in Ending the HIV Epidemic (EHE) jurisdictions with a high proportion of racial/ethnic and sexual minorities. We propose a demonstration project incorporating RHCs (e.g., MinuteClinics in CVS stores) into existing networks of HIV/STI care services in geographic areas with high HIV morbidity and high numbers of underserved minorities. By incorporating RHCs into existing networks, we also aim to leverage partnerships to enhance the Ready, Set, PrEP program and address the testing, treatment and prevention pillars of EHE. We will also use the retail clinic structure to pilot privacy-conserving telehealth approaches such as electronic assessments and Q&A, provision of results, and facilitated referrals.

143/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

The recipient will be responsible for working with CDC and relevant health departments to assure **training** for RHC mid-level providers and other staff, including, as needed:

- Self-collection and 3 site testing for STI testing,
- Access to ART, nPEP, PrEP,
- Delivery of injectable antibiotics for STI, as indicated
- Cultural competence training for working with underserved minorities

Process Measures *

- Recipient has secured agreement to participate from relevant health departments and RHC entities
- All relevant RHC mid-level providers/other staff have received training for:
 - Self-collection and 3 site testing for STI testing,
 - Access to ART, nPEP, PrEP, (including counseling for new positives)
 - Delivery of injectable antibiotics for STI, as indicated
 - Cultural competence training for working with underserved minorities
 - RHCs will have processes in place to assure injectable antibiotics for STI are on-hand for timely treatment

Outputs *

- MOAs between recipient and relevant HDs and selected RHCs
- Selection of RHCs seeing a sufficient volume of underserved minorities
- Fully trained RHC staff ready to implement all elements of the project
- Plan for maintaining a ready supply of injectable antibiotics for STI

Budget Period Outcomes *

- Year 1: Workforce improves capacity in STI-specific competencies and skills through training to deliver STI/HIV care and treatment in the RHC setting to underserved minorities.
- *Years 2: Workforce capacity is maintained, including training new staff as needed.*

Outcome Measures *

These outcome measures reflect increased competencies expanding services as a result of training (i.e., workforce development)

- # RHC providers reporting high self-efficacy on directing self collection and conducting 3 site STI testing/all participating RHC providers
- # RHC providers reporting high self-efficacy on facilitating access to ART, nPEP, PrEP, (including counseling for new positives)/all participating RHC providers
- # RHC providers reporting high self-efficacy on delivery of injectable antibiotics for STI/all participating RHC providers
- # RHC providers reporting high self-efficacy on cultural competence training for working with underserved minorities/all participating RHC providers
- # of self collected swabs collected/all swabs collected
- # 3 site tests conducted/all eligible patients
- # patients treated onsite with injectable antibiotics for STI/all patients indicated

Program Strategy: Partnerships

Activities *

- Recipient and target organizations will form close collaborations and establish collaborative practice algorithms to assure:
 - Integration of services for underserved minorities across RHC, health department, primary care and other health care settings. In this case, the cooperating entities in the selected jurisdiction(s) will enable RHCs to serve as points of care for PrEP, nPEP, rapid HIV/STI testing, STI treatment, and potentially oversight of HIV care.
 - Appropriate record-keeping for public health (e.g., case reporting) and patient care (management across collaborating service providers)
- Recipient and target organizations will collaborate to implement health communication or social marketing activities to facilitate service uptake by underserved minorities.

Process Measures *

- # of jurisdictions identified for integration activities
- # of types of collaborators identified to support LHD/RHC partnerships
- # of health communication materials prepared
- # and target/type (e.g., target population, medium of choice, key messages) of social media messages developed and disseminated

Outputs *

- MOA finalized between funded recipient, appropriate HDs, and participating RHCs outlining expectations for each partner
- Collaborative practice algorithms established to ensure integration of services for underserved minorities across health department, RHC, primary care and other health care settings
- **Clearly outlined STI/HIV reporting requirements to support improved adherence among service providers, enabling LHD data**
- Plans/processes developed to support coordination of care across collaborating service providers
- Social marketing activities to support service uptake are developed and ongoing

Budget Period Outcomes *

- Year 1: All essential partnerships are expected to be in place by the end of BP1
- *Years 2: retention and refinement of essential partnerships as needed.*

Outcome Measures *

- # of MOUs/collaborative practice agreements developed
- Estimated proportion of focus population reached through collaborative practice agreements (e.g., use of mapping to show RHCs are colocated with focus population)
- # of partner meetings held
- # of new policies/procedures adopted/refined

Program Strategy: Programs and Services

Activities *

The funded recipient will build the capacity of local health departments to improve STI/HIV testing within their jurisdictions, via partner retail health clinics, by enabling the following:

- Onsite testing and treatment for STI via rapid tests. Treatment must be concordant with CDC STD treatment guidelines published in the MMWR.
- Onsite testing for HIV.
- Onsite treatment for HIV (i.e., ART) and/or facilitated referrals to treatment at a collaborating facility.
- Onsite or remote access to sexual health assessments to include assessment for PrEP, PEP, nPEP and hepatitis vaccine eligibility, as well as provide each of these services.
- RHCs will implement electronic patient follow-up and brief monitoring processes, such as phone/video follow-up appointments (as part of collaboration with primary care organizations) for those who are high-risk for falling out of care and/or newly engaged in care.
- RHCs will implement and provide referrals to cooperating health care partners for care not available in RHCs (e.g., complex presentations, reinfections).
 - Link persons with newly diagnosed HIV to HIV medical care and ART initiation within 30 days of diagnosis.
 - Re-engage persons with previously diagnosed HIV into HIV medical care and ART when it is determined that the individuals are not currently in HIV medical care, within 30 days of the encounter.
- RHCs will institute online appointment scheduling for onsite services and consider instituting evidence-based remote access behavioral counseling

Process Measures *

- RHCs aware of CDC STD treatment guidelines published in the MMWR
- RHCs have capacity and necessary equipment to perform rapid STI tests onsite
- RHCs have onsite access to recommended treatment for all STIs in accordance with CDC STD treatment guidelines
- RHCs have capacity to perform HIV testing
- RHCs have capacity to initiate HIV treatment for newly positive individuals
- RHCs have MOUs with collaborating facilities to link or re-link HIV positive individuals to care
- RHCs demonstrate capacity to provide onsite sexual health assessments to include assessment for PrEP, PEP, nPEP and hepatitis vaccine eligibility, as well as provide each of these services
 - If capacity onsite is not possible, RHCs have established contracts/mechanisms to provide remote access to the above
- RHCs have established protocols for electronic patient follow-up and brief monitoring processes for those who are high-risk for falling out of care and/or newly engaged in care.
- RHCs have established MOUs with cooperating health care partners to provide care not available in RHCs (e.g., complex presentations, reinfections).

- RHCs have protocols in place to facilitate referrals for:
 - Linking persons with newly diagnosed HIV to HIV medical care and ART initiation within 30 days of diagnosis.
 - Re-engage persons with previously diagnosed HIV into HIV medical care and ART when it is determined that the individuals are not currently in HIV medical care, within 30 days of the encounter.
- RHCs have secured online appointment scheduling for onsite services
- RHCs have developed plans for integrating evidence-based remote access behavioral counseling

Outputs *

- RHCs have all materials needed for onsite STI and HIV testing and treatment
- RHCs have collaborating partners and referral protocols to:
 - Link newly HIV positive individuals
 - Re-engage in care HIV positive individuals who are not currently in HIV medical care
 - Provide care not available in RHCs
- RHCs have capacity to provide sexual health assessments either on-site or through remote access
- RHCs have developed protocols for:
 - Electronic patient follow-up and brief monitoring processes for those who are high-risk for falling out of care and/or newly engaged in care
 - Referral to collaborating partners
- RHCs have active and functioning online appointment scheduling for onsite services
- RHCs have plan and timeline for integrating evidence-based remote access behavioral counseling

Budget Period Outcomes *

- Year 1: Complete planning, partnerships, materials acquisition (e.g., STI testing equipment), training, communications materials and begin implementation pilot.
- Year 2: *Complete pilot, bring to scale for full evaluation. Complete implementation and evaluation, complete planning for sustainability and portability (for scale-up and adaptation beyond project sites)*

Outcome Measures *

To measure the impact or application of training materials:

- # positive STI tests/rapid STI tests completed
- # STI positive individuals treated appropriately/positive STI tests

- # new HIV positive individuals identified/tests administered
- # new HIV positive individuals initiating ART/new HIV positive individuals identified
- # new HIV positive individuals linked to an HIV care provider/new HIV positive individuals identified
- # out of care HIV positive individuals linked to care/out of care HIV positive individuals identified
- # sexual health assessments for PrEP, PEP, nPEP and hepatitis vaccine eligibility conducted/all eligible patients
- # electronic patient follow-up and brief monitoring processes as part of collaboration with primary care organizations for those who are high-risk for falling out of care/individuals with or newly diagnosed with HIV
- # electronic patient follow-up and brief monitoring processes as part of collaboration with primary care organizations for those newly engaged in care/new HIV positive individuals identified
- # referrals to cooperating health care partners for care not available in RHCs/all eligible patients
- # individuals with newly diagnosed HIV to HIV medical care and ART initiation within 30 days of diagnosis/new HIV positive individuals identified
- # individuals previously diagnosed with HIV who are not engaged with HIV care who are re-engaged into HIV medical care and ART within 30 days of the encounter/all previously diagnosed individuals with HIV who are identified as having fallen out of care
- # online appointments scheduled for onsite services/baseline comparison of online appointments scheduled
- (Conditional) # evidence-based remote access behavioral counseling sessions scheduled/all patients identified as meeting criteria for referral for behavioral counseling

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient needs high capacity in program planning, workforce training and development, HIV/STI testing, treatment and prevention interventions, health communications and social marketing, monitoring and evaluation, as well as a track record of forging successful public-private partnerships. The recipient should be able to demonstrate past experience funding public and private entities and ensuring that deliverables are met. The recipient should be able to demonstrate a commitment to health equity.

68/200 words maximum

Program Experience

The recipient should also be able to demonstrate experience working on topics such as HIV, STDs, PrEP and

sexual health. The recipient should be able to demonstrate familiarity with surveillance, disease investigation, case management, linkage to care and other related activities. The recipient should be able to demonstrate experience utilizing health equity framework to address the HIV and STI epidemics.

59/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

This project will require extensive collaboration at 3 levels: (1) between CDC and the recipient in the CSTLTS umbrella cooperative agreement, (2) among CDC, recipient and RHCs and health departments implementing the approach, and (3) between RHCs and health departments as they implement the approach.

44/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The recipient will be expected to subcontract with health departments, RHCs and other entities to facilitate implementation and evaluation.

18/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

CDC anticipates the funds will be used to facilitate implementation of three demonstration projects as described in the purpose. Some funding may be contracted to a third party to coordinate. Across budget categories, a substantial amount of funding will likely go towards personnel and benefits. Funds may be allocated towards travel to visit the funded sites. Some funding may go towards basic supplies and equipment to support the project. **Funds may not be used for the provision of clinical services.**

79/200 words maximum



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Listening To Understand: State Response To The Opioid Epidemic

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

No

Target Population Description *

State and territorial health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

4/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

375,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

42 U.S.C. Sections 247b(317K2); Patient Pro & AC

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

In 2016, CDC published the *Guideline for Prescribing Opioids for Chronic Pain* (the Guideline) to provide recommendations on the use of opioid medications in the treatment and management of chronic pain. Recent efforts to trace the Guideline's impact since publication have indicated a need to better understand possible intersections between this guidance and institutional norms, protocols and actions intended to promote safety and transparency related to opioid prescribing. This project aims to systematically survey and document these norms, protocols and actions; use that information to identify and bring together relevant stakeholders to collaboratively assess potential opportunities to address gaps in knowledge; and then develop educational and communications tools to reinforce the Guideline's intent and purpose and align partner efforts with the goal of improving patient safety

125/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

1. Complete an in-depth environmental scan and informational review of the influence the 2016 Guideline has had on institutional norms, protocols and actions including the potential impact on chronic and acute pain patients, the providers who care for them, and other related institutions of health and safety.
2. Analyze the findings of the scan and review for patterns and trends in information and practice as well as potential gaps in knowledge and/or opportunities for renewed or improved communication of Guideline-related information.
3. Develop supplementary materials to aid, educate, and reinforce the Guideline's intent for the target population.

Process Measures *

1. # of jurisdictions, organizations and/or information sources included in environmental scan/informational review
2. # of norms, protocols and actions evaluated
3. Identification of patterns and trends in information and practice
4. Identification of knowledge gaps and/or communication opportunities that could be addressed using supplementary communication materials

Outputs *

1. Written final report of environmental scan and informational review, to include graphical design elements usable for presentations. Supplementary communication materials including tools, one-pagers and/or graphical content

Budget Period Outcomes *

1. Increased understanding and awareness of the Guideline's impact on institutional norms, protocols and actions.
2. Increased understanding of the impact of institutional norms, protocols and actions on chronic pain patients, their caregivers and providers.
3. Increased understanding of the Guideline's intent as it relates to institutional norms, protocols and actions.

Outcome Measures *

1. # of requests for technical assistance filled using communications materials and/or other results of the

environmental scan and informational review

2. # of participating organizations that report commitment to providing increased awareness and understanding on use of the Guideline

Program Strategy: Partnerships

Activities *

1. Utilize completed environmental scan and informational review to develop a regulatory/law enforcement stakeholder map of individuals, groups and institutions related to norms, protocols and actions impacted by the Guideline.
2. Assess the wants, needs and experiences of a subset of identified stakeholders, potentially using an informal interviewing process.
3. Plan and host 1-3 stakeholder convenings

Process Measures *

1. # of stakeholders identified
2. # of stakeholders interviewed
3. # of convening attendees

Outputs *

1. A written document mapping identified stakeholders and their relationship to the Guideline's impact and one another
2. Written report summarizing the findings of informal stakeholder interviews to include graphical components usable in presentations.
3. Written report summarizing the outcomes of the convening(s)

Budget Period Outcomes *

1. Increased awareness of stakeholders related to the Guideline's impact on institutional norms, protocols and activities
2. Increased awareness and understanding of stakeholder needs, values and preferences related to the Guideline's impact on institutional norms, protocols and activities
3. Increased communication between stakeholders

Outcome Measures *

1. Completion of pre-convening survey by attendees
2. Completion of a post-convening survey by attendees
3. Number of participating organizations that report commitment to providing increased awareness and understanding on use of the Guideline

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient organization should have the expertise and capacity to conduct an environmental scan and informational review of the target population and its institutional norms, protocols and activities related to the Guideline, analyze the findings of that scan and review for patterns, trends and potential gaps in knowledge, and map relevant stakeholders. Recipient must have the capacity to assess stakeholder needs and preferences, and to plan and facilitate convenings based on those needs and preferences including developing agendas, materials, activities and logistics. Recipient must have the capacity to develop supplementary communications and training materials based on the results of partner convenings.

99/200 words maximum

Program Experience

Recipient organization must demonstrate experience with environmental scanning and informational review, stakeholder mapping and engagement, organizing and hosting collaborative convenings as well as producing communications and training materials. Recipient should demonstrate functional understanding of individuals, groups and institutions related to pain and pain management as well as conditions that complicate pain management (e.g. substance use disorder).

55/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Recipient is expected to collaborate with CDC on identifying the breadth and scope of the environmental scan and informational review as well as ensuring that convenings and communications materials are inclusive, accessible and equitable. It is expected that the recipient will organize regular touchpoints with the NCIPC

technical monitor and other project staff and that the NCIPC technical monitor and other project staff will provide key input and technical assistance as needed. Recipient is expected to establish collaboration with national and state organizations that represent public safety/law enforcement agencies.

88/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Subcontract/s may be required to carry out the proposed work.

9/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds will be used to support recipient staff salary and fringe, equipment, travel, supplies, and indirect costs to directly support the work plan. The budget needs to reflect specific expertise in providing administration, oversight, and coordination for CDC-funded projects. Budget must incorporate costs for IT security requirements and expediting execution of contracts when necessary.

54/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Planning For A Series Of Regional Tribal Environmental Health Summits

Do not use all capital letters.

9/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

No

Target Population Description *

American Indian/Alaska Native public health professionals with diverse public health and tribal experience,

tribal serving organizations, urban Indian organizations, national partners with similar interest and priorities.

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

24/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

100,000

Funding Appropriation *

75-21-0947

Funding Statutory Authority *

42 U.S.C. Sections 247b, (317K2; Patient Pro&AC/

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

Yes ☐

CBA Program Outcomes (Check one or more)*

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

Yes ☐

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

No ☐

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

No ☐

No ☐

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

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

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

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically Yes ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

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

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

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The recipient will collaborate with NCEH/ATSDR and relevant partners to begin planning for a series of 1.5 day regional Tribal EH summits. This should include developing multiple budget options to convene the summits while taking into consideration regional EH differences and needs. The recipient and NCEH/ATSDR will use

the findings from the 2019 report, 'Environmental Health Discussion Sessions in Indian Country' as one source to inform the planning. Actual implementation of the summits is anticipated to take place in the following year.

Primary activities include:

- Developing a planning and implementation strategy that include multiple budget options, suggested format, venue, regional locations, attendees (i.e. Tribal leaders, elders and community members), topics, workshops and potential presenters and speakers.
- Identifying opportunities to maximize participation such as convening the summits in conjunction with existing Tribal conferences or meetings.
- Identifying potential partners and stakeholders to participate in the planning process and actual summits.

147/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Identify and suggest unique and relevant EH summit topics and potential activities that can address EH and environmental justice issues impacting the public health systems and infrastructure in Indian Country

Process Measures *

The number of relevant topics and activities identified

Outputs *

Identified and suggested topics and summit activities that address EH issues impacting the public health systems and infrastructure

Budget Period Outcomes *

A completed comprehensive plan and strategy for convening the series of summits that includes summit

topics and activities designed to address public health systems and infrastructure.

Outcome Measures *

Proposed tribal regional summit agenda(s)

Program Strategy: Partnerships

Activities *

Identify potential and relevant partners and stakeholders who focus on Tribal EH and EJ issues, to participate in the planning process and actual summits

Process Measures *

Number of relevant partners and stakeholders identified

Outputs *

Identified partners and stakeholders

Budget Period Outcomes *

Completed comprehensive plan and strategy that includes appropriate partners and stakeholders to participate in the planning process and the series of summits

Outcome Measures *

Relevant partners and stakeholders identified to participate in regional summits

Program Strategy: Programs and Services

Activities *

Identify potential EH programs and services that Tribal communities could benefit learning about.

Identify other agencies, partners and stakeholders that are implementing EH focused programs and services that could be of benefit to the summit participants and build their capacity to address EH issues in their communities.

Process Measures *

Number of identified relevant programs and services that can increase knowledge and build the capacity of participants to address EH issues in their communities.

Outputs *

Identified programs and services for increasing knowledge and building capacity.

Budget Period Outcomes *

Completed comprehensive plan and strategy for convening the series of summits.

Outcome Measures *

Proposed tribal regional summit agendas with identified partners, programs, and services

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient should be able to demonstrate their dedication and history of working to improve EH outcomes and address environmental injustices in Tribal communities and have access to a comprehensive network of Tribal partners. The recipient should have the ability assess existing health disparities and identify capacity building needs. Additionally, the recipient should have expertise in convening conferences and meetings designed to impart knowledge and build the capacity of Tribal communities to address EH issues.

74/200 words maximum

Program Experience

The recipient should demonstrate:

- Subject matter expertise in Tribal EH issues and topics
- Experience in planning for and convening meetings or summits with Tribal communities, Tribal EH professionals and other Tribal members; and
- Existing working relationships with other agencies and organizations that address Tribal EH focus issues.

47/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient is expected to actively collaborate with NCEH/ATSDR and other relevant partners and stakeholders throughout the project period.

18/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The need for sub-contractual work is not anticipated for this phase of the project.

13/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Do not use all capital letters.

5/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

State public health practitioners, health department legal counsel, and state-level decision makers who respond public health threats through their use of legal authorities.

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

22/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 –July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 220,000

Funding Appropriation *

Agency Appropriation - CPR Infrastructure Funding

Funding Statutory Authority *

Not Sure

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health No ☐

Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health Yes ☒

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The goal of this project is to update and expand the Social Distancing Law Assessment Tool. This project will examine the social distancing measures utilized by officials by analyzing executed executive orders, quarantine orders, strategies used to identify essential services, communication and

coordination strategies used to encourage compliance, the use of enforcement authority, and issues related to liability from multiple perspectives.

60/150 words maximum

Program Strategy: Laws and Policies

Activities *

- **Review the existing Legal Assessment Tool**
- **Develop strategy plan to update Social Distancing Law Project Toolkit Materials**
- **Convene public health stakeholders**

Process Measures *

- **Completion of a systematic review of the existing Legal Assessment Tool**
- **Development of a strategy to update Social Distancing Law Project Toolkit Materials**
- **Convening public health stakeholders (either in-person or virtually)**

Outputs *

- **The updated Social Distancing Law Project Toolkit**

Budget Period Outcomes *

- **A preliminary draft of the updated Social Distancing Law Project Toolkit to be refined and disseminated in year 2 of the project**

Outcome Measures *

- **Completion of a systematic review of the existing Legal Assessment Tool**
- **Development of a strategy to update Social Distancing Law Project Toolkit Materials**
- **Convening public health stakeholders (either in-person or virtually)**

· **Delivery of a preliminary draft of the updated Social Distancing Law Project Toolkit to be refined and disseminated in year 2 of the project**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant must demonstrate the ability to convene state public health law experts and state health department leadership to provide stakeholder input on the use of legal authorities to respond to public health threats.

33/200 words maximum

Program Experience

The applicant must have experience convening state public health law experts and state health department leadership to provide stakeholder input on the use of legal authorities to respond to public health threats.

31/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

If necessary, applicant should work with public health law experts with experience in developing social distancing law assessment tools.

18/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

If necessary for successful completion of the project, the applicant should select collaborators based on their public health law expertise and experience in developing social distancing law assessment tools.

28/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The applicant must limit the work to \$220,000 per year, but no further restrictions.

13/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Strengthening Communities to Improve Linkage to Harm Reduction Services

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

No

Target Population Description *

Local health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

500,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

The program is authorized under sections 317(k)(2,

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

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

Yes ☐

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

Yes ☐**PROJECT DETAILS**

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

For the selected program strategies:

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

Project Purpose

Harm reduction is an evidence-based strategy that has been shown to be effective at reducing drug overdose deaths. Harm reduction is a set of strategies to reduce the negative consequences of using drugs, including overdose. Harm reduction organizations educate individuals on safer drug use, many provide referrals to those interested in entering low-barrier treatment programs.

Academic detailing has emerged as an effective, evidence-based strategy to improve prescribing practices of clinicians by educating providers. Academic detailing presents educational material in a way that addresses underlying clinician motivations for engaging in a particular behavior. These educational materials can be adapted to the needs of the practitioner.

This project will enable local health departments to use the same approach as traditional academic detailing, one-to-one peer education, with a focus on education surrounding harm reduction and include academic detailing to providers, as well as public safety officers, a novel population for implementing academic detailing.

146/150 words maximum

Program Strategy: Programs and Services**Activities ***

Proposed Activities:

1) Develop detailing guides and key messages for academic detailing for local health departments to partner with primary care providers and public safety officers to increase knowledge of, and ability to refer individuals to, harm reduction services in their community. The detailing guides should be adaptable to different settings so local health departments can adapt as needed to build their capacity. The detailing guides/key messages should be customized and contain the following:

- Evidence-based information on harm reduction services and medications for opioid use disorder (MOUD)
- Information on how to incorporate harm reduction into provision of primary care and public safety
- Guidance for identifying individuals who may benefit from linkage to harm reduction services
- Tools for developing partnerships with local harm reduction organizations
- Best practices for linking individuals to harm reduction services or other appropriate services such as MOUD

2) Field test and evaluate the key messages with a selection of local health departments, primary care providers and public safety officers. The field tests should include elements of successful academic detailing program including:

- Defining implementation goals
- Recruiting and training detailers
- Delivering one-to-one visits
- Building capacity and sustainability

3) Develop and disseminate guidance documents based on evaluation of the two field tests for implementing such academic detailing activities. These guidance documents should be based on academic detailing best practices and allow local health departments to introduce harm reduction academic detailing programs into their own organizations.

Process Measures *

- Develop harm reduction-focused academic detailing guides/key message, one for primary care providers and another for public safety officers.
- Detail public safety officers and providers in at least two communities to implement academic detailing on harm reduction.

- Conduct an Evaluation of the detailing using best practices identified above.
- Development of guidance documents developed based on information obtained from the two field tests.
- Dissemination of guidance documents to local health departments for implementing harm reduction-focused academic detailing programs

Outputs *

Harm reduction-focused academic detailing guide/key message developed

Field tests of the completed detailing guide/key message – For primary care providers and another for public safety officers

Evaluation of academic detailing program completed

Two sets of guidance documents developed

Guidance documents disseminated

Budget Period Outcomes *

- Increased ability of local health departments to:
- Implement harm reduction focused academic detailing programs in their organizations
- Identify primary care physicians and public safety officers who could benefit from harm reduction-focused academic detailing
- Improve linkage of individuals to harm reduction organizations
- Increased understanding of local health departments on implementing harm reduction-focused academic detailing programs
- Increased access to harm reduction-focused academic detailing curriculum

Outcome Measures *

Number of local health departments who have been provided information developed on harm reduction-focused academic detailing

Number of primary care providers who have been provided information about harm reduction principles through local health departments

Number of primary care providers who have been connected with a local harm reduction agency

Number of public safety officers who have been provided information about harm reduction principles through local health departments

Number of public safety officers who have been connected with a local harm reduction agency

Number of harm reduction-focused academic detailing curriculum distributed

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Must have adequate staffing and organizational capacity to develop evidence-based curricula for novel academic detailing approaches. They must be able to identify organizations, implement and evaluate the field tests of the academic detailing key messaging for each, and develop guidance documents for dissemination.

42/200 words maximum

Program Experience

Applicant should have experience developing and/or implementing evidence-based public health strategies.

Experience

with drug overdose or opioid overdose-related programs and harm reduction is a plus. Extensive experience working in public health settings and in communities. Experience implementing programs and providing technical assistance in communities.

42/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Meaningful collaborations with groups most directly involved with informing, implementing, or evaluating drug and/or opioid overdose prevention and harm reduction strategies at the state and community levels.

26/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The applicant may subcontract or partner with various state and community organizations and subject matter experts to support the delivery and implementation of evidence-based strategies as appropriate.

26/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Budget should include travel and contracting, as appropriate.

7/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Strengthening Strategic Science And Scientific Integrity - Local

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

No

Target Population Description *

Local health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

75-21-0959 PHSS

Funding Statutory Authority *

TBA

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

Yes ☐

CBA Program Outcomes (Check one or more)*

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

Yes ☐

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

Yes ☐

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☒

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

Yes ☒

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

Yes ☒

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

In 2020, ASTHO convened national/state/territorial health agency officials to discuss strategies to support public health priorities. From this engagement there's need to identify critical components of Strategic Science including implementation of health equity science at the local level, and provide support to strengthen coordination and implementation of scientific standards through programs, policies, systems, and processes.

Leveraging the network of Health Officers and scientific leaders, the awarded partner would:

- Engage national partner organizations in working groups to identify needs and develop resources to build STLT capacity to implement strategic science agendas aimed at improving science quality, integrity, data innovation and the implementation of health equity science.
- Work with health officials to develop local strategic science agendas for addressing barriers to science, data use/sharing, and expanding the evidence base of impactful interventions that advance health equity
- Provide technical assistance, tools/resources, evaluation, and strategic consultation to local health officials to support actionable implementation.

146/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

- Identify gaps, needs, opportunities and recommendations to support the development and implementation of coordinated strategic science efforts across national, state and local public health
- Provide technical assistance, tools and resources to support local health departments in the developing and implementing strategic science
- Develop and disseminate tools and resources to support local health departments in the development and implementation of strategic science

Process Measures *

1. The number of local offices developing and implementing strategic science

2. The number of tools/resources available to local health offices to support strategic science solution-oriented recommendations to improve and/or remove impediments to strategic science

Outputs *

1. One summary assessment of the gaps, needs, and opportunities based on input from 75% of local health offices.
2. Development of materials for a workshop on health equity science
3. At least 3 tools or resources developed, to support strategic science at the local level
4. Providing direct technical assistance to at least 6 local health offices to develop strategic science agendas

Budget Period Outcomes *

1. Improve utilization and uptake of strategies and approaches to increase strategic science.
2. Improved support to local health offices in the implementation of strategic science.

Outcome Measures *

% of local public health agencies engaged in convenings develop strategic science agendas and establish priorities for health equity science.

Program Strategy: Data and Information Systems

Activities *

1. Identify gaps and needs to leveraging community-based data sets, such as social vulnerability indexes (SVI), interpreting findings, and applying findings to public health actions
2. Identify strategies and approaches for making data assets widely available across departments.
3. Provide tools, training, resources to support the use of community-based data sets, such as SVI, that can increase the utilization of such assets

Process Measures *

1. The number local offices using community-based data sets to inform jurisdictional public health

decisions

-
2. The number of tools/resources available to local health offices to support use of social vulnerability indexes for strategic science and decision-making.

Outputs *

- One summary assessment of the gaps, needs, and opportunities based on input from 75% of local health officers
- Development of materials for a workshop on the use of data and datasets to support health equity science.
- At least 3 tools or resources developed to support local health officers use of community-based data sets and data sharing.
- Providing direct technical assistance to at least 6 local health offices to develop strategic science agendas that include use of data.

Budget Period Outcomes *

1. Improve utilization and uptake of strategies and approaches to increase use of data to drive strategic science.
2. Increase data use and data sharing between local health offices.

Outcome Measures *

1. % of local public health agencies engaged in convenings that include use of data as part of their strategic science agendas.
2. % of local health offices reporting increased data use or data sharing.

Program Strategy: Partnerships

Activities *

1. Convene a virtual roundtable to discuss approaches and strategies to improve strategic science at the national, state and local levels to include local public health agencies, partner public health organizations, and other topical subject matter experts.

2. Summarize findings from virtual roundtable for local public health officials to reference when initiating and sustaining national and local strategic science priorities.
3. Host a virtual roundtable in follow-up to an initial leader roundtable to codify recommendations and to develop guidance, tools, resources and templates for local and federal agencies that address higher level impediments to strategic science priorities.
4. Develop discussion and training materials to engage in discussion on strategic science, health equity science, and the use and sharing of data between local offices to support priorities.

Process Measures *

The number of solution-oriented recommendations to improve and/or remove impediments to strategic science, health equity and data use and data sharing between state and local health offices.

Outputs *

1. At least one leader's roundtable and 2 to 4 follow up convening of stakeholders (small groups) to discuss progress based on in leader convening.
2. Following each session: Development of consolidated feedback, as well as considerations for approach for each topic's discussion during the roundtable.
3. Development of training materials to support convening topics and resources to address findings and recommendations.
4. Maintaining regular opportunities for engagement between CDC and Key stakeholders to discuss updates on approaches, progress, and next steps.

Budget Period Outcomes *

1. Improved communication and coordination among local public health agencies in their engagement with public health partner organizations related to the development and implementation of strategic science priorities, including health equity and data sharing between state and local health offices
2. Improved coordination and collaboration related to strategic science priorities to improve science quality, scientific integrity, health equity science, and the use and sharing of data between state and local health offices to support priorities

Outcome Measures *

1. % of local public health agencies reporting increased engagement with public health partner

organizations related to the development and implementation of strategic science priorities

2. % of local public health agencies engaging in the identification of core components, as well as the opportunities and challenges/barriers and provide recommendations for approaches and strategies to support strategic science.

Program Strategy: Programs and Services

Activities *

1. Conduct an environmental scan of local health agencies to determine models currently being used for the coordination of scientific activities that promote scientific quality, integrity, innovation and the implementation of health equity science. This may include current systems, policies or templates that support collaborative and strategic scientific engagement.
2. Identify the opportunities, gaps, challenges, barriers and best practices related to strategic science and health equity science for local health officers.
3. Identify a core list of components and priorities agreed upon by local health officials, for developing local strategic science agendas to include but not be limited to scientific integrity, quality, health equity science, and use of community level data at various levels of public health including programs, policies, systems, and processes.

Process Measures *

% Engagement of local health officials

Outputs *

1. Develop a summary of common elements (systems, policies, and templates) that either enable or are an impediment to strategic science, health equity, and use of community level datasets which will include a core list of agreed upon core priorities for strategic science from at least 75% of local health officials.
2. Develop tools and resources to share best practices and address barriers and challenges.

Budget Period Outcomes *

1. Improved understanding of gaps and impediments to strategic science, health equity science, and the use and sharing of data between state and local health departments.

2. Improved understanding of needs and priorities of local health offices related to strategic science domains.

Outcome Measures *

1. The number of local health departments reporting an improved understanding of gaps and impediments to strategic science, health equity science
2. The number of local health departments with strategic science agendas that address health equity and data use.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

1. Convening local health officers in person or virtually to discuss scientific systems, policies, programmatic activities, and processes and provide recommendations for national strategies/approaches.
2. Development of resources and tools to support local health officers in the implementation of national strategies/approaches
3. Platforms for dissemination of scientific trainings and resources to local health officers

47/200 words maximum

Program Experience

The applicant should have experience that demonstrates the requisite organizational capacities outlines above- or it should have a clear plan for engaging partners/sub-contractors who have demonstrated expertise in the technical areas of interest. The applicant should have experience coordinating and managing projects that involve iterative engagements with multiple local public health organizations and stakeholder groups related to their public health science programs, policies, systems, and processes.

64/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

It is expected that the awardee will collaborate with CDC to plan and convene meetings with local health

officers, subject matter experts and key stakeholders from other national partner organizations. The awardee is also expected to collaborate with CDC and the identified target audiences to create CDC's identified deliverable materials to meet the needs of these groups. Finally, depending on project needs, the awardee may be asked to engage and collaborate with organizations and individuals that represent other important, stakeholder perspectives, including potential service providers (e.g., community-based organizations) and recipients.

90/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

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

24/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Strengthening Strategic Science And Scientific Integrity - State

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

No

Target Population Description *

State health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

75-21-0959 PHSS

Funding Statutory Authority *

TBA

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

Yes ☐

CBA Program Outcomes (Check one or more)*

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

Yes ☐

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

Yes ☐

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☒

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

Yes ☒

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

Yes ☒

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

In 2020, ASTHO convened national/state/territorial health agency officials to discuss strategies to support public health priorities. From this engagement there's need to identify critical components of Strategic Science including implementation of health equity science at the state level, and provide support to strengthen coordination and implementation of scientific standards through programs, policies, systems, and processes.

Leveraging the network of Health Officers and scientific leaders, the awarded partner would:

- Engage national partner organizations in working groups to identify needs and develop resources to build STLT capacity to implement strategic science agendas aimed at improving science quality, integrity, data innovation and the implementation of health equity science.
- Work with health officials to develop state strategic science agendas for addressing barriers to science, data use/sharing, and expanding the evidence base of impactful interventions that advance health equity
- Provide technical assistance, tools/resources, evaluation, and strategic consultation to health officials to support actionable implementation.

145/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

- Identify gaps, needs, opportunities and recommendations to support the development and implementation of coordinated strategic science efforts across national and state public health
- Provide technical assistance, tools and resources to support state health departments in the developing and implementing strategic science
- Develop and disseminate tools and resources to support state health departments in the development and implementation of strategic science

Process Measures *

1. The number of states offices developing and implementing strategic science
2. The number of tools/resources available to state health offices to support strategic science solution-oriented recommendations to improve and/or remove impediments to strategic science

Outputs *

1. One summary assessment of the gaps, needs, and opportunities based on input from 75% of state health offices.
2. Development of materials for a workshop on health equity science
3. At least 3 tools or resources developed, to support strategic science at that national, state and local levels
4. Providing direct technical assistance to at least 6 state health offices to develop strategic science agendas

Budget Period Outcomes *

1. Improve utilization and uptake of strategies and approaches to increase strategic science.
2. Improved support to state health offices in the implementation of strategic science.

Outcome Measures *

% of state public health agencies engaged in convenings develop strategic science agendas and establish priorities for health equity science.

Program Strategy: Data and Information Systems

Activities *

1. Identify gaps and needs to leveraging community-based data sets, such as social vulnerability indexes (SVI), interpreting findings, and applying findings to public health actions
2. Identify strategies and approaches for making data assets widely available across departments.
3. Provide tools, training, resources to support the use of community-based data sets, such as SVI, that can increase the utilization of such assets

Process Measures *

1. The number states offices using community-based data sets to inform jurisdictional public health decisions
2. The number of tools/resources available to state health offices to support use of social vulnerability indexes for strategic science and decision-making.

Outputs *

1. One summary assessment of the gaps, needs, and opportunities based on input from 75% of state health officers
 2. Development of materials for a workshop on the use of data and datasets to support health equity science.
 3. At least 3 tools or resources developed to support state health officers use of community-based data sets and data sharing.
 4. Providing direct technical assistance to at least 6 state health offices to develop strategic science agendas that include use of data.
-

Budget Period Outcomes *

1. Improve utilization and uptake of strategies and approaches to increase use of data to drive strategic science.
2. Increase data use and data sharing between state and local health offices.

Outcome Measures *

1. % of state public health agencies engaged in convenings that include use of data as part of their strategic science agendas.
2. % of state health offices reporting increased data use or data sharing.

Program Strategy: Partnerships**Activities ***

1. Convene a virtual roundtable to discuss approaches and strategies to improve strategic science at the

national, state and local levels to include state public health agencies, partner public health organizations, and other topical subject matter experts.

2. Summarize findings from virtual roundtable for state public health officials to reference when initiating and sustaining national and state strategic science priorities.
3. Host a virtual roundtable in follow-up to an initial leader roundtable to codify recommendations and to develop guidance, tools, resources and templates for state and federal agencies that address higher level impediments to strategic science priorities.
4. Develop discussion and training materials to engage in discussion on strategic science, health equity science, and the use and sharing of data between state and local to support priorities.

Process Measures *

The number of solution-oriented recommendations to improve and/or remove impediments to strategic science, health equity and data use and data sharing between state and local health offices.

Outputs *

1. At least one leader's roundtable and 2 to 4 follow up convening of stakeholders (small groups) to discuss progress based on in leader convening.
2. Following each session: Development of consolidated feedback, as well as considerations for approach for each topic's discussion during the roundtable.
3. Development of training materials to support convening topics and resources to address findings and recommendations.
4. Maintaining regular opportunities for engagement between CDC and Key stakeholders to discuss updates on approaches, progress, and next steps.

Budget Period Outcomes *

1. Improved communication and coordination among state public health agencies in their engagement with public health partner organizations related to the development and implementation of strategic science priorities, including health equity and data sharing between state and local health offices
2. Improved coordination and collaboration related to strategic science priorities to improve science quality, scientific integrity, health equity science, and the use and sharing of data between state and local health offices to support priorities

Outcome Measures *

1. % of state public health agencies reporting increased engagement with public health partner organizations related to the development and implementation of strategic science priorities
2. % of state public health agencies engaging in the identification of core components, as well as the opportunities and challenges/barriers and provide recommendations for approaches and strategies to support strategic science.

Program Strategy: Programs and Services

Activities *

1. Conduct an environmental scan of all state health agencies to determine models currently being used for the coordination of scientific activities that promote scientific quality, integrity, innovation and the implementation of health equity science. This may include current systems, policies or templates that support collaborative and strategic scientific engagement.
2. Identify the opportunities, gaps, challenges, barriers and best practices related to strategic science and health equity science for state health officers.
3. Identify a core list of components and priorities agreed upon by state health officials, for developing state strategic science agendas to include but not be limited to scientific integrity, quality, health equity science, and use of community level data at various levels of public health including programs, policies, systems, and processes.

Process Measures *

% Engagement of state health officials

Outputs *

1. Develop a summary of common elements (systems, policies, and templates) that either enable or are an impediment to strategic science, health equity, and use of community level datasets which will include a core list of agreed upon core priorities for strategic science from at least 75% of state health officials.
2. Develop tools and resources to share best practices and address barriers and challenges.

Budget Period Outcomes *

1. Improved understanding of gaps and impediments to strategic science, health equity science, and the use and sharing of data between state and local health departments.
2. Improved understanding of needs and priorities of state health offices related to strategic science domains.

Outcome Measures *

1. The number of state health departments reporting an improved understanding of gaps and impediments to strategic science, health equity science
2. The number of states health departments with strategic science agendas that address health equity and data use.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

1. Convening state health officers in person and virtually to discuss scientific systems, policies, programmatic activities, and processes and provide recommendations for national strategies/approaches.
2. Development of resources and tools to support state health officers in the implementation of national strategies/approaches
3. Platforms for dissemination of scientific trainings and resources to state health officers

48/200 words maximum

Program Experience

The applicant should have experience that demonstrates the requisite organizational capacities outlines above- or it should have a clear plan for engaging partners/sub-contractors who have demonstrated expertise in the technical areas of interest. The applicant should have experience coordinating and managing projects that involve iterative engagements with multiple state public health organizations and stakeholder groups related to their public health science programs, policies, systems, and processes.

62/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

It is expected that the awardee will collaborate with CDC to plan and convene meetings with state health officers, subject matter experts and key stakeholders from other national partner organizations. The awardee is also expected to collaborate with CDC and the identified target audiences to create CDC's identified deliverable materials to meet the needs of these groups. Finally, depending on project needs, the awardee may be asked to engage and collaborate with organizations and individuals that represent other important, stakeholder perspectives, including potential service providers (e.g., community-based organizations) and recipients.

89/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

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

24/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Do not use all capital letters.

9/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

Local public health practitioners, city and county legal counsel, and local public health emergency volunteers (e.g. medical reserve corps).

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

18/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 –July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 250,000

Funding Appropriation *

Agency Appropriation - CPR Infrastructure Project 1

Funding Statutory Authority *

Not Sure

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health Yes ☐

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

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The goals of this project are to expand the breadth and reach of the Emergency Law Inventory (ELI): an open access informatics tool created by the Graduate School of Public Health, University of Pittsburgh (Pitt). ELI provides clear, concise summaries of laws, codified mutual aid agreements, and compacts. Laws integrated in

ELI are filtered by jurisdiction, volunteer role, and legal topic. The overall project goals are to: (1) Expand the breadth of ELI; and, (2) Expand the reach of ELI.

79/150 words maximum

Program Strategy: Laws and Policies

Activities *

- **Identify public health law leaders in each of the ELI jurisdictions to comprise a communication collaborative**
- **Identify Stakeholder Committee Members**
- **Update the laws currently integrated in ELI to ensure relevancy and currency**
- **Develop informational materials to build LHD capacity to use ELI**

Process Measures *

- **Up to 9 health department attorneys will be identified to provide subject matter expertise.**
- **Up to 9 representatives of disaster response organizations and their counsel to serve as a stakeholder group**
- **Laws currently integrated in ELI will be updated**
- **Number of informational materials developed**

Outputs *

- **The formation of a legal subject matter expert workgroup**
- **The formation of a disaster response subject matter expert workgroup**
- **Updated library of laws in ELI**
- **Informational materials to support expanded use of ELI**

Budget Period Outcomes *

- **Legal subject matter expert workgroup advises on the scope and accuracy of laws in ELI**
- **Disaster response subject matter expert workgroup advises on the utility of ELI to disaster responders**
- **The laws in ELI reflect the most recent statutes and regulations impacting disaster responders**
- **Increased awareness of ELI among local public health practitioners, city and county legal**

counsel, and local public health emergency volunteers

Outcome Measures *

- **At least 2 meetings of the legal subject matter expert workgroup**
- **At least 2 meetings of the disaster response subject matter expert workgroup**
- **A preliminary collection of the most recent statutes and regulations impacting disaster responders**
- **Percentage of local public health practitioners, city and county legal counsel, and local public health emergency volunteers reporting an increased awareness of ELI**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant must have familiarity with the Emergency Law Inventory and demonstrate the ability to manage projects resulting in the translation and dissemination of complex legal protections for non-attorney audiences.

29/200 words maximum

Program Experience

The applicant must have demonstrated experience managing attorney and disaster response subject matter experts and disseminating legal information to non-attorney public health audiences.

22/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The applicant is expected to consult to the extent necessary with subject matter experts and technical experts to update the Emergency Law Inventory.

22/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

If necessary, consulting with experts on the Emergency Law Inventory should be considered based on the organization's familiarity with the Emergency Law Inventory and translating complex legal protections to a non-attorney audience.

31/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The applicant must limit the work to \$250,000, but no further restrictions.

11/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

Project Plan Round

Admin Update



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Tribal Modernization Of Case Reporting And Surveillance

Do not use all capital letters.

6/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category A

View Target Population Category
Descriptions

No

Target Population Description *

Tribal Health Departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

NA

Funding Statutory Authority *

NA

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

Yes ☐

CBA Program Outcomes (Check one or more)*

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

Yes ☐

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

Yes ☐

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

No ☐

Yes ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☒

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

Yes ☒

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

No ☐

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health

Yes ☒

Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health

Yes ☒

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

To develop and disseminate a roadmap for improving the case reporting process to benefit tribal public health. The roadmap should identify the challenges that currently impact data availability and surveillance activities within tribal public health and should identify strategies and best practices to

improve surveillance activities. The roadmap should include a strategy for leveraging electronic Case Reporting (eCR) capabilities through the APHL Informatics Messaging Service (AIMS) and the Reportable Content Knowledge Management System (RCKMS), and should be informed by the tribal governments and other tribal public health authorities. Recommendations should include information on informatics infrastructure.

93/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Analyze and report on barriers to access of data and surveillance that impact tribal health.
Analyze public health reporting infrastructure and shared service technologies that can improve case reporting for tribal health.

Process Measures *

Identification of tribal health reporting needs and identify existing infrastructure and technology availability.

Outputs *

Roadmap for tribal healthcare organizations to support decision making to improve informatics, case reporting, and surveillance capacity

Budget Period Outcomes *

Resources available and disseminated to tribal leadership and healthcare organizations in tribes to support improved decision making

Outcome Measures *

% of Tribal health and partners with improved ability to make decisions and improved access to

reference material for planning purposes.

Program Strategy: Data and Information Systems

Activities *

Analyze case reporting and data modernization challenges experienced by tribal governments and Tribal Epidemiology Centers (TECs) for COVID-19 and for other reportable conditions. Analyze opportunities to leverage shared solutions (such as eCR) available to improve these challenges. Disseminate roadmap to tribal governments, other tribal public health authorities, and partners.

Process Measures *

of shared services and technology solutions identified that can be leveraged to support tribal health

Outputs *

Roadmap section including solutions that can improve data and information systems for tribal governments and other tribal public health authorities.

Budget Period Outcomes *

Increased understanding of and preparation for improving data and information systems among tribal governments, other tribal public health authorities, and partners.

Outcome Measures *

of Tribal governments and other tribal public health authorities with a plan and strategy towards improving data and information systems and leveraging eCR.

Program Strategy: Laws and Policies**Activities ***

Identify the public health authority for tribal governments and TECs to receive data, including data received directly from providers and laboratories and data shared by state or local public health agencies. Analyze tribal governments and TECs' public health authority for surveillance of reportable conditions. Include variables that impact the race/ethnicity identification needed to ensure proper reporting to tribes for tribal members living both on and off tribal lands

Process Measures *

of tribal governments and TECs considered for analysis of public health authority for surveillance of reportable conditions.

Outputs *

Inclusion in the roadmap of the clear public health authority for tribal governments and TECs to receive data on reportable and notifiable conditions

Budget Period Outcomes *

Disseminated information on public health authority held by tribal governments and TECs

Outcome Measures *

of Healthcare organizations, state and local health agencies, and tribal governments have clearly documented resources to identify public health authority

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient has strong knowledge of and relationships with tribal government and tribal epidemiology centers. Recipient has existing knowledge of informatics items such as surveillance systems used in public health and reporting types such as syndromic, electronic lab reporting, electronic case reporting, and immunization registries.

44/200 words maximum

Program Experience

The recipient program has experience working with tribal governments and CDC to develop roadmaps and strategies for improving public health capacity. The recipient has experience in the policy space to identify public health reporting legal requirements and determine public health authorities (and limitations of said authority).

46/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

Recipient will collaborate with electronic case reporting (eCR) team at CDC and other national partner organizations. A pre-existing relationship with national public health organizations for laboratories and epidemiologists is not required and CDC will facilitate these relationships if necessary after award.

39/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

800,000

Funding Appropriation *

75-2021-0943 Safe Motherhood

Funding Statutory Authority *

42 U.S. Code § 247b–12 - Safe motherhood/Infant

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

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

CBA Program Outcomes (Check one or more)*

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

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance No ☐

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

Intermediate: Strengthened capability of public health workforce to deliver essential public health services No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☒

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

Yes ☒

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

No ☐

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The purpose of this project is to establish a learning collaborative (LC) to build epidemiologic workforce capacity and inform data strategies for promoting racial equity in maternal and child health across the lifespan. The LC teams will use and adapt the racial equity data road map framework developed by the Massachusetts Department of Public Health - <https://www.mass.gov/service-details/racial-equity-data-road-map>). LC state teams will receive training and technical assistance on building workforce capacity and leadership to address racial equity through the use of data collection, analysis, interpretation and dissemination. Using tools from the framework, state teams will complete a program readiness assessment; develop strategies to address gaps in data collection, quality, analysis, and messaging; and implement steps toward effectively using data to inform policies that optimize maternal and child health across the life span and promote racial equity.

135/150 words maximum

Program Strategy: Leadership and Workforce Development**Activities ***

A National Organization, in collaboration with CDC Technical Monitors, will develop and coordinate activities to increase workforce capability and leadership skills in the following areas:

- Convene state health department workforce LC teams representing maternal and child health (MCH), chronic disease, public health policy, health equity, data governance and/or IT/data
- Assess workforce needs in understanding structural racism and the role that data can have in perpetuating and failing to address inequities in health
- Conduct workforce readiness assessments, i.e., does the workforce have knowledge and capability on how to use data to promote racial equity within MCH and MCH-related programs; what are workforce strengths and the cultural context
- Provide technical assistance and training to LC teams in collecting, analyzing, improving the quality of, communicating and using MCH-related data for public health decision making to close gaps in health outcomes by race and ethnicity
- Assist states in creating workplans that identify strategies and action steps to improve workforce capacity and leadership skills using the racial equity data road map framework

Assist states in tracking improvements and changes in using data equitably

Process Measures *

- Kick-off meeting with selected LC teams
- LC teams completed workforce readiness assessments
- LC teams have created workplans using the racial equity data road map framework
- LC teams received technical assistance and training in collecting, analyzing, improving the quality of, communicating and using data equitably
- LC teams track improvements and changes in using data equitably

Outputs *

- Workforce readiness assessments and workplan documents
- Tracking system to measure progress in implementing state workplans
- Training materials and guidance documents related to building equitable data systems

Budget Period Outcomes *

- LC teams improve workforce and leadership capacity to identify and prioritize a racial equity perspective within its MCH and MCH-related programs (Short Term)
- LC teams implement workplans using the strategies and actions identified from the training and technical assistance received (Short Term)
- LC teams improve data based decision-making to strategically and systematically address racial equity in MCH programs and policies (Intermediate)

Outcome Measures *

- % of LC teams reporting improved workforce and leadership capacity to identify and prioritize racial equity in MCH
- # of strategies and actions implemented to improve workforce capacity and leadership skills in MCH data and racial equity
- # of LC teams with workplans completed using the racial equity data road map framework

Program Strategy: Data and Information Systems

Activities *

A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors:

- Convene peer-to-peer workforce teams to describe best practices and challenges in data collection and analysis and initiate a racial equity data road map process
- Adapt the Massachusetts racial equity data road map to the needs of participating LC teams
- Provide technical assistance to state public health department teams on analysis of root causes of inequities, interpretation and communication of data, and design of effective data-informed solutions and strategies to address racial inequities
- Assist state teams in assessing their program's data readiness, i.e., does the program have the knowledge, resources, and capacity to collect and use data to promote racial equity
- Provide technical assistance and training to state public health department teams on best practices for collecting and analyzing MCH life span data, including disaggregating data by race and ethnicity (or a proxy variable), and then assessing for inequities by subgroup
- Host an online collaboration platform (e.g., Sharepoint) and provide virtual facilitation, and coordination of subject matter expertise / content for monthly peer learning and sharing sessions that include content on integrating racial equity data road map milestones, opportunities for state teams to share their progress, and facilitated peer to peer sharing

- Develop an assessment and final report detailing the action learning collaborative, the racial equity road map adaptations, data readiness assessments, lessons learned, and best practices

Process Measures *

- # of LC peer-to-peer workforce teams convened to describe best practices and challenges in addressing MCH and MCH-related inequities in data collection and analysis LC teams have received technical assistance in adapting the framework
- # of LC teams who've received technical assistance on interpretation of data, analysis of root causes of inequities, and design of effective data-informed solutions and strategies to address racial inequities
- # of LC teams who've received technical assistance in developing their program's data readiness process
- # of LC teams who've received technical assistance and training on best practices for collecting and analyzing MCH-related data specific to racial equity
- # of LC teams with access to an online collaboration platform, and who have been provided virtual facilitation and coordination of subject matter expertise / content for monthly peer learning and sharing sessions
- # of LC teams who have received guidance on developing an assessment and final report

Outputs *

- Racial equity data road maps for each state team, including assessment timelines and planned activities (e.g., assessments to identify gaps, development of strategies to address gaps, action steps for program implementation)
- List of documented processes for each state to track improvements and changes in workforce capacity, and in data and MCH program capabilities and practices
- Summary reports for each LC team describing capacity assessment findings, strategies implemented to address inequities in data collection, management, analysis and reporting, and ways states/localities improved the use of data to inform racial equity, including barriers and facilitators to implementation, and an appendix of any training manuals and tools (e.g., data governance protocols)
- Final report detailing the action learning collaborative, the racial equity road map adaptations, data readiness assessments, lessons learned, best practices, and recommendations for future dissemination of the Racial Equity Data Roadmap framework

Budget Period Outcomes *

The development and implementation of activities to support racial equity data road maps within state/local public health department programs

Outcome Measures *

- LC teams report improved capacity in data and information systems to conduct public health monitoring and surveillance that promote racial equity in MCH populations (Short Term)
 - LC teams demonstrate (summary report documentation) an increased capability to use data to inform decision-making and support evidence-based practices and policies that promote racial equity in MCH populations (Intermediate)
- LC teams implement changes in MCH data collection and use data to address racial inequities (Long Term)

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have the

- Capacity to organize and conduct a complex action learning collaborative with multiple, diverse states and multidisciplinary teams
- Ability to engage subject matter experts or other organizations to fulfill the goals and objectives of the LC, specifically regarding use of the Massachusetts data equity road map, the topic of institutional and structural racism, and the use of data to address this topic
- Experience with state/local public health departments
- Experience in engaging community stakeholders
- Experience conducting successful virtual meetings, trainings, collaboration platforms, technical assistance, etc.

The applicant will need to have capacity to plan and provide logistical support for an in-person or virtual meeting, from approximately 5-8 participating sites. The applicant should have the capacity to provide detailed meeting minutes to the CDC within 4 weeks of meetings.

- The applicant should have the ability to produce reports which synthesize the technical aspects of the project.

150/200 words maximum

Program Experience

- Experience in required content areas including: maternal and child health; chronic disease; workforce capacity; epidemiology data collection, governance and use in state health department systems; policy and system assessment; and racial equity
- Experience using multiple modes of communication
- Experience in synthesizing large amounts of information and developing templates, tools/toolkits, environmental scans /assessments, reports
- Experience in hosting virtual (online) learning, and peer collaboration platforms (using SharePoint or similar tool)
- Experience in hosting complex virtual and in-person trainings and meetings
- Experience in providing direct technical assistance to state health departments

91/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The awardee is responsible for developing and administering a learning collaborative and the assessments, writing final reports, and establishing and providing technical assistance to multi-disciplinary state public health department LC teams (LC teams). The awardee is responsible for assisting each state public health department in identifying LC team members who represent a diverse and multidisciplinary workforce from maternal and child health epidemiology, chronic disease epidemiology, public health programming, public health policy, data governance, IT/data systems, and racial and/or health equity. Collaboration between the funded applicant and CDC's Technical Monitors (TMs) will occur throughout the project lifecycle. The CDC TMs will have involvement in developing technical and training materials and providing technical assistance in action learning collaborative activities.

117/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The applicant is expected to dedicate funding (amount TBD, subsequent to award of cooperative agreement) to a subcontract with an organization to advise the awardee and LC teams on facilitating complex meetings on sensitive subject matters and how to bring about change in data governance.

Subcontractor must have

- subject matter expertise in creating racially equitable organizations and systems, and experience in facilitating use of the racial equity data road map framework developed by the Massachusetts

Department of Public Health, including guiding a state in assessing and adapting data systems to address racial equity and institutional and structural racism.

95/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Use of funds may include, but is not limited to, costs related to personnel time, providing technical support on activity development, conduct, and dissemination, including:

- paying for subject matter experts with racial equity, policy and systems assessment, and data expertise
- securing and paying for in person and/or virtual meeting space and equipment
- paying for meeting attendee travel, if possible
- providing a meeting facilitator, and
- providing meeting materials, transcripts and summaries.

Travel related expenses to be paid using project funds should be consistent with per diem rates established by the US General Service Administration (<http://gsa.gov>).

93/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Category B

CIO

Project Plans



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Building Capacity And Engagement Between Title V Mch/cyshcn Programs With Birth Defects Surveillance Programs

Do not use all capital letters.

13/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category Descriptions

☐

No

Target Population Description *

Maternal and child health program directors and CYSHCN directors in state and territorial health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

14/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

350,000

Funding Appropriation *

75-21-0958

Funding Statutory Authority *

Consolidated Appropriations Act and the Coronavir

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

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

CBA Program Outcomes (Check one or more)*

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

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

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

Intermediate: Strengthened capability of public health workforce to deliver essential public health services Yes ☐

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

No ☐

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The goal of this project is to strengthen the relationship between Title V Maternal and Child Health (MCH) and Children and Youth with Special Health Care Needs (CYSHCN) programs and birth defects (BDs) surveillance programs to identify and implement workforce capacity building activities to achieve shared program goals.

47/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

A national organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors:

- Mentor and provide technical assistance to Title V MCH/CYSHCN and birth defects leaders and programs to promote workforce capacity
- Conduct webinars/information sharing between the two entities and their related constituents
- Share and encourage implementation of best practices for improved collaboration

Process Measures *

- Number of engagements between Title V MCH/CYSHCN and birth defects entities
- Number of Title V MCH/CYSHCN programs who have attended meetings with birth defects surveillance programs
- Number of webinars conducted
- Number of informational resources shared
- Number of dedicated project support staff

Outputs *

- Webinars/meetings
- Webinar/engagement summaries and take-aways
- Documented best practices

Budget Period Outcomes *

- Improved organizational capacity of birth defects and Title V MCH/CYSHCN entities
- Furthered alignment of the programs' missions and activities

Outcome Measures *

Increased capacity of Title V MCH/CYSHNC and birth defects surveillance programs to identify and implement activities to meet the public health needs of moms and babies

Program Strategy: Partnerships

Activities *

A national organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors:

- Conduct a landscape analysis to better understand the barriers to collaboration between Title V MCH/CYSHCN and birth defects surveillance programs
- Engage Title V MCH/CYSHCN and birth defects surveillance program leaders about opportunities for collaboration
- Develop a strategic plan for collaborative engagement
- Establish policies to bring Title V MCH/CYSHCN programs and birth defects surveillance programs into more intentional alignment

Process Measures *

- Completed landscape analysis
- Number of engagements between Title V MCH/CYSHCN and birth defects surveillance program leaders
- Strategic plan for collaborative engagement
- Policies in place supporting program alignment

Outputs *

- Completed landscape analysis
- Engagements between leaders
- Completed strategic plan
- Adoption of policies supporting program alignment

Budget Period Outcomes *

- Greater connection between Title V MCH/CYSHCN programmatic leadership and birth defects surveillance program leadership
- Improved understanding of gaps in knowledge between Title V MCH/CYSHCN and birth defects surveillance programs
- Strengthened infrastructure of birth defects surveillance programs
- Greater support for moms and babies

Outcome Measures *

- Improved strategic alignment between Title V MCH/CYSHCN and birth defects surveillance programs and leadership allowing both entities to better support moms and babies
- Increased collaboration between programs resulting in greater success in meeting shared program goals

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have established relationships with state and territorial programs for implementing Title V maternal and child programs to improve the health of women and children. The applicant should have capacity and expertise to provide mentorship and technical assistance to birth defects entities.

43/200 words maximum

Program Experience

The applicant should have experience in providing support and technical assistance, developing strategic partnerships with outside entities, convening Title V MCH/CYSHCN program leaders and others via webinars or other engagements, and interacting with state birth defects surveillance program representatives. The applicant should have a strong organizational and programmatic infrastructure.

48/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient will be expected to provide support and technical assistance to Title V/CSHCN and birth defects programs. Collaboration will be crucial to the success of the project. In addition, collaboration between the funded applicant and CDC's Technical Monitors will occur throughout the project lifecycle.

44/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Subcontractual work is not anticipated. For any gaps in capacity or experience, the applicant should demonstrate their ability to identify, collaborate with, and oversee work of qualified subrecipients or subcontractors.

29/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs.

Funds may not be used for capital expenditures, such as construction and renovations.

Funds may not be used for clinical care.

39/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐



FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

20/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

200,000

Funding Appropriation *

Consolidated Appropriations Act, 2021 (H.R. 133)

Funding Statutory Authority *

Titles II, III, XVII and XIX, and section 2821 of the F

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☒

No ☐

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

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

There are many challenges to conducting rural public health research. Many national surveys and surveillance systems are able to provide numbers at the county-level, which is not always "local enough" for rural public health decision-making. There is the issue with confidentiality when collecting data on small-base rate conditions. However, there is also a capacity issue. Many assume it is not possible to do rural research or data analyses because of data limitations. Many are not aware of newer methods. Many are not aware which CDC datasets are amenable to analysis by rurality. Building the capacity to do more rural research will allow for better decision-making in addressing rural health disparities.

109/150 words maximum

Program Strategy: Data and Information Systems

Activities *

Planning and hosting a day-long roundtable workshop focused on rural health research methods and challenges. The goal is to identify, capture, and describe barriers/challenges, methods, best practices, and provide information and resources for us in conducting rural health research.

Process Measures *

- 80% of invited organizations will attend
- 50% of participants will be involved in follow-up activities (determined during the roundtable workshop)
- Agenda includes key areas for capacity development

Outputs *

Rural research guidance document

Budget Period Outcomes *

Attendees demonstrate improved capacity in conducting rural health research and begin incorporating analyses by rurality routinely in their work.

Outcome Measures *

- Immediate term: Final guidance document cleared and ready for dissemination
- Short term and ongoing: Monitoring and tracking of dissemination efforts
- Long term: increased number of public health data analysts and scientists with capacity to conduct rural analyses
- Long term: increase in the number of data reports and manuscripts focused on rural public health

Program Strategy: Partnerships

Activities *

- Create workshop planning team with CDC SMEs, with input from HRSA's Federal Office of Rural

Health Policy

- Provide networking opportunities during the workshop
- Develop a working group during the workshop to assist with development of the guidance document

Process Measures *

- Attendee list includes key rural partners
- 80% of invited organizations will attend
- 50% of participants will be involved in follow-up activities (determined during the roundtable workshop)

Outputs *

- Workshop agenda
- Workshop meeting notes
- Rural research guidance document

Budget Period Outcomes *

Participants in the roundable improve capacity to engage in rural health research and data analysis.
Participants build and strengthen partnerships as a result of networking opportunities.

Outcome Measures *

At least 75% of participants indicate increased facility and capacity to engage in rural health research

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient organization must have experience working with rural partners, including federal rural health

policy offices. Experience facilitating interactive workshops is required. The recipient organization will need to provide note-takers and SMEs to assist in compiling outputs from the workshop, which will then be developed into a rural health research guidance document.

51/200 words maximum

Program Experience

The recipient organization must have an understanding of the rural public health and healthcare landscape, demonstrated by provision of TA, written documents, established partnerships, etc.

25/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Recipient organization will work with CDC and others on the roundtable planning committee to develop the agenda and plan for the workshop. Recipient organization will also work with CDC and post-workshop working group on development of the rural health research guidance document.

41/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

It is critical that the recipient organization engage subcontractors who have established expertise in working with rural communities and organizations, including federal. The recipient organization and subcontractors do not need to have data analytic expertise, as that will be provided by SME. The recipient and subcontractors need extensive knowledge of rural health policy and programmatic work to ensure that the guidance that is developed is relevant to rural partners and is appropriate for their use. For example, what are the key questions that rural partners need answers to and how can rural research and data analysis provide information for local rural decision-making?

101/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds will be used to develop the workshop agenda, facilitate the workshop, and develop the final guidance document. If the meeting needs to be virtual, funds will be used to host, record, and ensure 508 compliance of the event. If the event can be in-person, funds will be used to cover travel costs for participants (airfare, ground transportation, hotel).

58/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

22/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

175,000

Funding Appropriation *

EOY CSTLTS Funding

Funding Statutory Authority *

Not Sure

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health

Yes ☒

Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health

Yes ☒

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The Public Health Law Program seeks an 1802 Partner to work with us to identify, plan, market, implement, and evaluate targeted webinars that focus on the delivery of relevant and timely public health law topics to 1) public health lawyers, 2) faculty who provide instruction through coursework and seminars at schools of public health, public policy, and law, 3) policy makers who work across various sectors and jurisdictional levels, and 4) public health practitioners who benefit from on-line learning relating to public health law and policy, legal epidemiology, laws important to emergency preparedness, and the use of the law as a tool to improve public health outcomes. The relevant aspect of this project is the applicant's capacity to manage and operate a webinar platform that can reach a public health law focused transdisciplinary and multi sectorial target population. Specific topic development will be a function of the cooperative agreement.

148/150 words maximum

Program Strategy: Laws and Policies

Activities *

Proposed activities may include, but are not limited to the following:

- Working with CDC-PHLP and other 1802 partners to assist in the identification of relevant public health law topics that are timely and important to the field of public health;
- Working with CDC-PHLP to identify informed and topic specific subject matter experts from within CDC, STLT Jurisdictions, National Organizations and Institutions of Higher Education to serve as webinar speakers;

- Marketing webinars to appropriate target audiences to insure the best use and dissemination of public health law information;
- Insuring materials used in the course of training are compliant with best adult educational standards for information delivery;
- Planning and hosting a minimum of 6 webinars during a project period including the project management, communications, and internal meetings necessary to implement the webinars;
- Create a functional evaluation protocol to measure the number of participants, the relative importance of the topic presented, and the perceived impact of the webinar for participants.
- Evaluate the webinars using the evaluation protocol.

Process Measures *

- The applicant will communicate on a periodic, but regular basis with CDC-PHLP and appropriate 1802 funded partners and other relevant entities to identify important and timely topics for presentation as a webinar
- The applicant will develop a marketing plan for each webinar to insure adequate outreach, participation, and dissemination of the information.
- The applicant will develop an evaluation protocol that can be used for measuring success of the webinars delivered.

Outputs *

- The applicant output will be the development of a webinar platform that provides relevant and timely public health law training and information on topics identified by the STLT field and relevant national partners.
- During the project period, the applicant will convene a minimum of six webinars targeting specific disciplinary groups (Lawyers, policy makers, faculty) who use the law as a tool to improve public health outcomes across multiple jurisdictional levels (STLTs).

Budget Period Outcomes *

- At a minimum, six webinars will be identified, planned, and implemented on relevant public health law topics targeting priority STLT participants who are in the best position to use the law as a tool to improve public health outcomes.

Outcome Measures *

- At a minimum, six webinars will be identified, planned, and implemented on relevant public health law topics targeting priority STLT participants who are in the best position to use the law as a tool to

improve public health outcomes.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant must demonstrate the ability to develop, plan, market, implement and evaluate on line trainings through the use of a webinar platform capable of reaching the identified target population related to the topic of public health law.

37/200 words maximum

Program Experience

The applicant must have demonstrated experience of creating 508 compliant materials for use in on line training and experience developing competency based training materials specific to the topic of public health law.

31/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

There are no financial expectations for the use of a subcontractor. The applicant should have demonstrated experience working with STLT partners, national non-profit organizations relevant to STLT health departments, foundations and Institutions of higher education.

34/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

There are no financial expectations for the use of a subcontractor. However, a contractor may be used at the

discretion of the successful applicant.

23/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The applicant must limit the work to \$175,000, but no further restrictions.

11/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Do not use all capital letters.

11/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

6/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

350,000

Funding Appropriation *

75210948

Funding Statutory Authority *

Basic Appropriation- All Other School Health

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs No ☐

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance No ☐

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

Intermediate: Strengthened capability of public health workforce to deliver essential public health services No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

No ☐

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

Yes ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively

No ☐

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

Yes ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

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

Yes ☐

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

No ☐

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

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

No ☐

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

Yes



PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The purpose of this project is to support and improve the overall physical and mental well-being of school employees by funding a national organization to assist CDC-funded grantees and the organization's constituents, including states, school districts or schools to develop tools and resources that will assist with implementing a strong school employee wellness model program and policies. The proposed activities are to be developed and delivered within the Whole School, Whole Community, Whole Child (WSCC) framework. The applicant will deliver, disseminate, and train on current tools and resources to help districts and schools make informed decisions to effectively adopt school employee wellness programs and policies. This will be done in partnership with the Healthy Schools Program.

115/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

Disseminate tools and resources to school employees.

Develop trainings/webinars on implementing employee wellness program and developing policies.

Process Measures *

Development of a professional development event or training on the school employee wellness on-line platform and other pertinent resources.

Outputs *

Numbers of trainings developed.

Numbers of tools and resources shared.

Numbers of webinars conducted.

Number of individuals trained.

Budget Period Outcomes *

Increased capacity of districts and school staff to implement employee wellness policies and programs.

Outcome Measures *

Increased percentage of administrators who promote school employee wellness resources, tools, programs and policies.

Increased access to school employee wellness resources and tools among district and school staff.

Increased dissemination of school employee wellness tools and resources to district and school employees.

Program Strategy: Data and Information Systems**Activities ***

Conduct an environmental scan of existing tools/resources on school employee wellness as well as identify gaps. Conduct interviews with employees, administrators and national organizations on gaps and opportunities.

Process Measures *

Development of an environmental scan plan and questions for the interviews.

Outputs *

Environmental scan conducted and report prepared.

Interviews with key stakeholders completed.

Budget Period Outcomes *

Identification of existing school employees wellness tools and resources.

Identification of gaps in existing school employee wellness tools and resources needed to implement school employee policy and program.

Outcome Measures *

Increased awareness of the needs, opportunities and gaps in school employee wellness resources and tools.

Program Strategy: Communication and Information Technology

Activities *

Design an interactive and culturally sensitive on-line platform (that can also be downloaded as an APP) for districts and schools on school employee wellness. The platform may include how to implement employee wellness program through videos, tip sheets, success story/case studies (with testimonials), PowerPoint presentations and the potential to add a chat feature to the APP for employees to use to interact with peers. Health topics that may be included are social-emotional/mental health, physical activity, nutrition, managing chronic conditions, financial literacy and other topics deemed important for employees.

Process Measures *

Development of an on-line platform for districts and schools that is aligned with the existing school employee wellness guide and meets identified needs and gaps.

Outputs *

On-line platform developed.

Budget Period Outcomes *

Increased access to school employee wellness resources and tools among district and schools and school staff.

Outcome Measures *

Increased percentage of district and school staff with access to the new on-line school employee wellness platform.

Program Strategy: Partnerships

Activities *

The applicant will develop and facilitate an advisory board comprised of experts in the field of employee wellness to advise the applicant on this project.

Process Measures *

Members of advisory board identified and invited.

Meetings held with advisory board members to provide input.

Outputs *

Number of advisory board members invited.

Number of advisory board members accepted.

Number of meetings held with advisory board members to provide input.

Budget Period Outcomes *

Increased availability of relevant school employee wellness tools and resources.

Outcome Measures *

Increased number of school employee wellness resources, tools, and model policies identified through collaborative partnerships.

Program Strategy: Programs and Services

Activities *

Update and revise current School Employee Wellness guide (as an on-line platform) to include emotional well-being, health equity, social determinants of health and other school health priorities not noted in current guide.

Process Measures *

Updated school employee wellness guide aligned with current CDC school health priorities.

Outputs *

Revised school employee wellness guide.

Budget Period Outcomes *

Improved capacity of districts and schools to address emotional well-being, healthy equity, social determinants of health and other priorities related to school employee wellness.

Outcome Measures *

Increased number of districts and schools that download the school employee wellness on-line platform.
Increased number of districts and schools that use the school employee wellness on-line platform.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have a history of working with national and state health and education agencies focused on school health initiatives such as physical education/physical activity, school nutrition environments, management of chronic conditions, employee wellness and Whole School, Whole Community, Whole Child (WSCC).

42/200 words maximum

Program Experience

The recipient should have experience working with state education and health agencies to support school

health initiatives. Recipient should also have expertise in development of briefs, tools, resources as well as the CDC professional development practices.

35/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Recipient will partner with national, state, local education agencies on all activities. The recipient will also work closely with the Healthy Schools Program.

22/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

14/200 words maximum

CIO CERTIFICATION*



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Comprehensive Immunization Education And Trainings For Healthcare Providers

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Public health professionals in STLT health departments working to improve quality, performance, and outcomes of individuals, programs, and organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

18/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

6,000,000

Funding Appropriation *

75-2124-0943 CRRSA Act

Funding Statutory Authority *

Coronavirus Response and Relief Supplemental Act

Expected Project Length *

☐

The CIO will fund the project for one year

☒

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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No

☐

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

No

☐

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

No

☐

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

No

☐

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

No

☐

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

No

☐

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

Yes

☐

CBA Program Outcomes (Check one or more)*

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

Yes ☐

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

Yes ☐**PROJECT DETAILS**

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

For the selected program strategies:

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

Project Purpose

Healthcare professionals are on the frontline making sure vaccines get into arms. To do so, they need timely, up to date, comprehensive and accessible trainings on immunization issues. This project aims to create a series of online clinical education and training modules related to vaccine storage, handling, preparation, and administration best practices using new technology to reach broader audiences on more platforms. This is particularly critical in response to the COVID-19 pandemic and COVID-19 vaccines. COVID-19 vaccines are being administered by a wider-range of healthcare professionals in a wider variety of settings. These are also new vaccines requiring different storage and preparation requirements. However, best practices related to immunization apply not only to COVID-19 vaccines, but all vaccines. Providing current and up-to-date trainings provides an opportunity to educate a broader provider population on the the various needs in protecting the vaccine cold chain.

142/150 words maximum

Program Strategy: Programs and Services**Activities ***

- Create a plan and conduct an environmental scan or needs assessment to collect best practices and assess gaps
- Develop story boards, scripts, and/or underlying planning documents for training development
- Develop at least 12 self-paced trainings on vaccine related issues that are 508 compliant and employ adult learning theory. It's strongly encouraged to use one of CDC-approved authoring tools to build e-

learning such as Lectora, Captivate or CDC-approved Web application.

- Develop at least 6 short videos, at least 15 minutes long or as appropriate, for immunization training purposes that are 508 compliant, employ adult learning theory and innovative application of instructional technology.
- Develop at least 12 shorter chunks of videos from the short training videos for use on various media platforms
- Develop and execute an evaluation of the training materials
- Complete documentation for courses to be approved for clearance and to receive continuing education credit hours (CE), as appropriate.
- Disseminate developed materials

Process Measures *

- Increase in number of resources available to educate and train healthcare providers
- Increase in training materials on various media platforms

Outputs *

- Environmental scan or needs assessment findings
- # of self-paced trainings that are 508 compliant and employ adult learning theory
- # of short videos, at least 15 minute or as appropriate, that are 508 compliant, employ adult learning theory and innovative application of instructional technology.
- # of chunked videos for media use from short videos
- Evaluation of trainings and materials developed
- Delivery of all final training materials and electronic source files to CDC

Budget Period Outcomes *

- Healthcare providers increase knowledge of immunization issues
- Healthcare providers have increase in access to immunization trainings

Outcome Measures *

- % increase in trainings available

- % increase in training dissemination
- % increase in healthcare providers trained

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient organization should have the capacity to create and disseminate training videos. They should have an established network of healthcare providers across the U.S. that they work with regularly and can reach out to promote educational materials. The organization should help understand, adjust, and implement best or promising practices that will enable healthcare providers to reduce the incidence of vaccine-preventable and respiratory diseases, increase awareness of the importance of the recommended immunization schedule, and increase awareness of the importance of vaccination for all ages.

84/200 words maximum

Program Experience

The recipient organization should have experience with creating educational materials on immunization, educating healthcare providers, and utilizing new technologies to reach diverse audiences.

22/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient should facilitate collaboration with healthcare providers to strengthen public health training by addressing identified distance learning needs, best practices, and enhancing systems to facilitate the sharing of trainings. Collaborate with CDC to complete documentation to receive continuing education credit hours (CE), as appropriate. The recipient should also collaborate with CDC and appropriate immunization subject matter experts to ensure training content is accurate and based on current recommendations.

67/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

4/16/2021

Nintex Forms for Office O365

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Decision Support Tools For Public Health Policy Capacity Building

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Health strategist workforce (leaders and mid-career professionals) in state, tribal, local and territorial health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

14/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

Consolidated Appropriations Act, 2021 (H.R. 133)

Funding Statutory Authority *

Titles II, III, XVII and XIX, and section 2821 of the F

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health

Yes ☒

Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health

Yes ☒

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

This proposal seeks to extend current capacity building efforts by CDC by developing decision support web-based tools for local and state health departments, their partners, and policy decision-makers at a variety of levels of the public health ecosystem. These tools should support the capacity of local and state health departments to highlight the costs and benefits of specific policy and community-wide interventions. They may include, but are not limited to, economic modeling tools, extending and advancing analyses to create useful interfaces/tools, enhancing existing tools, and creating complementary communication suite of products that could become part of a toolkit for the local and state health departments and other public health decision-makers.

109/150 words maximum

Program Strategy: Laws and Policies

Activities *

- Conduct scan of the literature to determine: emerging health topics of interest amenable to creation of policy decision-support tools
- Engage state and local stakeholders, as appropriate, in identifying policy decision-support needs
- Develop and test policy decision-support tools using best practices of human centered design

Process Measures *

Tracking and completion of major milestones/activities.

Outputs *

All deliverables should be presented in a user-friendly format. The information should be presented in a format that is easy for public health professionals with diverse backgrounds and levels of knowledge in community health to use and convey to others in their field.

Deliverables will be of maximal benefit to STLTS to demonstrate the impact of high-valued public health policy and prevention activities on improving population health outcomes, and reducing healthcare costs borne by public and private costs, thereby providing actionable information for both the public health community and policy makers.

Budget Period Outcomes *

Delivery of complete policy decision-support tool(s)

Outcome Measures *

80% increase in capacity to development and deliver web-based policy decision-support tools

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The ideal organization should have strong relationships with health policy experts in the state executive and legislative branches, health department staff at all levels, and community policy experts and should be able to help these stakeholders develop and implement programs and policies in public health priority areas related to policy interventions. The organization should be able to facilitate collection of relevant information and sharing

of ideas and experiences, create dialogue with outside organizations, and identify best practices in public health. The organization should have the ability to engage and convene a cross-sector group in order to learn about the diverse needs of those who inform policy or interact directly with policy decision-makers.

111/200 words maximum

Program Experience

The ideal organization should have demonstrated experience collaborating with both legislative and executive branches and health department staff at all levels and be familiar with workforce capacity building and conducting needs assessments. An ideal organization should also have an understanding of the policy development process and economic principles that inform policy decisions. Additional experience in training and technical assistance in the areas of policy and economic analysis development and implementation is desired.

71/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

CDC has a clear vision for this project and seeks an organization to work collaboratively with them to fulfill that vision.

20/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

It is CDC's expectation that applicants will have the reach, relationships, capacities, and competencies listed above. If the applicant does not have these, CDC expects the applicant to subcontract appropriately.

29/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Assessments of STLTS needs to support policy and economic capacity will allow public health agencies to better inform resource and activity decisions.

21/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Defining Data Standards For Unwitnessed Drug Overdose Deaths

Do not use all capital letters.

7/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Personnel representing public health departments and medical examiner/coroner (ME/C) offices who are

involved in the collection, reporting and use of mortality data.

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

21/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

150,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

Sec 306 (242k) and Sec 304 (242b) of the Public H

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

Drug overdoses are deaths may be unwitnessed, occur in areas without an address (e.g. woods), and witnesses and next of kin may be difficult to locate. These circumstances create challenges for reporting and may cause delay in the certification. For public health purposes both time and place of death play an important role in understanding and potentially preventing the deaths and detail is important. Time of an unwitnessed death can be difficult to determine particularly when there is a long time between when the person was last seen alive and the body was recovered. Some medical examiners and coroners have standard procedures for handling these issues (e.g. GPS) and some certification procedures are dictated by local regulations.

Convening coroners, medical examiners and vital registrars along with epidemiologist to develop a uniform approach to reporting with an eye toward data systems would provide more useful, actionable and timely data.

149/150 words maximum

Program Strategy: Data and Information Systems

Activities *

- Plan and host a series of virtual meetings of medical examiners, coroners, vital registrars, and local public health practioners representating a range of jurisdiction size and geographic spread

- Identify data fields where reporting varies either by operating procedure within offices or by custom for drug overdose deaths
- Develop protocol for reporting, including standard operating procedures

Process Measures *

At least 10 ME/C offices and 5 public health departments participate actively in work group

Outputs *

Standard data definitions are developed and disseminated by a national ME/C organization through newsletters and webinars

Budget Period Outcomes *

Medicolegal data items that are difficult to report in the case of drug overdose deaths are defined in a manner to improve capacity of data and information systems for monitoring and surveillance.

Outcome Measures *

At least 10 commonly obtained medicolegal data items that are difficult to report in the case of drug overdose deaths are defined in a manner that is useful, useable, uniform, and clear.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Making real progress towards national, state, and local public health goals requires aligning the diverse goals

and perspectives of people and organizations in pursuit of a common social good. The recipient organization should be able to support public health advancement through collaboration across sectors through technical assistance and convenings that align visions, missions, and resources, bringing stakeholders together to leverage resources and expertise. The organization should have the administrative capacity to manage collaborative efforts, providing project management and support to efforts.

80/200 words maximum

Program Experience

The recipient organization should have a track record of providing quality technical assistance and a commitment to working in partnership with people and communities. It should have a proven record of commitment to promoting and improving health through partnerships across sectors, bringing people, organizations, and communities together to advance common goals. The organization should have experience with stakeholder convening, facilitation, and management

61/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

0/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

An organization with extensive knowledge and experience in medicolegal death investigation, both in terms of what information is collected as well as what is more complicated to define would be needed in order to carry out this project. It would be critical to obtain services from a national organization of this type in order to develop and end product that is useful as well as the endorsement to encourage use by the ME/C community. Furthermore, work with this community should involve an organization that has reach into both the medical examiner community as well as the coroner community, as those groups have differing points of view.

105/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Developing Policy Action Agendas For Drug Overdose Prevention

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Public health lawyers and their clients

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

5/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

The program is authorized under sections 317(k)(2,

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health

Yes ☒

Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health

Yes ☒

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

Policy interventions are among the most effective strategies to move public health toward population level change, as depicted in Frieden's Health Impact Pyramid. Yet, we have a limited understanding of the national/state/organizational/local policies that would most effectively prevent opioid overdose and related harms. We propose to fund a public health partner to develop a tight policy agenda to answer the question: "what are the 5 biggest policy levers that could be addressed to move the needle on opioid overdose prevention?" By way of comparison, when tobacco prevention launched a national movement to turn the tide on smoking, CDC and their partners had consistent messaging about the importance of taxation, limiting sales to minors, and prohibiting smoking in public spaces. Drug overdose prevention has no such agenda. The main deliverables are an easy-to-understand policy agenda with "the big 5" levers for national or state-level outcomes; an implementation guide; and a training curriculum.

146/150 words maximum

Program Strategy: Laws and Policies

Activities *

Fund a public health partner to develop a tight policy agenda to answer the question: "What are the 5 biggest policy levers that could be addressed to move the needle on opioid overdose prevention?"

Identify and document 5 impactful overdose prevention policy initiatives that will move the needle. In collaboration with CDC, the funded recipient will conduct an environmental scan of policy initiatives,

identify gaps, and determine potential direction for the field.

Conduct key informant interviews with up to 9 “thought leaders” in the field of overdose prevention to be determined later. Key informant interviews will be conducted to characterize policy needs and vet the finished agenda.

Develop a succinct policy agenda and key recommendations that outlines the policy initiatives and address national and/or state-level outcomes identified from information gleaned from the environmental scan and key informant interviews. In addition, specialized policy agendas by selected sectors (e.g., criminal justice settings, schools, hospitals, community) should also be developed where applicable. The policy agenda should use a 12-sector approach to developing tools and action agendas.

Develop guidance (i.e., policy selection tool and implementation guide) to help public health practitioners assess a jurisdiction’s readiness for policy enactment and implementation and select appropriate policy actions to advance “the big 5” policy levers in their jurisdictions.

Develop a training curriculum for educating public health practitioners on the ODP policy agenda and related implementation efforts.

Process Measures *

Number of sources consulted to complete environmental scan of the literature investigating policy interventions and gaps.

Number of key informant interviews completed

Number of recommended “policy levers” identified, with rationale for their inclusion, and feasibility of implementation.

Number of guidance materials developed

Outputs *

The proposed outputs include:

- Policy action agendas for national, state, and sector (or organizational) use, designed to educate stakeholders and mobilize resources for policy-level change.
- Key informant interviews with 9 overdose prevention experts, conducted to vet the proposed policy agenda and related implementation activities.
- Policy selection and implementation guide that enables jurisdictions to assess their context and readiness for policy change.

- Training curriculum to educate public health practitioners on “the big 5” policy levers and how to assess their jurisdiction’s readiness for implementing policy interventions to prioritize policy action

Budget Period Outcomes *

Increased awareness and knowledge of ODP policy initiatives

Greater engagement with partners

Outcome Measures *

% change in awareness among target population of ODP policy initiatives

of new partnerships developed to effectively reduce drug overdose and related harms.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Must have adequate staffing and organizational capacity to develop a policy agenda and key messages, work in public health settings, work in communities and with partners, and leverage networks of partners to vet the deliverables.

34/200 words maximum

Program Experience

Applicant should have experience identifying, developing and/or implementing public health policies related to overdose prevention. Extensive experience working in public health settings and in communities.

24/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Meaningful collaborations with groups most directly involved with informing, implementing or evaluating drug and/or opioid overdose prevention strategies at the state and community levels.

23/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The applicant may subcontract or partner with various state and community organizations and subject matter experts to support the delivery and implementation of policy initiatives as appropriate.

26/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Budget should include travel and contracting, as appropriate.

7/200 words maximum

CIO CERTIFICATION*

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Form Status



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Developing State and Local Capacity For The Collection Of Hereditary Cancer Data

Do not use all capital letters.

11/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

State and local public health chronic disease directors

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

7/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

750,000

Funding Appropriation *

75-21-0948

Funding Statutory Authority *

317(k)(2) of the Public Health Service Act (PHS AC

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies No ☐

No ☐

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

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

Research indicates that use of genetic counseling and testing services for hereditary breast and ovarian cancer (HBOC) remains low. Jurisdictions may benefit from collection of data to assess their burden of HBOC and the use of cancer genetic services. Purpose: To work with state and local health departments to build capacity, establish partnerships, and provide technical assistance in the analysis, collection, and/or expansion of surveillance systems to develop data-related materials to be used in education or policy, systems, and environmental improvement activities. The recipient should work with a maximum of 6 state/local health departments who, based on CDC 2017 Cancer Statistics (**USCS**), have an ovarian cancer incidence rate (age-adjusted) of 11 or greater cases per 100,000 AND a breast cancer incidence rate of 115 or greater cases per 100,000. Funded health departments do not have to be funded at the same level or implement the same type or number of activities.

150/150 words maximum

Program Strategy: Data and Information Systems

Activities *

Funded organizations should choose one or more data analysis and collection efforts from the following list:

- 1) Estimate the burden associated with hereditary cancer syndromes, namely HBOC, including the

proportion of the population that may be at increased risk for a hereditary cancer syndrome and the proportion of cancer patients/survivors that meet referral criteria for genetic counseling and testing services

2) Assess health practices and health care utilization associated with hereditary cancer syndromes, including but not limited to, collection of family history, referral to genetic counseling, use of and barriers to genetic counseling services, and use of and barriers to genetic testing

3) Assess health disparities (e.g., racial/ethnic, geographic, etc.) in referral to and use of cancer genetic services and risk management practices

Selected data analysis and collection activities should be accomplished through the implementation of activities consistent with the following strategy:

Using or expanding data from cancer registries to assess the burden of cancers associated with hereditary syndromes. The funded recipient can work with health departments to determine which activities below may be appropriate based on relevant experience and capacity.

- a. Analysis of existing cancer registry data to assess cancer cases associated with hereditary cancer syndromes
- b. Geographic analysis of cancer registry data overlaid with health systems offering cancer genetic services
- c. Exploring data linkages between the cancer registry and other relevant databases to address questions on cancer genomics (e.g., linkages with claims databases, clinical laboratory data, private lab, or genetic clinics)
- d. Adding or expanding fields in the cancer registry to include data relevant to hereditary cancers (such as BRCA testing and BRCA test result); this includes feasibility assessments, pilot data collection, and medical chart abstraction projects that would lead to the inclusion of a new field in the registry

The funded organization should work with health departments to do one or more of the following:

- 1) Provide capacity and infrastructure for health departments to conduct analyses, collect data, or expand existing data systems
- 2) Assist in communication and development of relationships with health systems or clinics, provider groups, genetics laboratories, or others for the analysis or collection of relevant data
- 3) Provide technical assistance in data analysis, data collection, evaluation of efforts, and dissemination of findings
- 4) Identify stakeholders who can act as champions for these efforts, including state comprehensive cancer control coalitions
- 5) Encourage and facilitate communication and shared lessons between state health departments to foster development and sustainability.

Process Measures *

Process measures may include one or more of the following:

- Establishment of relationships with registry personnel
- A signed data use agreement
- Formation of an analysis team for development of formal analysis plans
- Development of drafts for review
- Seeking feedback on drafts for analysis

Outputs *

Data driven resources and products, such as data briefs, educational materials, recommendations for improvements in data and information systems, and environmental improvement resources, webinars, conference presentations, and peer-reviewed publications

Budget Period Outcomes *

New relationships between health departments and stakeholders, analysis of existing data, feasibility assessment of data analysis and dissemination plan

Outcome Measures *

Number of new relationships developed between health departments and stakeholders, number of data sets analyzed, number of resources disseminated to relevant stakeholders, including example comprehensive cancer control programs and cancer coalitions

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

To effectively conduct the work described in the project description, the recipient organization should have extensive experience and existing collaborations with health departments. In addition, the recipient should

have well-established relationships and partnerships with chronic disease prevention and control programs within the jurisdictions and relevant national organizations. Finally, the awardee should have the staffing capacity to manage this project and provide epidemiology and statistical technical assistance and expertise in genomics and hereditary cancer syndromes to the selected pilot health departments.

78/200 words maximum

Program Experience

Previous experience providing guidance and technical assistance to health departments, especially with regards to data collection and analysis, as well as the use of data to guide public health practice and inform policy is expected. Demonstrated ability to provide epidemiologic and genomics technical expertise.

43/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient will be expected to foster collaborations between the public health departments and other organizations within jurisdictions (e.g. nonprofits, academic institutions, health systems) to support the sustainability of project activities. Furthermore, collaboration between the awardee and CDC's cancer prevention and control program grantees is expected. Additionally, CDC staff will have substantial involvement in the project, including serving as consultants for the project design and dissemination of findings.

67/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The awardee may subcontract this project to a qualified agency with relevant experience to carry out the work described. Recommended selection criteria include:

- Knowledge and experience using public health data to inform programs and policy
- Subject matter expertise in cancer genomics
- Knowledge of racial inequities in utilization of cancer genomics tests
- Strong analytical and information technology skills
- Understanding of and commitment to data privacy, confidentiality and security
- Understanding of effective communication strategies for different audiences
- Strong written and oral communication skills

· Strong leadership skills

83/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The budget should adhere to CSTLTS and OGS requirements as outlined in the funding announcement. The organization should provide a qualified individual dedicated to lead this project. Use of funds for purchase of equipment is prohibited. In cases where funds for software are needed, indicate the type of software and its purpose within the project scope.

55/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Emergency Preparedness And Response (EPR) Survey Question Bank Toolkit

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

MCH epidemiologists in state, local, tribal and territorial health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

9/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

300,000

Funding Appropriation *

2021

Funding Statutory Authority *

Multiple including but not limited to 75-21-0956; 75-

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No ☐

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☒

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

Yes ☒

No ☐

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

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The purpose of this project is to develop and coordinate a toolkit including a question bank of cleared and validated questions for assessing needs, behaviors, and practices of at-risk populations before, during, and after public health emergencies with resources for how to implement questions. At-risk populations would include pregnant/postpartum women, older adults, and those with chronic diseases. Questions would be tailored into a module for implementation in existing surveillance systems and surveys. Cleared questions are those that have been vetted through subject matter experts, validated, cognitively tested, field tested, and have OMB and IRB clearance approvals (or prepared clearance package submissions) for future use. To ensure uptake, a dissemination and implementation plan must be developed to leverage and engage CDC, local/state/territorial, partner SMEs and stakeholders to increase the use of questions for data collection and analyses. The project should include direct technical assistance to support local/state/tribal/territorial health department epidemiologists.

148/150 words maximum

Program Strategy: Data and Information Systems**Activities ***

The overall objectives of the project are to develop a vetted bank of emergency preparedness questions with technical resources for implementation to increase use and the availability of emergency preparedness data on at-risk populations.

The following activities would be completed by year.

Year 1:

- Conduct an environmental scan of emergency preparedness questions and survey mechanisms including federal, commercial, and non-governmental sources. Current CDC resources should be included.
- Compile detailed information on survey mechanisms to serve as a resource
- Assess/evaluate previous use of emergency preparedness and response questions and barriers at the state and local level to prior implementation;
- Assess/evaluate areas of emergency preparedness most of interest to state, tribal, territorial, and local epidemiologists;
- Develop sample surveillance data collection modules.
- Develop new questions and modify existing questions in collaboration with subject matter experts and stakeholders
- Translate questions into Spanish
- Prepare questions in formats for self-administration (mail/web) and interviewer administration (phone) in English and Spanish
- Develop implementation resources to increase implementation
- Provide direct technical assistance to state/tribal/local/territorial health departments for implementation
- Conduct cognitive testing for new questions and vet questions among stakeholders
- Conduct field testing to demonstrate the questions are both valid and reliable

Year 2:

- *Finalize question bank and implementation resources*
- *Develop variable names for new indicators and prepare documentation (such as data dictionaries) for software programming*

- *Program questions into data collection software (mail data entry, web version, CATI versions) for English and Spanish questionnaires; conduct testing and verification that programs work for software.*
- *Develop a dissemination and implementation plan leveraging and engaging CDC, local/state/tribal/territorial, partner SMEs and stakeholders to increase the use of questions for data collection and analyses.*
- *Direct technical assistance to local/state/tribal/territorial health departments to implement survey questions.*

Process Measures *

- Number of local/state/tribal/territorial health departments identified that can collect jurisdiction-specific, population-based data on experiences of vulnerable/ at risk populations before, during and after public health emergencies.
- Number of questions developed
- Number of questions translated to Spanish
- Number of implementation resources developed
- Number of state/tribal/local/territorial health departments that receive technical assistance
- Convene meetings with, take notes, and provide action steps of SMEs and key stakeholders, to capture experiences of utilizing survey questions

Outputs *

- Data on knowledge, attitudes, and experiences related to assessment to measure local/state/territorial interest and likelihood of use of questions bank toolkit, identify the barriers of limited use of existing questions from PRAMS, BRFSS, and other sources, ask about how local/state/territorial will get around the barriers of limited use of existing questions from PRAMS, BRFSS, and other sources.
- Issue brief describing best practices, challenges, and opportunities to improve local/state/tribal/territorial interest and likelihood of use of question bank toolkit or existing questions form PRAMS, BRFSS, or other sources.
- The design, development, and implementation of question bank toolkit for health surveillance efforts before, during or after public health emergencies at the local/state/tribal/territorial levels.

Budget Period Outcomes *

Improved epidemiologic capacity for local/state/tribal/territories to monitor impact of public health emergencies on at risk populations.

Outcome Measures *

% of local/state/tribal/territorial epidemiologists reporting improved epidemiologic capacity to monitor impact of public health emergencies on at risk populations.

Program Strategy: Partnerships

Activities *

A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors:

The overall objectives of the project are to develop a vetted bank of emergency preparedness questions with technical resources for implementation to increase use and the availability of emergency preparedness data on at-risk populations.

The following activities would be completed by year:

Year 1:

- Kickoff call
- Compile and convene SMEs and stakeholders through virtual meetings to assess question bank and surveillance needs
- Monthly SME stakeholder meetings
- Take notes and provide action steps of SMEs and key stakeholder meetings
- Develop assessments and measure local/state/tribal/territorial interest and likelihood of use of questions bank if developed, identify the barriers of limited use of existing questions from PRAMS, BRFSS, and other sources, ask about how local/state/tribal/territorial will get around the barriers of limited use of existing questions from PRAMS, BRFSS, and other sources.
- Develop a report based on assessment to identify gaps and barriers of local/state/tribal/territorial's use of questions bank if developed, and suggestions for how to get around the barriers of limited use of existing questions from PRAMS, BRFSS, and other sources

Year 2:

- *Develop implementation resources to increase implementation*
- *Provide direct technical assistance to state/tribal/local/territorial health departments for implementation*
- *Develop a dissemination and implementation plan leveraging and engaging CDC,*

local/state/tribal/territorial, partner SMEs and stakeholders to increase the use of questions for data collection and analyses.

Process Measures *

- Number of local/state/tribal/territorial health departments identified that can collect jurisdiction-specific, population-based data on experiences of vulnerable/ at risk populations before, during and after public health emergencies.
- Number of participants on kickoff call
- Convene meetings with, take notes, and provide action steps of SMEs and key stakeholders, to capture experiences of utilizing survey questions
- Number of completed assessments

Outputs *

- Translation of data collected at the end of the project period to public health actions
- Issue brief describing best practices, challenges, and opportunities to improve local/state/territorial interest and likelihood of use of questions bank or existing questions from PRAMS, BRFSS, or other sources.
- An assessment report with SME guidance, dissemination and implementation plans, and technical assistance on the design, development, and implementation of a question bank for health surveillance efforts before, during or after public health emergencies at the local/state/tribal/territorial levels.
- Completed technical assistance to state/tribal/local/territorial health departments for implementation

Budget Period Outcomes *

Increase in collaboration and partnerships to address surveillance needs of at risk populations before, during, or after a public health emergency.

Outcome Measures *

% of state/tribal/local/territorial health departments reporting new partnerships for surveillance of at-risk populations before, during, or after a public health emergency

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have established relationships with local/state/tribal/territorial public health organizations in order to facilitate effective collaboration between SMEs, stakeholders and epidemiologists from selected health departments.

The applicant will need to have capacity to plan and provide logistical support for in-person and virtual meetings.

The applicant should have the capacity to provide detailed meeting minutes to the CDC within 2 weeks of meetings.

The applicant should have the ability to produce reports which synthesize the technical aspects of the project.

76/200 words maximum

Program Experience

1. Expertise in public health epidemiologic surveillance
2. Experience working with state/tribal/local/territorial and MCH epidemiologists
3. Experience convening SMEs and stakeholders, gap/barrier assessments, and providing epidemiologic technical assistance to local/state/territories in a virtual learning environment
4. Experience in data hosting and data sharing
5. Experience disseminating analysis using multiple modes of communication

55/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The awardee will be expected to establish and provide technical assistance to epidemiologists in local/state/tribal/territorial health departments. Furthermore, collaboration between the funded applicant and CDC's Technical Monitors (TMs) will occur throughout the project lifecycle; including, the CDC TMs will have

involvement in the development of technical and training materials, providing technical assistance in conducting the data collection, and submitting the de-identified data transfer networks.

63/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

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

80/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Enhancing Pediatric Disaster Mortality Surveillance

Do not use all capital letters.

4/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Health strategist workforce (leaders and mid-career professionals) in state, tribal, local and territorial health departments who focus on child death reviews

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

20/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

166,925

Funding Appropriation *

75-2021-0956

Funding Statutory Authority *

Consolidated Appropriations Act and the Coronavir

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies No ☐

No ☐

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

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

Deaths reported from a natural disaster may vary depending on the source (e.g., Red Cross, FEMA, vital statistics). Improved reporting of pediatric deaths from disasters and detailed understanding of risk factors associated with those deaths could better inform public health preparedness planning and response. Child death review (CDR) teams in all 50 states, the District of Columbia, Guam, and the Navajo Nation conduct comprehensive, multidisciplinary reviews of circumstances surrounding child deaths to better understand how and why children die. CDR teams capture data using a case report form, which is submitted to a centralized, online database. A disaster-specific variable was added to the case report form in 2018. This project seeks to analyze existing data on pediatric disaster fatalities; assess barriers that CDR teams face in attributing deaths to disasters; identify training resources needed by CDR teams; and add additional variables regarding disaster-related fatalities to the case report form.

148/150 words maximum

Program Strategy: Data and Information Systems

Activities *

- Analyze disaster-associated deaths captured by CDR teams in The National Fatality Review Case Reporting System (NFR-CRS) to characterize the child-, family-, and disaster-level characteristics of these deaths. Identification of deaths before 2018 will require searching the free-text narrative to identify deaths that may have been due to a natural disaster. Disaster-related deaths since 2018 may be identified by the variable regarding whether a death occurred due to a natural disaster or mass fatality that was incorporated into the NFR-CRS in 2018.
- Draft additional natural disaster/mass fatality questions for possible incorporation into the NFR-CRS, such as questions on specific types of natural disasters (e.g., hurricanes); other public health emergencies (e.g., emerging infectious diseases); receipt of preventive messages by children's families; and whether any actions were taken to prepare for, or respond to, a public health emergency. The results of the analysis should be used to help inform drafting of these questions.
- Engage with key stakeholders, including CDR team members, through a survey or focus groups to review the draft questions, provide feedback, and determine the feasibility of answering the questions with the information typically available to a CDR team.
- Conduct a pilot study using the draft questions with select state, tribal, local, or territorial jurisdictions, solicit feedback from the jurisdictions, and evaluate the pilot study.
- Finalize natural disaster/mass fatality questions for incorporation into the NFR-CRS

Process Measures *

- # of new questions drafted for inclusion in the NFR-CRS
- # of surveys disseminated to, or focus groups conducted with, key stakeholders, including CDR team members.
- # of surveys or focus groups conducted with key stakeholders, including CDR team members.
- # of jurisdictions piloting the draft questions

Outputs *

- Analysis of disaster-associated deaths in the NFR-CRS during 2010-2019.
- Evaluation of the pilot study.
- New questions or variables for the NFR-CRS that will enable easier identification of disaster-related deaths and more information to be gathered on these deaths

Budget Period Outcomes *

- Improved understanding of the number of children who die from natural disasters in the United States each year and the type of natural disasters responsible for these deaths.
- Improved understanding of how the existing case report form identifies disaster-related deaths and what type of information is captured on these deaths.
- Improved understanding of the feasibility of incorporating the draft questions into the case report form.

Outcome Measures *

% of pilot study participants reporting feasibility of completing the draft questions using information that is typically available to them during a CDR and reporting barriers to completing these questions.

Program Strategy: Programs and Services

Activities *

- Conduct surveys or focus groups with key stakeholders (e.g., health departments teams, CDR team members) to:
 - o determine which jurisdictions conduct reviews of pediatric deaths from natural disasters
 - o assess barriers to implementing new disaster-specific questions in the child death review case report form
 - o identify strategies to improve data collection on these deaths, and
 - o identify types of educational resources that would facilitate CDR teams being able to collect data on pediatric disaster deaths.
- Develop educational resources (e.g., webinar, online training module) on pediatric deaths from natural disasters and existing resources (e.g., CDC's Death Scene Investigation Toolkit and Death Certificate Completion Reference Guide) to help CDR teams attribute deaths to natural disasters and optimize data collection of these deaths.
- Develop communications materials (e.g., social media posts, fact sheets) on the importance of attributing pediatric deaths to disasters and resources and tools that can facilitate this process.

Process Measures *

- # of surveys or focus groups conducted
- # of survey respondents or focus groups participants
- # of barriers to implementing new disaster-specific questions identified

- # of strategies identified to improve data collection on these deaths
- # of communications materials developed

Outputs *

- Report summarizing which jurisdictions conduct reviews of deaths from natural disasters, barriers to implementing new disaster-specific questions, and strategies to improve data collection of these deaths.
- Educational resources on pediatric deaths from natural disasters and how CDR teams can review these deaths.
- Communications materials (e.g., social media posts, fact sheets) on the importance of attributing pediatric deaths to disasters and resources and tools that can facilitate this process

Budget Period Outcomes *

- Improved understanding of the barriers that CDR teams face in identifying natural disasters as the cause of a pediatric death
- Improved understanding of what resources would help CDR teams identify pediatric deaths from natural disasters and optimally collect information on these deaths.
- Increased knowledge among educational resource participants of existing resources that can help link a death to a natural disaster.

Outcome Measures *

% of educational resource participants reporting increased knowledge of existing resources that can help link a death to a natural disaster.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient will need to efficiently identify and engage CDR teams; the broad range of professionals who participate in CDRs (e.g., pediatric clinicians, medical examiners/coroners, social workers, law enforcement); state, tribal, local, and territorial health department staff; and other key stakeholders (e.g., federal partners). Given the focus on the intersection between CDR and disaster preparedness, the recipient should be able to connect with both maternal/child health staff and emergency preparedness staff in health departments. These

personnel may be in different sections of health departments, including maternal/child health, non-infectious/chronic disease, and emergency preparedness and response, emphasizing the need to work with a range of public health practitioners. Because disasters occur throughout the United States, the recipient will need to engage partners from different geographic regions; from urban and rural settings; and from state, tribal, local, and territorial jurisdictions. Given the ongoing COVID-19 pandemic, the recipient should be able to host multiple recurring virtual meetings that engage partners and facilitate discussion and learning.

161/200 words maximum

Program Experience

Existing relationships with CDR teams; pediatric clinicians; state, tribal, local, and territorial health department staff; and emergency preparedness and response experts will enhance the organization's ability to successfully complete this project. Experience in conducting descriptive data analysis; developing a range of training materials (e.g., webinars, online training modules); and conducting technical assistance with health departments will help facilitate the outlined activities. Having experience in conducting activities during public health emergencies (e.g., infectious disease outbreaks) will also be beneficial given the ongoing COVID-19 pandemic.

82/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient should explore collaboration with groups that are engaged in activities focused on CDR and/or pediatric emergency preparedness and response. Professional groups (e.g., pediatric clinicians, medical examiners/coroners) representing members of CDR teams and state, tribal, local, and territorial health department staff should be incorporated into the project's activities.

48/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The recipient organization may need to explore subcontracting work for the data analysis, surveys, focus groups, or communications materials.

18/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

9/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

8/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

150,000

Funding Appropriation *

Appropriation #75-21-0948

Funding Statutory Authority *

Section 1706 of Public Health Services Act, 42 U.S

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

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

CBA Program Outcomes (Check one or more)*

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

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

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically No ☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services No ☐

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

No ☐

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

Provide expert technical assistance and training to NBCCEDP USAPI funding recipients to strengthen their capacity to engage in effective quality improvement partnerships with health systems to increase cancer screening.

Background: In the NBCCEDP, grantees must partner with health systems/clinics to implement evidence-based interventions (EBIs) to improve the quality of cancer screening delivery and increase screening rates. Many grantees struggle with health systems change concepts, how to engage health systems, and how to collaborate with them to implement required program activities. These struggles are amplified for the USAPI

grantees whose varied government processes, unique healthcare delivery challenges, and capacity barriers present additional implementation challenges.

97/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

Provide technical assistance, consultation, training, and support to strengthen NBCEDP

USAPI grantees' knowledge, leadership, and confidence in the following and related topics:

- Evidence-based interventions recommended by The Community Guide to improve cancer screening rates and their practical implementation within health systems and clinics
 - Various types of healthcare systems and the role each plays in supporting communities to keep populations healthy through prevention and early detection
 - Concepts and best practices of health systems change
 - Concepts and best practices of effective partnerships including critical success factors for win-win collaborations
 - How to practically approach health systems as partners, keep them engaged, and nourish a successful relationship
 - How to collaborate with health systems in a mutually beneficial way to increase cancer screening
- Coordinate training efforts, when appropriate, to foster knowledge sharing on program implementation and effective strategies among NBCEDP USAPI and mainland colleagues

Process Measures *

- Assessment of capacity building and training needs of the each USAPI and appropriate partners
- Strategy meetings held with public health leadership (health officials, chronic disease directors, cancer program directors) to plan capacity building efforts
- Consultation, technical assistance, and training provided

Outputs *

- Report on assessment of capacity building and training needs
- Written plan on strategies to address capacity building and training needs
- Report on technical assistance and training provided to include information on the progress of grantees in gaining knowledge, capacity, and confidence

Budget Period Outcomes *

- Successful and collaborative working relationship with USAPI grantees participating in this project

- Active participation of USAPI grantees in building their knowledge, capacity, and confidence

Outcome Measures *

- Increased knowledge, skills, and confidence of participating USAPI grantees in approaching health systems and establishing quality improvement partnerships

Program Strategy: Partnerships

Activities *

In collaboration with CDC USAPI grantees and partners:

- assess existing healthcare systems to identify potential partners to support breast and cervical cancer screening
- identify existing cancer screening practices of health system/clinic partners, specifically the use of evidence-based interventions to increase cancer screening, the quality of these interventions, and identification of challenges/facilitators
- determine clinic-specific baseline screening rates
- develop quality improvement implementation plans
- collect and report annual screening rate data to CDC

Process Measures *

- Number of unique USAPI grantee/health system partnerships
- Number of completed assessments of health systems/clinics
- Number of clinic-based quality improvement plans to implement evidenced-based interventions
- Number of completed clinic-level baseline screening rates

Outputs *

- Report of the healthcare systems in the the USAPI jurisdictions each USAPI and their capacity to conduct or support cancer screening (e.g., what health systems exist, which ones provide cancer screening services, availability of clinical experts and equipment, etc.)
- Report of cancer screening practices including the use of evidence-based interventions and challenges and facilitators of these practices (e.g., population served, clinic workflow, screening rates, use of electronic health records, cancer screening policies/procedures, etc.)

- Completed quality improvement implementation plans to address gaps and challenges identified
- Report of clinic-specific baseline screening rates

Budget Period Outcomes *

- Recruit at least one additional NBCCEDP USAPI grantee to participate each budget year
- Provide continued support to enhance the capacity of participating USAPI grantees

Outcome Measures *

- Increased clinic-level breast and cervical cancer screening among health system clinics partnering with NBCCEDP USAPI grantees (long term outcome)

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have extensive experience in chronic disease program planning and management, a strong infrastructure and existing ongoing communication with chronic disease program directors, cancer program directors, and especially the target audience of USAPI cancer programs. Additionally, the applicant should have existing established relationships and partnerships with key USAPI experts and organizations, national organizations in public health and chronic disease prevention and control plus cancer prevention and control and health care systems such as Federally Qualified Health Centers and Medicaid programs as well as other entities that reach low-income, high-risk populations. Such an applicant organization with well-established, competent infrastructure will ensure good understanding of the project's target audience and unique challenges of public health in the USAPI, and exhibit greater efficiency in carrying out the project through effective management of project activities to meet timelines and outcomes.

129/200 words maximum

Program Experience

The applicant should have the following and related experiences and expertise:

- Knowledge of public health approaches to chronic disease and cancer prevention and control, especially the unique needs of USAPI populations (disease burden, cultural influences on health, etc.)
- Knowledge of public health delivery systems and healthcare delivery systems including an understanding of the unique challenges among USAPIs where expert healthcare providers (e.g. radiologists) and resources available locally are limited.
- Experience in assessing needs, identifying gaps/barriers, and providing tailored and appropriate technical assistance support to all parties involved in the partnership to advance cancer screening.
- Capacity to plan and execute trainings and meetings for diverse audiences including managing meeting logistics to support effective execution of proposed training activities, etc.
- Strong leadership, communication skills, and effective project management
- Strong skills in organizing, synthesizing, and summarizing information; and writing skills to produce high quality, clear, well written, and audience appropriate deliverables
- Knowledge of the NBCCEDP program's direct breast and cervical cancer screening component and its complementary component to increase cancer screening through the establishment of mutually beneficial partnerships with health systems and clinics to implement evidence-based interventions and execute quality improvement.

185/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Engage with NBCCEDP USAPI grantees and key health systems partners to provide training, consultation, technical assistance, and support to develop and maintain mutually beneficial strategic program partnerships, conduct needs assessments, data collection and management, and implement health systems change and improvements.

Foster a high level of interaction and engagement among the project participants in order to establish relationships, support the advancement of the health systems change strategy work throughout the USAPIs, and enable ongoing collaboration and peer-to-peer learning throughout the project.

72/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

A subject matter expert (SME) may be subcontracted who has expert knowledge and experience in working with the public health and healthcare systems of the USAPI, partnership experience across diverse professionals and organizations, and effective consultation and training skills. Additionally, knowledge of the

NBCCEDP including its program requirement to implement health systems change and improvements, and evidence-based interventions is important.

56/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

CDC approval is needed for the proposed subject matter experts, trainers and sub/contractors.

12/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision ☐ Funded ☐ Unfunded	Project Plan Round	Admin Update No
Recipient Name		Update CIO No ☐ Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

14/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

175,000

Funding Appropriation *

75-21-0950

Funding Statutory Authority *

Section 318(a)-(c) of the Public Health Service Act

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

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

CBA Program Outcomes (Check one or more)*

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

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

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

Intermediate: Strengthened capability of public health workforce to deliver essential public health services Yes ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

Yes ☒

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The purpose is to provide professional development, training, and capacity building opportunities in evaluation and program improvement, for staff in local, state, and territorial health departments. Methods may include coaching, virtual and in-person learning exchanges, webinars, and didactic trainings; topics may include those related to the CDC Evaluation Framework, quality improvement, and change management. The project also involves some direct support to help learners apply their skills and plans in their work sites.

72/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

- Plan and implement at least one evaluation and program improvement cohort program for health department staff, which provides a blend of learning models for staff over many months
- Support involvement of health department staff in at least one intensive evaluation capacity building opportunity
- Plan and implement a modest suite of short-term evaluation and program improvement sessions and/or tools (e.g., webinars, checklist development) for health department staff

Process Measures *

- At least 10 health departments (involving approximately 20 staff) will complete the cohort program
- At least 5 health departments (involving approximately 10 staff) will complete an intensive evaluation capacity building opportunity
- At least 50% of health departments invited to join or access short-term evaluation and program improvement sessions and/or tools will participate
- Across activities, at least 75% of participants will be satisfied with the professional development opportunity in which they participated

Outputs *

- Cohort program implemented
- Short-term intensive evaluation capacity building opportunity implemented
- Webinars or related training sessions held/ tools produced

Budget Period Outcomes *

- Increased knowledge, skills and ability to implement evaluation and program improvement strategies (among those staff that participate in the more intensive professional development activities)
- Increased motivation to advocate for evaluation and program improvement within their organizations
- Increased use of evaluation and program improvement findings to justify, or propel changes in, programs

Outcome Measures *

Among staff involved in more intensive professional development activities:

- 80% report increasing their evaluation and program improvement knowledge and skill set
- 80% report being more motivated to advocate for evaluation within their organizations

Among staff involved in the more intensive professional development activities and that were able to carry out evaluation and program improvement plans during the budget period:

- 80% report gaining important insights into their work
- 50% report using the findings to justify, or propel changes in, their programs

Program Strategy: Programs and Services

Activities *

- Provide health departments that participate in some of the evaluation and program improvement capacity building activities (see Workforce Development above) with direct support to carry out evaluation or program improvement plans or activities

Process Measures *

- At least 3 health departments will receive direct support for evaluation and program improvement implementation

Outputs *

- Direct support provided to health departments

Budget Period Outcomes *

- Increased ability to apply the evaluation and program improvement capacity building knowledge and skills to the work of the health department

Outcome Measures *

Among staff in health departments that receive the direct support:

- 100% carry out evaluation and program improvement plans or activities
- 100% report gaining important insights into their work
- 100% report using the findings to justify, or propel changes in, their programs

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient needs to have a robust organizational and IT infrastructure for providing professional development opportunities in the COVID era, including use of relevant virtual platforms and engagement methods. They need high quality program management and communication capacity to market and implement the various professional development opportunities included. They need to have the ability to provide direct support to health departments.

60/200 words maximum

Program Experience

The recipient organization needs to have the capacity to plan, implement, and support a mix of high-quality professional development opportunities for health department staff. They need to have, or have access to, expertise in evaluation and program improvement planning, stakeholder engagement, methods, implementation, and use. They should have previous experience providing training and capacity building to state, local, and territorial health department staff, particularly mid-career and program leaders.

67/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient is expected to collaborate with individuals and organizations with expertise in evaluation and program improvement and with organizations that partner with CDC's Division of STD Prevention, including some of its funded recipients. The recipient may opt to collaborate with other organizations that provide relevant evaluation and program improvement training opportunities.

51/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

There are no defined expectations around subcontracted work. However the recipient may opt to contract with trainers, experts, and coaches in evaluation and program improvement to support the work. Those trainers, experts, and coaches should have a proven track record working successfully with health department program staff on these issues.

49/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Most funding is expected to go towards personnel for program management and administration, and some should go towards direct support for a limited number of health departments. Funds may go to contracts to access trainers, experts, and coaches to implement the capacity building activities. In this budget period, no travel is expected due to COVID-19's ongoing impact, but this may be reassessed in 2022.

63/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

STLT health lawyers, multi-jurisdictional public health practitioners using public health law, and cross sector policy makers/practitioners using law to improve disease/vaccine reporting and data collection .

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

25/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 –July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 500,000

Funding Appropriation *

CDC-Fund if Available Project Submission

Funding Statutory Authority *

Not Sure

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health Yes ☐

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

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The collection and reporting of sociodemographic data, particularly for disease reporting and vaccine distribution purposes, has been and continues to be a challenge in public health practice. This is especially the case during health emergencies when such data is even more critical for identifying the most vulnerable populations. At the heart of this difficulty is uncertainty about the legal, infrastructural, systemic, and practical

challenges that public health practitioners – and health providers – must overcome in order to ensure the collection of this data. This project would conduct an assessment of existing laws and a qualitative assessment of policies and practices at the STLT health department and provider level to identify the legal, policy, political, infrastructural, and procedural gaps that result in the underreporting of sociodemographic data that may create a functional gap for STLT health departments to clearly recognize gaps in services.

137/150 words maximum

Program Strategy: Laws and Policies

Activities *

The applicant will . . .

- Research existing laws and regulations at the STLT jurisdictional level that impacts the collection of socioeconomic data to better identify and recognize gaps in the existing disease reporting law that may prevent a health department from identifying adversely impacted vulnerable populations.
- Conduct a qualitative assessment of public health department and provider practice in relation to reporting of sociodemographic data in conjunction with disease reporting and vaccine distribution reporting through:
 - Key informant interviews in multiple, geographically diverse jurisdictions
 - A qualitative assessment of practices in conjunction with disease reporting and vaccine distribution reporting
 - A qualitative assessment of electronic health information / data systems
- Identification of additional legal or policy processes that are relevant to these reporting practices

Process Measures *

- Development of a legal research protocol to identify and recognize gaps in the existing disease reporting law.
- Completion of legal research to identify laws and regulations that may prevent a health department from identifying adversely impacted vulnerable populations.
- Completion of key informant interviews to assessment of practices in conjunction with disease reporting and vaccine distribution reporting

Outputs *

- Development of a white paper or policy report identifying the issues and reporting on findings that can inform public health practice.

- Creation of a publishable fact sheet that can be used by STLT health departments and accessed via the internet that identifies the existing gaps and related strategies for addressing the gaps.
- Development of any additional relevant materials deemed appropriate by the successful applicant that can inform public health understandings of why collection and reporting of such data is critically important.

Budget Period Outcomes *

This is a one year project therefore budget period outcomes and outputs are the same.

- Development of a white paper or policy report identifying the issues and reporting on findings that can inform public health practice.
- Creation of a publishable fact sheet that can be used by STLT health departments and accessed via the internet that identifies the existing gaps and related strategies for addressing the gaps.
- Development of any additional relevant materials deemed appropriate by the successful applicant that can inform public health understandings of why collection and reporting of such data is critically important.

Outcome Measures *

- A published white paper relevant to the findings of the project
- A publishable fact sheet available to STLT health departments via the internet identifying gaps and strategies to address the gaps
- Materials to inform STLT health departments of the critical need of collecting socioeconomic data to identify potential gaps in services.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient organization would:

- Have experience researching laws, regulations, and policies with an expertise in evaluating their impact on public health practice,
- Maintain partnerships with STLT public health agencies,
- Maintain relationships with practitioners in the field who collect and analyse this kind of data,
- Maintain relationships with health care providers.

45/200 words maximum

Program Experience

The recipient organization would:

- Have knowledge of disease reporting / surveillance laws and systems,
- Have knowledge of immunization information systems law and systems;
- Have experience conducting qualitative assessments,
- Have experience with data collection and surveillance practices.

30/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The applicant should have demonstrated experience working with STLT partners, STLT legal counsel, STLT Policy makers and practitioners who are responsible for data collection at the STLT jurisdictional level.

The applicant should have be able to collaborate as needed with other national non-profit organizations relevant to STLT health departments, foundations and Institutions of higher education who work in the area of public health law.

62/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

There are no financial expectations for the use of a subcontractor. However, the successful applicant will have the discretion to use a sub-contractor as needed.

24/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The applicant must limit the work to \$500,000, but there are no further budget restrictions.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Examining STLT Response Capacity And Legal Authority To Respond To Emerging Infectious Zoonotic Diseases

Do not use all capital letters.

13/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category Descriptions

☐

No

Target Population Description *

Public health lawyers in State, Tribal, Local and Territorial (STLT) health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

11/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

200,000

Funding Appropriation *

Preparedness Funds

Funding Statutory Authority *

Preparedness Funds

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health

Yes ☒

Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health

Yes ☒

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

No ☐**PROJECT DETAILS**

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

For the selected program strategies:

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

Project Purpose

The intent of this project is to characterize, contrast, and compare the legal authorities that can impact preparedness and response efforts to emerging infectious diseases (EIDS) in different STLT jurisdictions. The primary goal of this project is to create a publicly available resource for STLT partners to identify the different authorities at their disposal while responding to a zoonotic EID. A secondary goal is for STLT partners to identify gaps in their authority so that they can implement legislative changes to better respond to future EIDs.

85/150 words maximum

Program Strategy: Laws and Policies**Activities ***

- 1) A scoping legal landscape assessment will be conducted with STLT health departments to characterize, contrast, and compare legal authorities that can impact response to zoonotic EIDs.
- 2) A gap analysis will be conducted for each participating STLT health department to highlight critical gaps that may lead to inefficiencies in zoonotic EID prevention, control, and response.
- 3) Example references for STLT response to EID events will be developed based on the subtopics of interest identified by our STLT partners. These examples will include ideal EID legislation and operating procedures.

Process Measures *

- 1) Number of STLT partners engaged in legal landscape assessment and gap analysis
- 2) Number of examples of EID legislation and operating procedures identified

Outputs *

- 1) STLT health department authorities and legal guidance will be summarized and provided to STLT partners in an open-access, quick reference format
- 2) Develop a final report using a One Health approach to identify examples of ideal EID legislation, operating procedures, and recommendations that will be shared with STLT leaders to guide future prevention, control, and response efforts to effectively address public health emergencies.

Budget Period Outcomes *

- 1) Increased knowledge among STLT partners of health department authorities and legal guidance

Outcome Measures *

- 1) Number of individuals or STLT jurisdictions accessing the public database on authorities and legal guidance

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient organization should have the capacity to conduct Public Health Law projects including a lawyer on staff or the ability to contract with a lawyer with relevant Public Health law experience. The recipient organization should also have the capacity to work in tandem with multiple STLT jurisdictions at the same time to complete activities.

53/200 words maximum

Program Experience

Recipient program should have experience conducting legal assessments and analysis related to public health authorities affecting human and animal health and experience developing analytical tools and conducting standardized gap analyses. Recipient program should have a strong collaborative relationship with STLT partners and experience working with them to increase knowledge and capacity.

50/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient will be expected to consult with CDC public health law subject matter experts and may also consider consulting with other experts with regards to the legal landscape and the format for the publicly available database described as an output.

39/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

There is no subcontractual work required but it is allowed if needed, especially in reference to collaborators in the previous section or for development of the public database referenced in the outputs.

31/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds can be used for staff, meetings, travel, contracts and supplies, equipment or materials associated with the legal landscape assessment and requested deliverables.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Examining The Legal History Of Structural Racism Regarding Public Health

Do not use all capital letters.

9/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

STLT health lawyers, cross sector policy makers/practitioners, multi-jurisdictional leaders and managers using law to improve public health outcomes.

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

15/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

300,000

Funding Appropriation *

CSTLTS EOY Fund if available

Funding Statutory Authority *

Not sure

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No



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

No



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

No



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

No



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

No



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

Yes



CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health

No ☐

Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health

Yes ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The public health system is working to address persistent health disparities that burden Black American, American Indian / Alaska Native, Latino, and other populations in part by addressing structural racism. Structural racism arises from and is reinforced by a *network* of laws – many of which have persisted over generations – that have created health-harming structural and social conditions. Many of these laws have been discriminatory, either in purpose or in effect, and have excluded certain communities from resources essential to good health. We propose researching existing laws and creating training curricula that will present a legal history of such laws that have had implications for public health practice and for health outcomes. The training will be customizable for local jurisdictions and seek to offer practical guidance for public health departments that seek to develop strategic and programmatic plans to address health inequities arising from structural racism.

146/150 words maximum

Program Strategy: Laws and Policies

Activities *

- Identify laws relevant to structural racism and public health
- Conduct research to present a legal history of such laws that have had implications for public health practice and for health outcomes.
- Develop resource materials, including training curricula, and templates for customization or toolkits discussing structural racism, its origins, and its health effects.

- Offer practical guidance for public health departments that seek to develop strategic and programmatic plans to address health inequities arising from structural racism

Process Measures *

- Development of a Research and Project timeline
- Developing a compilation of relevant laws related to the purpose of the project using customary methods of legal research.
- Implementation of up to 5 training sessions or webinars
- Participation in dissemination activities at public health convenings

Outputs *

- Research findings from legal research performed regarding structural racism as it impacts public health laws and health outcomes.
- Resource materials, including training curricula, templates and toolkits describing findings from research.
- Training on structural racism as it impacts public health either delivered in person, by electronic means (e.g. webinars) or both
- A dissemination plan for the delivery of resource materials emanating from the project.

Budget Period Outcomes *

- Increased capacity to evaluate laws and policies to affect health
- Strengthened capability to systematically apply and use laws and policies to improve health

Outcome Measures *

- Number of people reached (trained) as a result of project activities.
- Number of health departments reporting use of training materials

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

A recipient organization would have:

- adequate personnel to take on the extensive research necessary to conduct an examination of historical and contemporary public health laws that contribute to structural racism.
- relationships with community based organizations, public health practitioners and other governmental and nongovernmental partners.
- Creative vision to design and formulate training materials and other resources
- Knowledge of the public health infrastructure, strategic planning processes and framework development procedures to inform how initiatives to address structural racism as a public health challenge might factor into those frameworks

81/200 words maximum

Program Experience

A recipient organization would have:

- a strong grounding in public health law and legal practice as well as staff with capacity to conduct extensive research on law and policy;
- a substantial focus or prioritization of activities focused on health equity and structural racism.

40/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The applicant should have demonstrated experience working with STLT partners, national non-profit organizations relevant to STLT health departments, foundations and Institutions of higher education who may be able to provide insight to the history, issues, and resources available to assess and develop trainings related to structural racism.

46/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

There are no financial expectations for the use of a subcontractor. The successful applicant will have the discretion to identify and use a subcontractor as needed.

25/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The applicant must limit the work to \$300,000, but no further restrictions.

11/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Expansion Of Environmental Health And Land Reuse Training Content

Do not use all capital letters.

8/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Environmental health scientists and specialists employed in state, tribal, local, and territorial governments.

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

12/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

75,000

Funding Appropriation *

42 U.S.C. §9601 et seq. (1980) CERCLA

Funding Statutory Authority *

Comprehensive Environmental Response, Comper

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No



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

Yes



CBA Program Outcomes (Check one or more)*

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

Yes



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

Yes



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

Yes



Intermediate: Strengthened capability of public health workforce to deliver essential public health services Yes ☒

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The purpose of this project is to strengthen the role of environmental health (EH) professionals to respond to chemical exposures and potential adverse health outcomes. The project will expand ATSDR's existing Environmental Health and Land Reuse (EHLR) Training, which has five learning modules (online and classroom): 1. Engaging with Your Community, 2. Evaluating Environmental and Health Risk, 3. Communicating Risk, 4. Redesigning with Health in Mind, and 5. Evaluating Environmental and Health Change. ATSDR's EHLR Instructional Team's expertise and research suggest the need for supplemental learning content in community engagement, evaluating environmental and health risk, and communicating risk (Modules 1-3). Additional training can build capacity of the EH workforce and increase their partnership capabilities to engage in health-protective and health-promoting land reuse activities. Project tasks include development of new and/or enhancement of existing materials; creating a pilot course; beta testing the pilot course; and plan for future expansion of curriculum.

149/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

1. Expand and enhance EHLR priority content areas (Modules 1, 2, and 3).
2. Create a pilot curriculum.
3. Test pilot curriculum among target audience participants.
4. Create a plan for future expansion of curriculum.

Process Measures *

1. Create at least 3-5 supplements to each of Modules 1, 2, and 3 that provide in-depth content and detail to enhance the existing module topics with 4-8 hours of additional learning content.
2. Produce a draft educational curriculum that includes syllabus, summary of enhanced content (table of contents), content/lectures, participant activities and assignments, self-assessment/evaluation, other.
3. Engage at least 5-9 EH professionals in the pilot curriculum: summarize feedback and verify number of hours to complete each supplemental activity (e.g., for continuing education hours).
4. Create a plan for future expansion of curriculum supported by results of pilot curriculum test and other activities to justify expansion (e.g., internal needs assessment among members).

Outputs *

(Applies for all process measures.) Development of hybrid (virtual/synchronous) content for learning portal or platform with curriculum targeted for EH professionals who complete the existing EHLR Certificate training.

Budget Period Outcomes *

Pilot group of EH professionals demonstrates competency increase and assesses value of supplemental training as an enhancement to existing EHLR modules

Outcome Measures *

At least 67% of pilot users demonstrate a 25% increase in competency in EH attributed to completion of supplemental trainings.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Partner organization must demonstrate a learning management system or platform and instructional design staff with EH expertise with a demonstrated track record who can develop the supplemental content and pilot curriculum. Organization must demonstrate partnerships with at least three target audience organizations (e.g., professional associations). Organization should have documented expertise developing similar/comparable EH curriculum. Organization should demonstrate outcome data from training of previous target audience members (i.e., EH professionals) from a comparable EH training curriculum, including course evaluation data, such as increase in competencies (pre- to post-learning) and self-assessment data regarding course content and appropriateness of content to their work and skill.

101/200 words maximum

Program Experience

Partner organization should demonstrate staff capabilities and expertise in EH educational content development. Organization must demonstrate previous educational training in EH by providing overview table of contents and sample educational materials (e.g., screen shots) from at least three trainings. Organization must demonstrate effectiveness of at least three trainings with members of the target population, including numbers trained, job categories, certificates issued, qualitative endorsements or comments from target audience, and other information they would like to highlight to strengthen their demonstration of expertise to train EH professionals.

85/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Partner organization may collaborate with ATSDR's Land Reuse Program to collectively develop and enhance supplemental EH materials and evaluate such materials. Partner organization may also collaborate with other EH organizations to broaden their reach of training EH professionals. Collaboration may include pre-conference trainings, promoting training through partner Listservs/channels, and specialized trainings for members of other EH organizations.

56/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

On an as-needed basis, partner organization may subcontract with internal or external subject matter experts (SMEs) to develop EH educational content. Partner organization may require specific skills and expertise of SMEs, including skills in environmental health education, planning, risk assessment, risk communication, land reuse/brownfields regulations and policies, and statistics.

48/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Partner organization may use funds to accommodate learning platform equipment/resources for increased educational content and materials. Organization may use funds for subcontracting subject matter experts. Organization may use funds to provide 1-2 internships (e.g., \$4000). Organization may use funds to travel 2-3 staff to one conference to provide EHLR training. Organization may use funds for staff time to develop EHLR supplemental educational content and to pilot the content among the target audience.

71/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

Environmental health specialists or epidemiologists in STLT health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

8/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 85,000

Funding Appropriation *

75-21-0949

Funding Statutory Authority *

09294920211DAD/ BAC 5614411101

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

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

CBA Program Outcomes (Check one or more)*

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

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

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

To build capacity among public health officials who conduct enteric disease surveillance and outbreak response by supporting the every-two-year national InFORM meeting and smaller, regional InFORM meetings in alternate years. InFORM meetings directly support capacity building through content

delivery (didactic presentations, peer-to-peer exchanges) and trainings. During the meetings, information is provided to help public health officials identify and apply the most up-to-date technologies and practices to improve surveillance and response.

70/150 words maximum

Program Strategy: Programs and Services

Activities *

- Lead the logistics for content delivery of InFORM meetings which may occur virtually, in-person, or a hybrid).
- Collaborate with CDC and other stakeholders to implement the national and regional InFORM meetings including agenda development, content delivery, on-site/virtual logistics support and coordination
- Facilitate information exchange and dissemination among public health officials involved with enteric disease surveillance and response during the InFORM Conference/InFORM Regional Meetings.
- Promote and provide information about the tools and resources available to public health officials involved with enteric disease surveillance and response.

Process Measures *

- Percent of logistics and planning meetings attended/coordinated by representatives of the recipient association.
- Percent of meeting planning deliverables completed according to the projected timeline.

Outputs *

- Coordination for implementing InFORM meetings with CDC and other stakeholders for content delivery to public health officials involved with enteric disease surveillance and response.
- Support for peer-to-peer exchanges during InFORM meetings for successful practices, methods, and process improvement related to collaborative enteric disease surveillance and response.
- Improved interoperability among public health officials involved with enteric disease surveillance and response.

Budget Period Outcomes *

- Improved public health surveillance and response to enteric diseases.

-Improved data exchange and interoperability among public officials involved with enteric disease surveillance and response.

Outcome Measures *

-Percent of allocated travel funds spent on member travel to InFORM meetings.

-Number of participants attending InFORM meetings (virtually or in-person).

-Percent of attendees who indicate in meeting evaluation materials that they obtained information at the meeting that they will use to make improvements in at least one component of their enteric disease surveillance and outbreak response system.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Applicant must have established capacity to work with public health officials involved with enteric disease surveillance and response. Applicant must have qualified and experienced personnel to complete the activities listed in the project description.

Applicant should have project management skills critical to implementing InFORM meetings, including: program planning, content delivery, financial reporting, budget management and administration, and personnel management.

Applicant should describe that they have a financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.

Applicant should demonstrate their ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

171/200 words maximum

Program Experience

Applicant must demonstrate experience working with public officials involved with enteric disease surveillance and response. Applicant should have experience in collaborating with other associations and government agencies in planning, organizing and conducting large meetings. Applicant should have experience with disseminating best practices, as well as any relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes; experience and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles. This should include experience with existing partnerships and engagement with the target population.

101/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Applicant must describe intentions to collaborate with CDC and describe capacity to participate in stakeholder meetings and other collaborative efforts with public health officials involved with enteric disease surveillance and response to provide expert consultation to CDC and CDC-funded programs (as requested).

41/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Subcontractual work is expected as appropriate.

5/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Recipient may use funds only for program purposes, including personnel (including contracting),

travel, supplies, and services. If deemed necessary and requested, recipient will complete a co-sponsorship agreement in collaboration with CDC.

Recipient should present a scalable workplan and budget, in the event that funding is limited

44/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

18/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

400,000

Funding Appropriation *

TBD-Discretionary

Funding Statutory Authority *

TBD-Discretionary

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No



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

Yes



CBA Program Outcomes (Check one or more)*

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

No



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

Yes



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

No



Intermediate: Strengthened capability of public health workforce to deliver essential public health services

Yes



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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

Grants Management is a discipline that impacts a transdisciplinary field of public health practitioners. It is necessary for public health practitioners to be proficient in administrative and financial skills that directly impact the implementation of their work and their professions. To help address this gap, this project will provide Grants Management Training and Technical Assistance to the Territories and Freely Associated States. Modules will be available on-demand to users through a website, and written materials should also accompany each module (as requested by the Territorial Health Department).

86/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

- The organization will enhance or adapt a Grants Management Training Module, developed through the Hurricane Crisis CoAg, to address specific needs of the grantees.
- The organization will also provide 1:1 Technical assistance to DOH personnel, as requested, to increase local capacity and maximize the proper utilization of federal funds while decreasing the need for direct assistance, additional trainings, interventions, and/or deployments from CDC.

- This Grants management module will also be translated to Spanish to address cultural needs.
- The organization will provide a list of complimentary training opportunities related to the management of federal grants and accompanying documentation for each module, which will be available for users

Process Measures *

- By July 31, 2022 the organization will enhance the training modules to include guidance requested by T/FAS and widely shared with Territorial Health Departments
- By July 31, 2022 the organization will select at least 2 Health Departments or grantees needing grants management training and/or Technical Assistance
- By July 31, 2022 The organization will have the enhanced Grants Management Training Module translated to Spanish

Outputs *

- Number of trainees that completed the course
- Number of enhanced grants management modules that will be available to Health Department employees
- Number of meetings where Technical Assistance was provided to T/FAS
- List of complimentary training opportunities

Budget Period Outcomes *

To build local capacity by providing workforce development opportunities to existing and newly on-boarded staff

Outcome Measures *

- Strengthen core and discipline-specific public health competencies among the workforce to improve job performance
- Strengthen capability of public health workforce to deliver essential public health services
- Strengthen capability of public health workforce to effectively manage federal funds

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The organization must have experience working with Territorial Health Departments and must be culturally sensitive and competent. The successful applicant organization will have program experience working with CDC and other entities on competency models, educational requirements, systems change, and consensus building. The organization must have the capacity to provide training and technical assistance on grants management or capacity to collaborate with another partner organization to improve quality and performance of public health professionals and their organizations. The applicant should also be able to maintain the website/storage needed for these modules and support access of a large number of users at a time.

101/200 words maximum

Program Experience

The successful applicant will need to demonstrate work in the area of competency development, curriculum design, and learning theory as it applies to federal grants management trainings. The applicant must also have experience managing national training systems to improve quality and performance of public health professionals and their organizations.

48/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

This organization is expected to collaborate with CDC Technical Monitors, OGS, partner organizations, and Territorial Health Departments

16/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Applicant is allowed to collaborate with partners and/or subcontract portions of the work as needed.

14/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Note project funding is pending availability of funds and the proposed work plan and budget should be scalable.

17/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

11/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

Health strategist workforce (leaders and mid-career professionals) in state, tribal, local and territorial health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

14/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 650,000

Funding Appropriation *

75-21-0943

Funding Statutory Authority *

P.L. 116-260, Consolidated Appropriations Act, 202

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

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

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically Yes ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

CDC works to help older adults remain healthy, active, and independent as long as possible. CDC in partnership with The Department of Housing and Urban Development (HUD) seeks to identify evidence-informed approaches for affordable senior housing programs that coordinate health, wellness, and supportive

services to help older adults remain healthy, age in their community, and reduce use of costly health care services.

This project will accelerate translation of evidence-informed policies and practices supported by CDC subject-matter experts for older adults in HUD-assisted housing. Objectives include:

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

124/150 words maximum

Program Strategy: Partnerships

Activities *

1. Conduct environmental scans of both the scientific/gray literature and emerging practices related to available practice and finance models for supportive services/care coordination that includes telehealth and related technologies with a focus on serving older, low income adults residing in federally assisted housing.
2. Host key critical discussions (interviews and/or focus groups) with federal HHS staff and stakeholders to identify existing investments, models and approaches to the delivery and finance of supportive services in affordable housing settings
 - The intent is to document the array of existing HHS investments and select learnings from grantees, including emerging practice models, to increase public health and HUD stakeholder capacity to increase access to community and clinical services for wellness and care coordination for low income older adult populations.
3. Synthesize findings from environmental scans and key critical discussions in a DRAFT report on future directions including, research questions, research design concepts or pilots, and collaborations for vetting and sense making with federal partners.
4. Convene virtual Federal Interagency Stakeholder Summit on Healthy Aging with HUD, CDC and HHS stakeholders including CMS, ACL, NIH, HRSA (others) to:
 1. Validate gaps identified in the environmental scan and key informant interviews

2. Identify and vet practice and finance models for accessing community and clinical services
3. Understand the unique role of HUD housing grantees for enhancing access to community (or federally funded or financed) clinical services including telehealth
4. Gather initial input to inform future directions including, research questions, research design concepts or pilots, and collaborations for housing and supportive services models and technology that supports the healthy, independent aging for low-income households
5. Identify opportunities to coordinate and align resources from HHS, HUD, and others to better integrate HUD grantees and public health practitioners within wellness and clinical care coordination models
5. Synthesize learnings from environmental scans, critical key discussions and Stakeholder Summit on Healthy Aging that articulates future directions, research questions, research design concepts or pilots, and collaborations for aging in place in federally assisted housing could include:
 1. Defining existing barriers and challenges associated with coordinating community supportive services programs
 2. Opportunities for interagency collaboration or alignment
 3. Summary of findings for cost-sharing options
 4. Future directions including, research questions, and research design concepts or pilots
 5. Develop package of translational resources that public health practitioners and other stakeholders could use to leverage health and non-health policies, program investments and data sources across federal, state and local jurisdictions.
 6. Strategies for cross-sector engagement to overcome implementation barriers or align goals and investments to improve health outcomes for older adults
 7. Technical assistance needs for public health practitioners and CBOs interested in using the resources created under to pilot the intervention among members
 8. Work with pilot communities in partnership with federal partners to use findings to iteratively improve resources and build evidence base robust cross-sector and multi-jurisdiction collaboration

Process Measures *

50% of Federal Interagency Stakeholder Summit on Healthy Aging participants or stakeholders indicate that they have new resources to encourage increased implementation of evidence-based and emerging practices on healthy, independent aging.

At least 2 critical discussions (interviews and/or focus groups) with federal HHS staff and stakeholders to identify existing investments, models and approaches to the delivery and finance of supportive services in affordable housing settings

At least two stakeholder organizations provide feedback and edits on final synthesis of learnings from environmental scans and Federal Interagency Stakeholder Summit on Healthy Aging.

Outputs *

1. At least one DRAFT report documenting the array of existing HHS investments and select learnings from grantees, including emerging practice models, that increase public health and HUD stakeholder capacity to improve access to community and clinical services for wellness and care coordination for low income older adult populations.
2. At least one Federal Interagency Summit on Aging in Place between HHS and HUD stakeholders to validate findings from DRAFT report
3. At least one meeting summary from Federal Interagency Summit on Aging in Place
4. At least one report on future directions including:
 - Research questions, research design concepts or pilots, and collaborations for aging in place in federally assisted housing.
 - Summary of the scale and scope of research pilots or demonstrations drawing on the knowledge (and potentially collaborations developed among state, federal, and other partners) gathered over the course of this project that builds on interim findings from the IWISH demonstration (https://www.huduser.gov/portal/IWISH_Evaluation.html).
 - Pilots or demonstration concepts
 - Promising financial, technological, and organizational models to produce better outcomes for healthy, independent aging in assisted housing, and which reflect the collaboration needed between federal, state, and local agencies to accomplish this goal.

Budget Period Outcomes *

1. Improved understanding from public health practitioners on how and why they should reach out to housing and other sectors for collaborative work.
2. Improved capacity for public health to collaborate with housing and other sectors to further the impacts of evidence-based health interventions addressing root causes of poor health for older adults.
3. Organizations working to increase implementation of evidence-based interventions in their communities find in meeting summary report additional resources to inform and improve their work.
4. Improved capacity among public health practitioners to work across sectors and jurisdiction to improve community health outcomes for older adults using evidence-based tools and strategies.
5. Improved collaborations between HHS and HUD stakeholders to better align the array of existing HHS investments to increase access to community and clinical services for wellness and care coordination for low income older adult populations.

Outcome Measures *

1. 50% of Federal Interagency Summit on Aging in Place participants or stakeholders indicate that they will work to maintain cross-sector partnerships between health and housing stakeholders to address underlying causes of poor health for older adults.
2. 50% of Federal Interagency Summit on Aging in Place participants or stakeholders indicate that they are better prepared to respond to public health priorities collaboratively across health and housing sectors.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have the capacity to engage with, and coordinate project activities across, multiple stakeholder entities, including community-based organizations, community health centers, primary care providers, hospitals, economists, legislators, education organizations, private nonprofit organizations, affordable housing providers, public safety agencies, public health lawyers and program staff working in state, local, territorial, and tribal health departments, health plans, and community service providers that support older adult populations to live independently. This capacity may internal, or it may be demonstrated through partnerships with other entities that do serve/reach key stakeholders. In addition, the applicant should be able to demonstrate its capacity to oversee and manage all aspects of the project so that:

1. Packaged resources simultaneously maintain fidelity to the underlying science while also structuring it in ways that are useful to envisioned end users (e.g., public health practitioners, public housing service providers)
2. Meeting discussions and material development/testing processes are iterative and mutually reinforcing. Specifically, project management and structure ensure that key issues or areas of agreement from meeting discussions inform materials development/testing activities, and lessons learned from materials development/testing are brought to meetings for discussion.

180/200 words maximum

Program Experience

The applicant should have experience that demonstrates the requisite organizational capacities outlined above—or it should have a clear plan for engaging partners/sub-contractors who have demonstrated experience/expertise in these areas. Specifically, the applicant should have experience coordinating and

managing projects that involve iterative engagements across multiple organizations and stakeholder groups. The applicant (and/or any proposed partners and subcontractors) should also demonstrate experience translating and packaging public health science and promising practices for public health practitioners, non-health sectors such as housing agencies, other, similar audiences.

82/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

It is expected that the awardee will collaborate with CDC to plan approaches for environmental scans and critical discussions with public health practitioners and non-health sector partners, subject matter experts, and other key stakeholders. The awardee is also expected to collaborate with CDC non-health partners and subject matter experts to synthesize findings from environmental scans and key critical discussions. Finally, depending on project needs, the awardee may be asked to engage and collaborate with organizations and individuals that represent other important, stakeholder perspectives, including potential service providers (e.g., community based organizations) and recipients.

92/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

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

24/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

As a co-host for the Federal Interagency Summit on Aging, CDC expects to consider health and safety concerns of the on-going COVID-19 pandemic and host planned convenings virtually. The recipient organization should not include any costs for meeting venue, set-up (e.g., technology), travel at this time.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

5/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

Health strategist workforce with energy on health equity

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

7/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 250,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

75-21-0952 is the Appropriation which provides NC

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

A necessary foundation for much of our future work and strategic directions would be a comprehensive inventory and environmental scan of existing health equity resources, followed by a qualitative assessment/coding of whether they are actionable or helpful from an implementation perspective. Those

resources that support action and implementation for communities will be inventoried and linked through a “Health Equity Action Resource Center” (HEARC). This online tool would be a dashboard or clearinghouse of sorts, with an interactive interface to guide users toward the tool that best suits their needs. Resources could be categorized into those that support data, resource mapping, strategic planning, partner engagement, program selection and implementation, program evaluation, policy, or communications activities. Development would draw from experience in building and maintaining the existing [Hub for Injury Prevention](#). This process and approach would build capacity and useful resources and tools for public health professionals who are interested in health equity.

150/150 words maximum

Program Strategy: Programs and Services

Activities *

1. Conduct an environmental scan of external health equity resources that facilitate action (i.e. move beyond conceptual and definitional content)
2. Evaluate health equity resources identified through scan to determine quality, feasibility for implementation, and potential for high-impact outcomes
3. Categorize resources into various action domains (e.g. data, partnership development, strategic planning, implementation and so on, with final categories to be determined)
4. Establish an interactive online “Health Equity Action Resource Center” (HEARC) for injury, violence, and overdose-related topics that can be used by recipients, partners, and the public

Process Measures *

1. Number of existing health equity resources identified in initial scan
2. Number of resources deemed actionable after review according to rigorous criteria
3. Identification of appropriate categories/domains of identified resources
4. Identification of other filter/search criteria to be applied in interactive tool (e.g. size of community, existing capacity of community)

Outputs *

1. Inventory of existing health equity resources identified in initial scan
2. Inventory of resources deemed actionable after review
3. Categorization scheme for actionable resources
4. Interactive interface for users to find appropriate resources

Budget Period Outcomes *

1. Equip and support public health professionals and communities with resources to advance health equity in meaningful, measureable ways
2. Increase accessibility and transparency of applied health equity resources, for public health partners and for communities more broadly
3. Create structure/wireframes for interactive tool to support communities in finding the resources that best fit their needs and resources

Outcome Measures *

1. Increase public health and broad community access to applied health equity resources
2. Increase web traffic to resources
3. Increase downloads of materials
4. Increase application of health equity strategies and practices in public health agencies and in communities

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Organization must have strong record of experience in advancing health equity and a clear understanding of the broad range of partners who may wish to access and apply resources to advance health equity. Organization must also have experience and insight to identify and critically assess resources in order to curate a catalog of actionable, implementation-ready resources for communities and public health partners to apply.

61/200 words maximum

Program Experience

Organization must be a public health leader in health equity

Organization must have access to academics or researchers with strong analytical and quantitative capacities to establish rigorous screening criteria and assess extensive resources relative to these criteria.

33/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

CDC would like to help identify criteria for environmental scan, and examining resources

CDC would like to be engaged in identifying high impact resources

CDC would like to provide technical expertise and the interactive online system, to make sure it meets our IT and safety standards.

We are excited to be involved and provide SME expertise

52/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds can be used to subcontract with academic institution if needed, since CDC wants the reviewing of findings to be done with rigorous methods.

22/200 words maximum

CIO CERTIFICATION*



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Implementing and Evaluating A Data-to-care Rx Strategy

Do not use all capital letters.

6/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Staff within health departments who serve persons with HIV

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

8/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

2,087,100

Funding Appropriation *

75-21-0120

Funding Statutory Authority *

Minority HIV/AIDS Fund

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

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

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

Yes ☒**PROJECT DETAILS**

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

For the selected program strategies:

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

Project Purpose

The primary intent of the project is to conduct and evaluate a public health program called Data-to-Care Rx. D2C Rx uses real-time prescription data to identify persons with HIV who fail to pick up prescribed ARV medications by ~15-30 and ~60 days, and target these individuals for escalating non-clinical adherence interventions. All collected data will be used primarily for implementation and evaluation. Data collection and analysis, at the three project sites, will be used to make judgments about the programs, improve programs effectiveness, and guide decisions about future program development to benefit populations at those three sites. An implementation protocol will be developed to serve as a blueprint of essential steps and critical elements for conducting a D2C Rx strategy at three project sites. The project will also explore if D2C Rx processes can be used for persons prescribed HIV pre-exposure prophylaxis.

141/150 words maximum

Program Strategy: Programs and Services**Activities ***

- Identify and sub-contract three project sites to implement the D2C Rx strategy.
 - Each project site should have access to and use different real-time prescription data (e.g., prescription claims data [e.g., Medicaid, commercial insurer], pharmacy fulfillment data, pharmacy benefits manager, managed care organization or other healthcare organization data)

- Each project site should partner with an outside agency/organization such as a pharmacy, managed care organization, insurer (e.g., Medicaid) or clinic to implement the D2C Rx strategy.
- Work with CDC and project sites to develop processes and procedures for using real-time prescription data to identify persons with HIV who fail to pick up prescribed ARVs by ~15-30 and ~60 days.
- Work with CDC and project sites to develop progressive 1st and 2nd line adherence interventions and intervention procedures for persons who failed to pick up prescribed ARVs by ~15-30 or ~60 days, respectively.
- Train all program personnel on project processes and procedures.
- Implement the D2C Rx model at three project sites. Each project site should provide model services for at least 500 persons for a minimum of 12 months after the last intervention of the last enrolled participant.
- Ensure project sites collect data to determine adherence to antiretroviral therapy (ART), HIV viral suppression, and retention in care, pre- and post-model implementation.
 - These data will be collected for each project outcome (adherence to ART, HIV viral suppression, retention in care), for at least one year immediately prior to model implementation and one-year post-model implementation (from the date of the last intervention for last enrolled participant).
- Provide CDC with cleaned, de-identified analytic datasets and data dictionaries of the required data elements, each quarter after implementation of the D2C Rx model begins.
- Work with CDC and project sites to develop a process and implementation evaluation plan. Evaluate implementation of the D2C Rx strategy to determine the essential steps and critical elements for conducting a D2C Rx strategy (including differences in processes using different prescription data sources and different project site types [e.g., managed care organization versus health department]).
- Work with CDC and project sites to develop an analysis plan and to analyze the main project outcomes (ART adherence, HIV viral suppression and retention in care).
- Apply findings from the evaluations and other appropriate inputs to develop an implementation protocol. The implementation protocol is to serve as a blueprint of the essential implementation steps, critical elements and decision points and the necessary people, resources, structure and system needs to conduct a D2C Rx strategy. It is to be written for rapid adoption by a variety of public health practitioners including state and local health departments and private organizations (e.g., managed care organizations).
- Adapt the D2C Rx design for PrEP (HIV pre-exposure prophylaxis) users, as appropriate, and pilot

and evaluate a PrEP D2C strategy.

Process Measures

- Three project sites have been identified and sub-contracted.
- Project sites have access to real-time precription data.
- Three project sites implement the D2C Rx model.
- At least 500 persons receive D2C Rx model services for a minimum of one year, at each project site

- Three project sites pilot a PrEP D2C strategy.

Outputs *

- Implementation Protocol of the necessary steps and critical elements to implement a D2C Rx model.

Budget Period Outcomes *

- Project sites have been identified and sub-contracted.
- Project sites have access to real-time prescription data.
- D2C Rx model is developed.
- D2C Rx process and implementation evaluation plan is developed.

Outcome Measures *

- Adherence to ART, pre- and post-implementation
- HIV viral suppression, pre- and post-implementation
- Retention in care, pre- and post-implementation

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient should provide capacity to develop, implement, and evaluate implementation of the D2C Rx strategies. The recipient will identify and sub-contract three project sites which will use varied types of real-time prescription data to implement the D2C Rx strategy. As such, the recipient must have reach into both the healthcare and public health communities. Expertise in project management, management of multi-site projects, and contracting, is required. Project sites must have access to the data necessary to implement the model and to determine model outcomes.

84/200 words maximum

Program Experience

The recipient must have a history of successful collaboration with healthcare organizations (e.g., managed care organizations, HIV clinics and pharmacies) and state and local health departments. Experience with program evaluation, development of implementation protocols, is required. Experience with implementation science is preferred.

41/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The project will be a collaborative effort between the recipient, CDC/DHAP and the project sites to develop, implement, and evaluate the D2C Rx strategy; all will work together to determine the processes and procedures for implementing and evaluating the D2C Rx strategy. The recipient will identify, sub-contract and manage three project sites.

51/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Recipient will execute subcontracts, as needed, to complete program activities including sub-contracting with three project sites. Project sites must be healthcare organizations (e.g., managed care organizations, HIV clinics and pharmacies) or health departments or a combination of the aforementioned organizations. Each site must have access to real-time prescription data and it is preferred that each use a different prescription data source (e.g., prescription claims, pharmacy fulfillment, pharmacy benefit manager, managed care organization or other healthcare data) to implement the program. The dataset must have all data elements needed to identify failure to fill a prescription within 14 days after the expected date of prescription refill and to determine the program outcome of ART adherence. Each site must also have access to HIV viral load test result data and data to determine retention in care pre- and post-model implementation and must be able to link the prescription data to the viral load test results data and data used to determine retention in care. Each site should have expertise managing large complex datasets, data confidentiality, statistical analysis and HIV prevention interventions. Preference is for project sites located within Phase 1 priority areas of the *Ending the HIV Epidemic initiative*.

197/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds will be used by the recipient to:

- Subcontract three project sites.
- Assist development and implementation of the D2C Rx strategy and pilot PrEP D2C strategy.
- Conduct a process and implementation evaluation.
- Assist development of analysis plan and assist analysis of project outcomes.
- Develop a D2C Rx Implementation Protocol.

43/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Do not use all capital letters.

11/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

Health strategist workforce in public health policy and systems

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

8/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 250,000

Funding Appropriation *

75-20-0950

Funding Statutory Authority *

42 USC Sec. 247b

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

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

CBA Program Outcomes (Check one or more)*

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

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

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

Routine, opt-out screening has proved highly effective at identifying undiagnosed infection, removes the stigma associated with infectious disease testing, fosters earlier diagnosis and treatment, reduces risk of transmission, and is cost-effective. A policy toolkit outlining critical steps, partners, processes, and other information to

advance policy that supports the implementation of a system that supports routine screening for HIV, viral hepatitis, and STDs at state and local levels of the healthcare system is needed. This project seeks to outline the policy challenges/barriers to implementing routine, opt-out screening for HIV, viral hepatitis, and STDs in high-impact settings, including issues related to data sharing, payers, and social determinants of health. When finished, the project should result in, but not limited to, resources to help decisionmakers: 1) advance policy to support routine screening in high-impact settings; 2) ensure data sharing environments are supportive for prompt linkage to care/prevention; and 3) other critical success factors. Sample process measures includes: key informant interviews, policy assessment(s)/survey(s), drafting materials, dissemination planning.

147/150 words maximum

Program Strategy: Programs and Services

Activities *

Possible activities may include:

- Work in partnership with CDC to identify and prepare a summary of barriers, funding needs, and cases studies related to routine, opt-out screening that support a future free of HIV/AIDs, viral hepatitis, STDs, and TB
- Prepare a robust document action-oriented toolkit or other supporting documents that assist decisionmakers in advancing policy and procedures related to routine, opt-out screening.
- Disseminate all relevant products, resources, and activities for this project to workforce across STLT health departments via webinars, presentations, blog posts, the web, social media, etc

Process Measures *

Possible process measures include:

- # of case studies and stories identified
- # completed analyses
- # of issue briefs, summary reports, or other agreed upon formats

Outputs *

Possible outcomes include:

- Issue briefs, summary reports, or other agreed upon formats (e.g. infographics, factsheets, digital training series)
- Dissemination of relevant products, resources, or activities to policy workforce across STLT health departments

Budget Period Outcomes *

Possible BP Outcomes include:

- Increased awareness among STLT health departments on the importance and cost-effectiveness of routine, opt-out screening for HIV, viral hepatitis, STDs in high-risk and/or high-burden settings.

Outcome Measures *

Possible outcome measures include:

- # of total people reached as a result of project activities

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Applicant should have access to organizations/entities that represent healthcare systems or the ability to access and work with multiple healthcare entities at varying levels - public health, community organizations, private healthcare, EDs, etc. Applicant should have access to reliable policy analysis methods as well as the subject matter expertise to conduct a quantitative and qualitative analysis of applicable policies and law related to routine, opt-out screening. Applicant should have access to state and local leaders and their staff, state and local public health departments, and other governmental entities involved in addressing HIV, viral hepatitis, STD priorities. Applicants should have past experience in addressing public health topics that impact multiple sectors and/or settings.

106/200 words maximum

Program Experience

An effective applicant will have knowledge of healthcare systems and the related policy environments affecting HIV, viral hepatitis, and STD testing. Applicant should have experience in conducting policy analyses, collaborating with state and local decision makers, and experience administering CDC funding.

35/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas.

17/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Subcontractors should be selected in consultation with CDC

7/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds may not be spent on medical equipment or medical tests.

10/200 words maximum

CIO CERTIFICATION*

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



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

6/10 words maximum

CIO

Other CIO *

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

State, tribal, local and territorial epidemiologists

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

5/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,999,000

Funding Appropriation *

COVID-19 Funds

Funding Statutory Authority *

COVID-19 Funds

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No ☐

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

Yes ☐

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

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



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

No ☐

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

To date, incomplete data on disability status, homelessness, and substance use limits information to understand impact and inform public health action to prevent and control COVID-19 among these disproportionately affected populations. With the advent of COVID-19 vaccine, it is important to strengthen surveillance to understand the burden of disease in these populations. Previous outbreaks of vaccine preventable diseases (e.g., among people who use drugs or people with substance use disorder and people experiencing homelessness) demonstrate the need for strengthened case surveillance in disproportionately affected populations even when safe and effective vaccine is widely available. This is particularly important as COVID-19 variants may be related to increased transmissibility and severity among these populations. The purpose of this project is to improve COVID-19 reporting on the subpopulations of people with disabilities, people experiencing homelessness, and people who use drugs or people with substance use disorder among state, territorial and local health departments.

149/150 words maximum

Program Strategy: Data and Information Systems

Activities *

The recipient will improve the reporting of COVID-19 data for three populations of interest (people with disabilities, people who use substances, and people who experience homelessness) in a minimum of 12 jurisdictions by:

1. Reviewing existing on-site data collection processes and establishing baseline data collection completeness and accuracy for all three disproportionately affected populations
2. Reviewing existing data collection and transmission processes and protocols and documenting challenges with transmission of data for each population of interest
3. Implementing a newly developed training package to improve data collection by state, local and territorial health departments (training package will be provided by CDC)
4. Revising existing data collection and transmission processes and protocols to be more inclusive of the populations of interest
5. Implementing the revised data collection and transmission processes and protocols, including automated procedures as appropriate
6. Regularly assessing data collection, completeness, and accuracy of data for each state, territorial, and local health departments trained within the jurisdiction
7. Providing active technical assistance to state, territorial, and local health departments to improve COVID-19 data reporting (e.g., identify missing data fields and reasons for missing data or inconsistent responses) and identifying solutions to increase reporting among the three populations of interest
8. Providing summary reports to health department leadership that can be used to inform public health planning and practice, including recommendations for sustainability of improved reporting

Process Measures *

- Name and number of participating jurisdictions
- Number of trainings implemented
- Number of staff trained
- Changes in perceived knowledge, skills and ability to collect and transmit data
- Number and type of technical assistance responses provided
- Percentage of forms containing complete data for the populations of interest

Outputs *

- Documentation of both baseline and continuous data collection and transmission processes and protocols

- Documentation of baseline data collection, completeness, and accuracy of data for all three disproportionately affected populations by participating jurisdictions
- Following training, at minimum bi-weekly documentation of data collection, completeness and accuracy of data for all three disproportionately affected populations by participating jurisdictions
- COVID-19 surveillance report describing the case counts, deaths, and hospitalization rates of people with disabilities, people who use substances and people experiencing homelessness
- Summary report including best practices and lessons learned, and a description of how these data will be used to inform public health planning and practice, particularly as it pertains to vaccine distribution among the targeted populations
- Sustainability plan

Budget Period Outcomes *

1. Improved data collection, management and reporting of COVID-19 data for people with disabilities, people who use substances and people experiencing homelessness
2. Increased state and local capacity to use data to inform decision-making and support evidence-based practices and policies for these populations of interest

Outcome Measures *

- **At least 85%** of staff trained
- **At least 70%** of forms contain completed data for the populations of interest

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient must have expertise in surveillance and epidemiology and knowledge of disproportionately affected populations. A background in infectious disease epidemiology is preferred. In addition, the organization must be able to support effective public health surveillance and sound epidemiologic practice through training and capacity development within state, local, tribal, and territorial health departments. The recipient will need to be engaged in the practice of epidemiology for governmental public health authorities at the state, local, tribal, or territorial levels.

76/200 words maximum

Program Experience

The recipient must demonstrate success in promoting effective use of epidemiologic data to guide public health practice and support effective public health surveillance and epidemiologic practice through training, capacity development, and peer consultation.

32/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient is expected to have established relationships among state, territorial and local health agencies and have experience in providing technical advice and assistance to public health organizations. The recipient is also expected to convene weekly meetings with CDC collaborators to identify challenges and technical assistance needs, review data completeness for all three populations, and work collaboratively to identify solutions to identified barriers.

61/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Any proposed sub-contract work such as subcontracts to state, territorial, and local health departments to support the review of on-site data collection processes, facilitate data transmission or provide additional technical assistance should address gaps in experience, capacity, and provide added value to the project. The recipient should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups. Additional subcontracts for data management and project coordination may also be necessary

76/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. It is highly encouraged that the recipient organization support personnel in each jurisdiction participating on this project. Funds may not be used for

capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.

71/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

19/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

125,000

Funding Appropriation *

Unknown - Pending

Funding Statutory Authority *

Unknown - Pending

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

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

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

Yes ☒**PROJECT DETAILS**

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

For the selected program strategies:

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

Project Purpose

Climate change threatens human health on an unprecedented scale. Climate adaptation and mitigation are both crucial priorities. As with adaptation, it is widely agreed that mitigation efforts can deliver near-term health co-benefits. For example, creating building-specific energy performance targets, transitioning to low carbon fuels, and encouraging public and active transport improve air quality and respiratory disease. This project will summarize the current evidence regarding climate mitigation health co-benefits applicable to the US context, generate a snapshot of current local-scale mitigation strategies underway, quantify the health co-benefits of a selected mitigation strategy, and develop an accessible compendium of evidence for health departments and resiliency planners to apply to their own planning processes. The overall purpose of this project is to provide health departments, resiliency offices, and their partners with methods, evidence and decision-making tools to help plan climate mitigation strategies likely to result in health co-benefits.

144/150 words maximum

Program Strategy: Programs and Services

Activities *

Project period 1: In the first phase of the project, the recipient will complete a literature scan and summarize the current state of the science for co-benefits of mitigation strategies that are feasible at local scale. Next, the recipient will review available climate action plans and activities from states, territories and the 50 largest US cities to establish the extent that plans are undertaking

mitigation strategies and degree to which health co-benefits are considered. To obtain the plans, the recipient will aim to find a sufficient number of publicly available plans online to meet the goals of this project. The scoping for this second task is flexible to allow for contingencies in the availability of plans; for example, the search may be limited to cities if few state or territorial plans are available. Simultaneously, the recipient will convene a geographically diverse panel of climate staff from US health departments and resiliency offices. This advisory panel will meet regularly to provide guidance regarding the informational needs of these professionals and their constituents.

Project period 2: The recipient will select a mitigation strategy currently underway in a US city or state (identified in the review) and solicit engagement from the implementer of the local climate action plan and the associated health department(s). This scenario will become a case study for estimating the co-health benefits expected to result from the strategy. The methods should be based on established procedures in the field (e.g., scoping/baseline, impact assessment, valuation, and sensitivity/uncertainty analysis) and may include gathering data from several sources. It is expected that data will come from existing sources, such as environmental, climatological, epidemiological, cost, and/or health care utilization data. To the extent possible, methods will be feasible to replicate to facilitate replication for other mitigation strategies. Results will be quantitative and include specific focus on economically and socially marginalized communities. In the last project phase, the recipient will translate these collective findings into accessible communication products that planners and health department staff can utilize to identify, prioritize, and advocate for climate strategies in their jurisdictions. The recipient, along with CDC, will disseminate and promote these products.

The project is scalable. With additional funds, more case studies for estimating the health co-benefits of local-scale mitigation strategies may be completed.

Process Measures *

- Number of citations in the scientific literature regarding mitigation health co-benefits (and number within scope)
- Number of climate action plans publicly available/provided upon request
- Jurisdictions (by number, location, and type) that have established climate action plans with activities currently underway
- Types of mitigation plans with specified/unspecified health co-benefits
- Identification of a suitable case study for quantification of health co-benefits

Outputs *

- Summary of literature
- Summary of current local US mitigation strategies
- Estimation of health co-benefits for selected mitigation strategy
- Compendium of mitigation strategies and supporting evidence
- Dissemination plan

Budget Period Outcomes *

- Health departments and resiliency planners have greater awareness of health co-benefits of mitigation strategies and supporting evidence
- Health departments and resiliency planners have enhanced ability to incorporate these health co-benefits into mitigation plans, especially those affecting at-risk groups

Outcome Measures *

- Credible evidence regarding health co-benefits of local scale climate mitigation activities
- Extent to which US health departments as well as city and state climate planners report intending to use the final products and evidence generated in their climate planning and disaster preparedness process.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient should have the capacity to implement a multi-phased project, or a mechanism to work with a qualified subcontractor to complete all activities. Capabilities include reviewing an extensive number of written resources, abstracting data, summarizing findings, and preparing written reports with visualizations; engaging and collaborating with public health and climate change professionals to receive guidance about the best ways to reach and promote uptakes of findings among this audience; implementing quantitative case studies that involve modeling with steps such as scoping (determining population, time, and future trends), assessing health impact and economic valuation, and conducting sensitivity analyses; preparing dissemination products that are responsive to the needs of the audience (in terms of information, format, detail, etc).

117/200 words maximum

Program Experience

The recipient should have experience with public health literature and document reviews, preparing written and interactive online reports with visualizations, engaging and collaborating with public health professionals, and implementing quantitative case studies or subcontracting with entities that are demonstrably capable of performing this work. The recipient should also have experience preparing dissemination products that are responsive to the needs of the audience (in terms of information, format, detail, etc).

69/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient will convene a geographically diverse panel of climate staff from US health departments and resiliency offices. The recipient will facilitate regular structured meetings (remote) of this panel to provide guidance regarding the informational needs of these professionals and their constituents. Additionally, for the case study the recipient will solicit engagement from the primary implementer of the local climate action plan and associated health department(s) to provide a comprehensive understanding of the scenario (i.e., expectations, contingencies, and potential obstacles).

80/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

If the recipient issues a subcontract for the modeling case study, the subcontractor should have demonstratable experience conducting local-scale modeling for health co-benefits and economic value of climate mitigation strategies. The subcontractor will be expected to collaborate closely with the recipient and the mitigation implementer throughout the process. The subcontractor should provide all the necessary data, software, and statistical expertise and programming capability. The subcontractor should also expect to provide the data, data processing scripts, findings, and plain language interpretation of the findings to the recipient.

86/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funds may be used to support staff who will conduct the literature and plan review, as well as statistical modeling if applicable; facilitate remote meetings; subcontract for the case study portion of the project; report generation and online hosting of findings that are accessible to public health and climate planning audiences (i.e., featuring visualizations and a layout that is navigatable and interactive).

61/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Operationalizing Multi-sector Collaboration To Improve Population Health And Well-being

Do not use all capital letters.

8/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Health strategist workforce (leaders and midcareer professionals) in STLT health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

10/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

300,000

Funding Appropriation *

75-21-0943

Funding Statutory Authority *

P.L. 116-260, Consolidated Appropriations Act, 202

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

Population health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." Public health practitioners increasingly recognize that efforts to address underlying causes of poor health from childhood through adulthood such as food insecurity, economic instability, and poor access to transportation can improve health outcomes in communities and may reduce healthcare costs. However, they often lack access to appropriate tools and resources, which they can use to effectively implement evidence-based population health interventions in communities (e.g., [Health Impact in Five Years \(HI-5\)](#), [The Community Guide](#), 6[18]).

This project has two objectives:

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

145/150 words maximum

Program Strategy: Partnerships

Activities *

Help plan and conduct a policy implementation lab experience (Policy Lab) for multi-sector participants to identify opportunities to implement selected priority evidence-based interventions to address underlying causes of poor health across the lifespan. The Policy Lab will include CDC-led engagements with public health practitioners and non-health sector representatives from federal, state and local jurisdictions (e.g., transit, education, housing, treasury, agriculture). The Policy Lab should be planned and organized to accomplish the following:

- Select evidence-based population health policies and practices including but not limited those in the [Health Impact in Five Years \(HI-5\)](#), [The Community Guide](#), [What works for Health](#), 6|18) to identify opportunities for aligning cross-sector goals and identifying opportunities for collaboration.
- Identify opportunities to leverage and align health and non-health policies, program investments and data sources across federal, state and local jurisdictions to address underlying causes of poor health from childhood through adulthood, such as food insecurity, economic instability, housing instability and poor access to transportation.
- Identify potential implementation barriers for select population health interventions where sector specific engagement (e.g., transit, education, treasury, agriculture) could accelerate improvement in adult and child population health outcomes.
- Identify opportunities for health departments to coordinate with non-health sectors (e.g., transit, housing, education) around selected interventions to improve adult and child population health.
- Planning should include an evaluation component aimed at gauging the degree to which participants found the Policy Lab informative and useful.
- Develop package of translational resources that public health practitioners could use to leverage health and non-health policies, program investments and data sources across federal, state and local jurisdictions.
- Provide technical assistance to public health practitioners interested in using the resources created under #2 to pilot the intervention among members.
- Work with pilot communities in partnership with federal partners to use evaluation findings to iteratively improve resources and build evidence base robust cross-sector and multi-jurisdiction collaboration.

Process Measures *

1. Average (across all participants) evaluation scores are satisfactory or above for the Policy Lab as a whole, as well as each evaluation component included in the rating tool distributed to participants.
2. Feedback on draft translation resources solicited and received from at least two national public health membership organizations

Outputs *

1. At least two meetings planned and executed during the budget period
2. Summary report following each meeting that summarizes key themes and findings including opportunities for leveraging non-health sector assets for driving health impact, role of public health practitioners as conveners for cross-sector engagement, as well as implications and next steps for project activities (e.g., new resources to be developed, or potential changes needed to existing resources)
3. At least 2 packaged translation resources for target audience

Budget Period Outcomes *

Improved capacity for public health to collaborate with other sectors to further the impacts of evidence-based public health interventions addressing root causes of poor health across the lifespan.

Outcome Measures *

1. At least 50% of policy implementation lab participants indicate that they feel better equipped to maintain cross-sector partnerships to address underlying causes of poor health across the lifespan.
2. At least 50% of policy implementation lab participants indicate that their organization now has strengthened capability to respond to public health priorities when they arise using strategies learned through the policy lab.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

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

1. Packaged intervention resources simultaneously maintain fidelity to the underlying science while also structuring it in ways that are useful to envisioned end users (i.e., public health practitioners and multi-

sector partners)

2. Technical assistance to public health practitioners and their partners is available in a timely fashion and via modalities that appropriately balance costs considerations and partner needs;
3. Meeting discussions and material development/testing processes are iterative and mutually reinforcing. Specifically, project management and structure ensure that key issues or areas of agreement from meeting discussions inform materials development/testing activities, and lessons learned from materials development/testing are brought to meetings for discussion.

177/200 words maximum

Program Experience

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

120/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

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

112/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

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

24/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

As a co-host for the Federal Interagency Summit on Aging, CDC expects the applicant to consider health and safety concerns of the on-going COVID-19 pandemic and host planned convenings virtually. The recipient organization should not include any costs for meeting venue, set-up (e.g., technology), travel at this time.

46/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Partner Engagement To Support Medical-dental Integration

Do not use all capital letters.

5/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Chronic disease directors in state, local, and territorial health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

9/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

200,000

Funding Appropriation *

Oral Health

Funding Statutory Authority *

42 US Code 247-b-14

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The CDC Division of Oral Health is currently supporting work that includes conducting an environmental scan, engaging a Steering Committee, convening a listening session, and developing a national action framework for medical-dental integration. This proposal complements that body of work. The recipient of this award will collaborate with the project leads of the work described to develop a partner engagement plan, with the goal of announcing it at the listening session and launching it with the release of the national action framework.

Activities would include: developing plans for the release and ongoing promotion of the framework itself; articulating opportunities for ongoing partner engagement to maintain and build further momentum; building the national brand for this non-agency specific initiative; building a web presence to support partner engagement; and supporting partner engagement efforts, particularly at the kick-off of the public-facing aspects and release of the national action framework.

140/150 words maximum

Program Strategy: Partnerships

Activities *

To successfully create the cultural shift needed to achieve more institutionalized implementation of medical-dental integration, engagement is needed across multiple sectors and among diverse partner groups. This body of work will create a structure to engage partners to work toward a common goal of

better care coordination through medical-dental integration. It will create a shared identity (or brand) and opportunities to recognize different partner groups for their work that contributes to this greater shift in healthcare delivery and improved health outcomes.

Process Measures *

The recipient will engage with partner organizations as needed to create frameworks for implementing the national action plan and partner engagement, and to inform the development of a brand to unify partner engagement toward a common goal.

Outputs *

- A structure will be identified that supports partner engagement toward a common goal of greater medical-dental integration.
- A brand will be created to unify the contributions of diverse partner groups toward a common goal.
- A plan will be created that outlines strategies to initiate and maintain implementation of the national action framework.

Budget Period Outcomes *

At the end of this budget period, the funders will have a plan for how to promote the national action framework. They will also have a complementary structure to encourage partner engagement and commitments and to recognize efforts that contribute to this shift in healthcare delivery and improved health outcomes. There will also be a non-agency specific brand to promote to partners to encourage actions that further medical-dental integration in the US.

Outcome Measures *

- Plan for ongoing promotion of the national action framework is developed.
- Framework for ongoing partner engagement is established.
- Brand is created.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Organization must be able to demonstrate experience engaging diverse partners across the the national public

health and dental public health, chronic disease care and medical health systems landscapes. Organization must demonstrate proven ability to facilitate a multi-faceted process toward a proscribed output that is national in scope and impact.

48/200 words maximum

Program Experience

Organization must have demonstrated experience working with constituents in medical and dental clinical and program environments, as well as with diverse constituents in local, state, and national public health organizations. The applicant must have experience building and facilitating a robust strategizing and decision-making process that will support defining strategies to promote and encourage external stakeholders to take action to integrate at a state/local health department and health systems level.

66/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Applicant will lead development of this project in collaboration with CDC Division of Oral Health staff and other award recipients doing related work, as appropriate. Applicant is authorized to engage additional partner organizations in development of requested outputs.

37/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Applicant is authorized to subcontract activities to support meeting stated objectives.

10/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds may be used to support staff, subcontractor as noted above, and related resources as needed with pre-approval from CDC.

19/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

14/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

14/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

800,000

Funding Appropriation *

75-2024-0943

Funding Statutory Authority *

Coronavirus Aid, Relief, and Economic Security (C/

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No



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

Yes



CBA Program Outcomes (Check one or more)*

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

Yes



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

Yes



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

No



Intermediate: Strengthened capability of public health workforce to deliver essential public health services

Yes



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

No ☐

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

This project will build sustainable public health capacity in tribal nations and organizations to enhance their ability to more effectively and efficiently respond to COVID-19 and to reduce morbidity and mortality through a virtual learning cohort of AI/AN public health champions. This project will increase tribes' and tribal organization's ability to respond to future public health crises. Components of this project include: (1) Identifying public health champions, not currently in a leadership position, who are working within a tribal department of health (DOH) or in Indian Health Service/Tribal/Urban (I/T/U) healthcare facilities serving AI/AN communities. (2) Creating a virtual learning consortium for tribal DOH and I/T/U public health champions to access public health training modules. (3) Hosting a virtual forum for members of the learning consortium to learn from each other to replicate best practices

across tribal communities. (4) Spreading awareness about CDC training and employment opportunities to diversify the CDC workforce.

150/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

1. Identifying public health champions working within a tribal department of health (DOH) or in Indian Health Service/Tribal/Urban (I/T/U) healthcare facilities serving AI/AN communities.

- Advertise among tribal leaders to identify tribal DOH and I/T/U staff who can be public health champions who are not currently in leadership positions.
- Work with CDC to recruit up to 48 public health champions identified during COVID-19 deployments to tribal nations. The public health champions would come from each of the 12 regions represented by the Area Indian Health Boards (AIHBs) and ideally would represent different tribes.
- Prioritize smaller tribes with fewer public health resources.

2. Creating a learning consortium for tribal DOH and I/T/U public health champions to access public health training modules

- Develop a learning portal (e.g., CDC TRAIN) by curating a set of existing courses that form foundations in public health theories, skills and methods, which will be accessible to all cohort members asynchronously. A Curriculum based on the core competencies in public health is recommended.
- Enroll the public health champions into a cohort of students who will progress through the public health learning modules simultaneously.
- Foster group cohesion through meetings that build trust among the cohort members.

Process Measures *

- Number of public health champions identified
- Number of regions represented by AIHBs
- Number of tribes represented
- Number of smaller tribes with fewer public health resources represented
- Establish a learning portal of existing courses in public health theories, skills and methods

- **Number of health champions enrolled and simultaneously accessing learning portal**
- **Number of team meetings held among cohort members**

Outputs *

- **A cohort of public health champions recruited within tribal health departments and I/T/U healthcare facilities servicing AI/AN communities**
- **Creation of a virtual learning consortium for tribal DOH and I/T/U public health champions**
- **Learning portal accessible to cohort members**
- **Curriculum developed based on core competencies of Public Health**

Budget Period Outcomes *

- **Establish a cohort of public health champions in AI/AN communities with the requisite knowledge and resources in their communities**
- **A cohort of trained public health champions with enhanced capacity to address the COVID-19 response needs in their communities**
- **Build group cohesion and member trust among cohort**

Outcome Measures *

- **Collaboration among response stakeholders creating a network of public health champions working at tribal DOHs and I/T/Us**
- **Build the public health workforce among tribal DOHs and I/T/Us**
- **AI/AN communities will more effectively and efficiently respond to COVID-19 through improved public health workforce development**
- **Tribal department of health (DOH) or Indian Health Service/Tribal/Urban (I/T/U) healthcare facilities have improved and enhanced public health capacity to meet the COVID-19 response needs of the AI/AN communities they serve**

Program Strategy: Partnerships

Activities *

1. Hosting a forum for members of the virtual learning consortium to learn from each other to replicate best practices across tribal communities.

- **Host an online chat, live-sessions, and other networking opportunities to encourage collaboration among the cohort**

2. Spreading awareness about CDC training and employment opportunities to diversify the CDC workforce.

- **Encourage cohort members to share their public health knowledge to other members of the community**
- **Feature further public health training programs in the curriculum including the introduction to various CDC fellowship opportunities such as the PHAP program and EIS**

Process Measures *

- **Number of tribes participating in the virtual forum**
- **Number of online chats, live-sessions or other network opportunities conducted**
- **Number of community members reached by cohort members**
- **Number of public health training programs featured**

Outputs *

- **Development of a virtual forum for learning consortium members**
- **Online chats, live sessions or other network opportunities**

Budget Period Outcomes *

- **Create a group identity as public health champions who are working independently on modules but are also learning from each other during live-virtual sessions**
- **Increased communication among response stakeholders that links them to standardized training and to CDC activities**
- **Increased awareness of CDC training and employment opportunities**

Outcome Measures *

- **Replication of best practices across tribal communities**

- Public health champions continue to teach public health more broadly in their communities to build the public health workforce pipeline
- Public health champions are able to connect with each other during future crises for information sharing and support
- Diversification of the CDC workforce
- Increased ability of tribes and tribal organization's to respond to future public health crises

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient must play a crucial role in the nation's preparedness for, response to, and recovery from large scale public health emergencies like the current COVID-19 pandemic. Working across the public health workforce, particularly with early and mid-career staff, recipient must have the capacity to reach and support Indian, Tribal, Urban public health departments and healthcare facilities to advance efforts to create more partnerships, collaborations, engagement, impact and opportunities to public health network partners working with American Indian/Alaska Native (AI/AN) communities.

80/200 words maximum

Program Experience

The recipient is an experienced national organization and leads in advancing public health capacity and development of American Indian/Alaska Native (AI/AN) communities. The recipient has experience advancing American Indian and Alaska Native health and wellness by honoring Indigenous knowledge, strengthening Tribal and Urban Indian public health systems, and cultivating innovation and collaboration. The recipient will build upon existing capacity, work collaboratively with tribal department of health (DOH) or in Indian Health Service/Tribal/Urban healthcare facility partners to expand and build a sustainable public health workforce through leadership and workforce development, training, and partnerships for COVID-19 response and future public health crises.

99/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient will leverage its collaborative relationships and work closely with other national organizations, Tribal Departments of Health and in Indian Health Service/Tribal/Urban healthcare facilities to strengthen workforce capacity and development, training, communication, messaging and information sharing to improve coordination of COVID-19 response activities. The recipient will be guided by these practices: Integration & Holistic Wellness, Culture & Identity, Families & Communities, Respect for Sovereignty, Service, Indigenous Knowledge, and Tribal Governance.

The recipient is expected to work alongside CDC and tribal DOH and I/T/U leaders to identify the public health champions who will participate in the program, ensuring that smaller tribes with fewer public health resources are prioritized. The recipient will provide access to the training modules and foster cohesion among the cohort in their learning consortium by hosting live-virtual learning and collaboration opportunities, online chat forums, and peer to peer engagement.

Additionally, collaboration between the funded recipient and CDC's Technical Monitor will occur throughout the project lifecycle to inform communication and information needs.

162/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

As the recipient determines subcontracting need to support the goals and objectives of project, the CDC technical monitor and project officer will support those actions.

24/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Recipient will be permitted to expend funds for project-related costs (personnel, fringe, supplies, etc.) in accordance with general terms and conditions for non-research cooperative agreement. Applicant

proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.

51/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

Recipient Name

Update CIO No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

2/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

6/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

Consolidated Appropriations Act, 2021 (H.R. 133)

Funding Statutory Authority *

Titles II, III, XVII and XIX, and section 2821 of the F

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

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

CBA Program Outcomes (Check one or more)*

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

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

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

Intermediate: Strengthened capability of public health workforce to deliver essential public health services Yes ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

This proposal seeks to extend current capacity building efforts by CDC by establishing a population health practice studio for state and local health departments decision-makers. This studio and accompanying exercises should support the capacity of local and state health departments to make significant advances in public health modernization. Exercises in the studio will build capacity to address a strong leadership and workforce, strategic partnerships and engagements, flexible and sustainable funding, timely and locally relevant data, metrics, and analytics, and foundational infrastructure. Studio sessions will also build capacity to anticipate impacts on public health by understanding next-gen health reform models and approaches, strategic thinking to address the vital conditions for health, cross sector and system integration, sustainable and modifiable finance use cases, and policy focused solutions to wicked problems.

127/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

- Review literature and existing models of dynamic remote learning environment and population health competency based models

- Construct series of studio practice sessions that might include skill building, practice assignments, peer learning, and making mid-course corrections
- Pilot and test studio sessions with a targeted group to ensure of effective learning and application
- Recruit and create a learning and action network of public health leader participants, coaches, peer mentors, and participants
- Implement population health studio design and evaluate, making iterative adjustments
- Deliver report on development, lessons learned, project-based learning results

Process Measures *

Tracking and completion of major milestones/activities.

Outputs *

- Series of population health studio sessions with curricula and exercises
- Learning and action network or coaches, mentors, and participants
- Packaged curriculum for replication over time
- Reports of development of the process, lessons learned, and project-based learning results

Budget Period Outcomes *

Delivery of complete population health studio action program

Outcome Measures *

80% increase in capacity to address subcomponent elements of the population health studio exercises

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The ideal organization should have strong relationships with population health policy experts in the state executive and legislative branches, health department staff at all levels, and community policy experts and should be able to help these stakeholders develop and implement programs and policies in public health priority areas related to policy interventions. The organization should be able to facilitate collection of relevant information and sharing of ideas and experiences, create dialogue with outside organizations, and identify best practices in public health. The organization should have the ability to engage and convene a cross-sector group in order to learn about the diverse needs of those who inform policy or interact directly with policy decision-makers, including the ability to develop and deliver innovative curriculum with expected results.

124/200 words maximum

Program Experience

The ideal organization should have demonstrated experience collaborating with both legislative and executive branches and health department staff at all levels and be familiar with workforce capacity building and creating effective exercises team based exercises for improved knowledge and learning. An ideal organization should also have an understanding of the policy development process and economic principles that inform policy decisions, both from within and outside public health. Additional experience in training and technical assistance in the areas of engaging state and local leadership, introducing new modes and methods of learning and approaches to public health leadership capacity, and creating useful and sustainable tools is desired.

104/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

CDC has a clear vision for this project and seeks an organization to work collaboratively with them to fulfill that vision while building capacity for targeted recipient groups

27/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

It is CDC's expectation that applicants will have the reach, relationships, capacities, and competencies listed above in addition to experience in the elements of population health and health reform innovations. If the applicant does not have these, CDC expects the applicant to subcontract appropriately.

42/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Assessments of STLTS needs to support population health and health reform leadership capacity will allow public health agencies to better inform resource and activity decisions.

23/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Quality Training Development: Access And Peer-learning

Do not use all capital letters.

5/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Health strategist workforce (leaders and mid-career professionals) in state, tribal, local and territorial health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

14/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

300,000

Funding Appropriation *

75-X-0943

Funding Statutory Authority *

CDC Wide Activities and Program Support - COVID

Expected Project Length *

☐

The CIO will fund the project for one year

☒

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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No

☐

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

Yes

☒

CBA Program Outcomes (Check one or more)*

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

No

☐

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

Yes

☒

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

No

☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services

Yes

☒

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The primary purpose of this project is to improve the quality of training developed and available to the public health workforce. CDC developed the Quality Training Standards to help public health practitioners who develop, deliver, and procure trainings ensure the trainings meet basic standards for quality. The standards also serve as a tool to help learners find quality training in existing learning systems and on training-related websites. By validating quality training development as part of an existing peer-review process of public health trainings, additional information will be available to make it easier for learners to find quality trainings. To strength public health competencies in quality training development, a peer-learning program that builds skills in applying the quality training standards will also create a community of practice for ongoing support of these skills and competencies for the workforce.

137/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

1. Develop and facilitate a validation process for quality trainings using the CDC Quality Training Standards as part of an existing peer review process.

- 1.a. Share lessons learned and make recommendations to improve the validation process for trainings based on the CDC Quality Training Standards.
2. Create and maintain a community of practice and opportunity for peer-learning on quality training development based on the CDC Quality Training Standards using ECHO and other tools.
- 2.a. Share lessons learned and make recommendations to improve the community of practice and peer learning experience for quality training development.

Process Measures *

1. By December 2021, finalize a tool to facilitate validation of the CDC quality training standards as part of an existing peer review process.
2. By July 2022, facilitate two peer-learning ECHO cohorts on the CDC quality training standards.

Outputs *

1. Trainings validated for the CDC Quality Training Standards are made available in national learning management systems and on public health training websites
2. Development of a curriculum for an ECHO series on CDC's Quality Training Standards

Budget Period Outcomes *

1. CDC Quality Training Standard validation is built into the existing peer review process.
2. ECHO series participants improve capacity to develop quality trainings by using the peer-to-peer exchange in the community of practice.

Outcome Measures *

1. At least 80% of trainings submitted for peer review are given the opportunity to be validated for the CDC Quality Training Standards
2. At least 65% of participants in the ECHO series improved knowledge on quality training development

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

- Manages and coordinates extensive national networks of partners including academic institutions, health departments, and public health institutes related to workforce development
- Infrastructure and staff to support facilitation of ECHO series and communities of practice
- Website and/or other communication tools that promote quality public health trainings
- Infrastructure to support the review and validation of trainings using a set of quality training standards

57/200 words maximum

Program Experience

The recipient will have

- Experience facilitating conversations about workforce development priorities and cross-cutting strategic skills.
- At least 3 years of experience facilitating ECHO series and training others how to develop and implement an ECHO series.
- Experience developing and maintaining communities of practice.
- Experience providing interactive trainings built on adult-learning principles that lead to engaging learning experiences.
- At least 3 years experience facilitating a peer review process to curate quality public health trainings.
- Experience developing and promoting quality standards to improve the quality of training available to the public health workforce.

83/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Collaboration with key partners and stakeholders will be essential. Particular partners include academic partners focused on applied practice who work closely with health departments on workforce development and public health partners responsible for national learning management systems and training-related websites.

39/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds are intended to support improving the quality of training developed and accessible to the public health workforce, using CDC’s Quality Training Standards. Use the remainder of funds for CDC-approved activities that support quality training development.

35/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

8/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,000,000

Funding Appropriation *

75-X-0943

Funding Statutory Authority *

Consolidated Appropriations Act and the Coronavir

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs No ☐

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

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically No ☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The EIS program is CDC's applied epidemiology training program and a pipeline for leadership positions within health departments. The purpose of the project is to review existing recommended competencies for applied epidemiologists. In addition, CDC will use the updates to inform the Epidemic Intelligence Service (EIS) training program. The review should include the input of governmental, academic, and other external public experts and take into consideration the importance of data science, communication science, and pandemic preparedness. Activities include 1) convening a panel of experts, 2) drafting recommended competencies, and 3) proposing measures for evaluating competency attainment. Deliverables will include 1) a report of recommended competencies, 2) evaluation plan and measures, and 3) an analysis of how the recommended competencies align with EIS Core Activities of Learning (CALs).

125/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

- Convene a panel of experts to review the 2008 Competencies for Applied Epidemiologists.
- Draft recommended revised competencies, and

- Propose measures for evaluating competency attainment.

Process Measures *

- # of experts convened to review the competencies
- # of convenings held

Outputs *

- A semi-annual report to CDC on the progress of convening the panel and planned activities to complete the recommended revised competencies and how they will be evaluated.
- A report of recommended competencies
- Evaluation plan and measures
- Analysis of how the recommended competencies align with EIS Core Activities of Learning (CALs).

Budget Period Outcomes *

- Improve the practice of epidemiology within the public health system among State, Local and Territorial (STLT) public health agencies by creating a revised comprehensive list of applied epidemiology competencies (AECs) that defines the discipline of applied epidemiology. *The AECs describes what skills four different levels of practicing epidemiologists should have to practice applied epidemiology. The revised AECs will be used to move towards a common goal of improving epidemiologic practice in STLTS.*

Outcome Measures *

- Epidemiologists reporting use of the competencies

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient should have technical expertise with designing and implementing applied epidemiology training programs. They should also have extensive experience working with state, local, tribal, and territorial health departments. The recipient should have the relationships, capacity, and expertise to convene a group of governmental, academic, and other leaders in the fields of epidemiology, data science, health communication, and emergency response. The recipient should also have a demonstrated record of developing guidelines, recommendations, and reports based on a review of the scientific literature and expert consultations.

86/200 words maximum

Program Experience

The program should have a demonstrated history of designing and implementing field epidemiology training programs. Experience should include the recruitment, selection, placement, and training of fellows. It is expected the recipient would also have experience convening groups of experts to develop and evaluate competencies for training programs. The recipient should also have experience with evaluation including developing evaluation plans, logic models, and measurable indicators.

63/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient will work with the Epidemiology Workforce Branch (EWB) to plan and implement the process for convening experts to consult on the development of competencies. The recipient will be expected to provide regular updates to EWB leadership on the literature review, convening of experts, and development of the competencies and evaluation plan. It is expected that EWB staff will participate in the expert consultation and development of the evaluation plan.

70/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Subcontracted work will be at the discretion of the recipient but it is expected that a recipient will be selected that has capacity to conduct most of the work with their existing experienced staff.

33/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

All funds must be used to support the key activity of reviewing and updating the current competencies dated 2008.

18/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Do not use all capital letters.

6/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building Assistance (CBA) * View Target Population Category Descriptions



Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

Chronic disease workforce located in state and local health departments not currently funded by CDC DNPAO through the CDC-RFA-DP18-1807 State Physical Activity and Nutrition (SPAN) CoAg

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

25/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 2,000,000

Funding Appropriation *

75-2021-0948

Funding Statutory Authority *

42 U.S.C. Sections 247b(317K2;Patient Pro&ACA

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

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

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically Yes ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

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

CBA Program Outcomes (Check one or more)*

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

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

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The purpose of this project is to address nutrition security through sustainable and equitable actions that tackle economic and social conditions limiting access to nutritious food.

25/150 words maximum

Program Strategy: Partnerships**Activities ***

- Ensure states coordinate with existing relevant national, state, and/or community agricultural, food system, and other partners to address sustainable and equitable access to enough affordable, safe, and nutritious food, often within the context of responding to a public health emergency (e.g., COVID-19).
- Ensure states convene partners through existing coalitions, food policy councils, or similar organized groups to implement state/local plans.
- Support states in the Identification and development of any new relevant formal partnerships appropriate for addressing sustainable and equitable access to affordable, safe, and nutritious food.

Process Measures *

- The state and/or local work plan(s) are implemented to the fullest extent possible with active participation of all implementing partner organizations.

Outputs *

- Increased partnerships with public health, agriculture, and others directly/indirectly involved in the food system (e.g., transportation, education, area agencies on aging, planning, public works, local economic developers)
- State and partners identify sustainable actions based upon the state and/or local work plan.

Budget Period Outcomes *

- Sustainable cross sector partnerships that will support the implementation of a state/local work plan focusing on increased sustainable and equitable access to affordable, safe, and nutritious food.

Outcome Measures *

At least 75% of established partnerships can demonstrate community or systems improvements in state/local increased sustainable and equitable access to affordable, safe, and nutritious food.

Program Strategy: Programs and Services

Activities *

Applicant will coordinate with CDC DNPAO and leverage existing program implementation systems to support at least ten DNPAO Ambassador states (states not already directly funded by DNPAO through SPAN). States must identify an existing work plan that supports state and/or community level actions to improve sustainable and equitable access to affordable, safe, and nutritious food. These states will be provided the support and flexibility to work on governmental public health systems in the state in which they are located, including at the local levels, to readily implement their partner and coalition supported, state/community work plan to improve sustainable and equitable access to affordable, safe, and nutritious food.

States will:

- Identify their state and/or community work plan that includes activities to improve sustainable and equitable access to affordable, safe, and nutritious food.
- Be available to provide training and technical assistance to partners as they implement the work plan.
- Be available to translate and disseminate CDC guidance and other resources for partners.

- Practice cultural competence, awareness, and humility when tailoring planning, implementation, and communications activities for intended audiences.
- Utilize a community based participatory approach in working with coalitions and similar groups (e.g., food policy councils), and with local jurisdictions and communities.
- Provide an evaluation plan that assesses the activities of the project period.

Activities may include, and are not limited to:

- Work with community coalitions and community sites to equitably increase durable access to quality fruits and vegetables, improve nutrition policies that include standards for food procured and distributed at food banks and pantries, and increase acceptance of food assistance and food incentive vouchers in underserved areas.
- Standardize food security metrics used by food banks and their local community partners to help municipalities better understand burden, disparities, and equitable solutions to address food insecurity, especially among priority populations.
- Advise large health care systems on how to implement culturally competent food insecurity screening questions and emerging best practice models for referral to community resources.
- Increase access to training and technical assistance for local leaders to equitably address food insecurity in their communities through policy.
- Develop a nutrition surveillance approach at the state level to measure nutrition security.

Process Measures *

- All of a state's identified partners have been engaged and connected to the activities in the work plan.
- At least 75% of a state's partners have implemented activities as identified in the state/local work plan.
- All states have an evaluation plan in place.

Outputs *

- Each state has implemented a work plan with achievable activities and outcomes.
- Worksites and community sites with implemented food service guidelines and/or healthy nutrition standards.
- New or enhanced places providing increased geographic or financial access to healthier foods.
- Each state has an evaluation plan in place with realistic performance and outcome metrics.

Budget Period Outcomes *

- Improved capacity to leverage resources from multiple partners and sectors at the state and local levels to implement evidence-based strategies that address sustainable and equitable access to

affordable, safe, and nutritious food.

- Increased capability to support implementation of evidence-based/informed public health interventions to address sustainable and equitable access to affordable, safe, and nutritious food.

Outcome Measures *

- Increased number of community sites with implemented food service guidelines or healthy nutrition standards.
- Increased new or enhanced places providing geographic or financial access to healthier foods.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient should have the ability to engage chronic disease directors and credibility among public health nutrition professionals, and should have experience working with other sectors that are involved in state level efforts to achieve sustainable and equitable access to affordable, safe, and nutritious food. The project requires recipient to have the ability to support DNPAO in monitoring the implementation of states' work plan. The recipient must also be able to work within DNPAO's existing technical assistance and support framework. The recipient should have a proven track record in successful program management using an existing CDC programmatic framework, meeting program goals, and advancing policy, system, and environmental improvements that support sustainable and equitable access to affordable, safe, and nutritious food. The organizational capacity to manage complex projects including project, budget, and personnel planning is required.

129/200 words maximum

Program Experience

- Expertise in chronic disease programs and how they are addressing sustainable and equitable access to affordable, safe, and nutritious food.
- Competency in assisting state health agencies achieve the goals of sustainable and equitable access to affordable, safe, and nutritious food.
- Ability to engage with state public health leadership to obtain and maintain engagement, support, and commitment to the project at the statewide level.

- Established relationships within the fields of nutrition and knowledgeable leaders who can help states receive and/or provide TA, training, and guidance.
- Understanding of CDC chronic disease funded programs, particularly SPAN and its nutrition specific interventions and approaches.
- Knowledgeable in program and impact evaluation and the use of evaluation results in program development modifications.

104/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

- It is expected that the recipient will partner with at least 10 DNPAO designated DNPAO ambassador state public health agencies not currently funded through Cooperative Agreement DP18-1807: State Physical Activity and Nutrition (SPAN) or DP18-1802: Building Resilient and Inclusive Communities (BRIC).
- It is expected that the recipient will closely collaborate with DNPAO to coordinate within the current DNPAO technical assistance framework and state support mechanisms.

61/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

- It is expected that the recipient will subcontract with at least 10 designated DNPAO ambassador state public health agencies to expand implementation of nutrition interventions that address sustainable and equitable access to affordable, safe, and nutritious food.
- The recipient may subcontract with a subject matter expert in the field of public health nutrition in order to support achievement of project outcomes and proposed activities.

60/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

N/A



FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

6/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

25/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

300,000

Funding Appropriation *

Consolidated Appropriations Act, 2021 (H.R. 133)

Funding Statutory Authority *

Titles II, III, XVII and XIX, and section 2821 of the F

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☒

No ☐

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

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

This proposal seeks to extend current capacity building efforts by CDC by establishing a Strategic Foresight scanning and monitoring system for local and state health departments, their partners, and policy decision-makers at a variety of levels of the public health ecosystem. This system and accompanying tools should support the capacity of local and state health departments as well as other public health decision-makers to be better prepared for unanticipated societal trends from outside the public health system that directly impact public health practices in the present, immediate, and distant futures. These tools will assist public health leaders to identify, compile, and analyze the various signals of change, to map possible scenarios and pathways to the future, and to develop strategies which can augment positive events and mitigate the impact of negative events.

131/150 words maximum

Program Strategy: Data and Information Systems

Activities *

- Review existing strategic foresight methods applicable to public health
- Modify and adapt methodology for state, local, and public health decision-makers
- Create a replicable approach to finding, analyzing, framing, and applying results in work processes
- Test and launch the system on high priority issues identified to impact public health with a focus on the

social determinants of health and health equity

- Refine the methods and approach for finding and analyzing
- Conduct sense-making table top exercises based on scenarios to inform framing and application of findings
- Deliver packaged strategic foresight reports and functioning system.

Process Measures *

Tracking and completion of major milestones/activities.

Outputs *

- Applied framework of the comprehensive strategic foresight framework
- System of active scanning and monitoring identifying weak signals on relevant topics
- Periodic reports of scan hits, trends, issues, plans, and projections along with drivers of future anticipated events
- Sense making table top exercises informed by a scenario-casting
- Case studies of applied targeted insights to advance core public health research, policy, and practice to anticipate future events
- Final reports and packaged system for transportability to multiple state and locals plus public health decision makers

Budget Period Outcomes *

Delivery of complete strategic foresight scanning,

Outcome Measures *

80% increase in capacity to develop strategic insights about the issues impacting public health

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The ideal organization should have strong relationships with health policy experts in the state executive and legislative branches, health department staff at all levels, and community policy experts and should be able to help these stakeholders develop and implement programs and policies in public health priority areas related to policy interventions. The organization should be able to facilitate collection of relevant information and sharing of ideas and experiences, create dialogue with outside organizations, and identify best practices in public health. The organization should have the ability to engage and convene a cross-sector group in order to learn about the diverse needs of those who inform policy or interact directly with policy decision-makers.

111/200 words maximum

Program Experience

The ideal organization should have demonstrated experience collaborating with both legislative and executive branches and health department staff at all levels and be familiar with workforce capacity building and conducting a variety of the elements of strategic foresight. An ideal organization should also have an understanding of the policy development process and economic principles that inform policy decisions, both from within and outside public health. Additional experience in training and technical assistance in the areas of engaging state and local leadership, crafting scenarios, and creating useful and sustainable tools is desired.

90/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

CDC has a clear vision for this project and seeks an organization to work collaboratively with them to fulfill that vision while building capacity for targeted recipient groups.

27/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

It is CDC's expectation that applicants will have the reach, relationships, capacities, and competencies listed

above in addition to experience in the elements of strategic foresight. If the applicant does not have these, CDC expects the applicant to subcontract appropriately.

39/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Assessments of STLTS needs to support strategic foresight capacity will allow public health agencies to better inform resource and activity decisions.

20/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Strengthening Capacity For Surveillance Of Social Determinants Of Health

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

State, local and territorial public health epidemiologists

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

6/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,800,000

Funding Appropriation *

75-21-0948

Funding Statutory Authority *

Public Health Service Act (42 U.S.C. Sections 242(

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies No ☐

No ☐

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

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically ☒

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The purpose of the project is to build the capacity of state, local, and territorial public health epidemiologists to advance public health surveillance in states or jurisdictions to address social determinants of health. Social determinants of health, such as poverty and limited healthcare access, can negatively influence a wide range of health and quality-of-life outcomes and are a driver of disparities. The proposed project supports the collection of timely, state- or jurisdiction-specific information about social determinants of health before, during, and shortly after pregnancy among women with a recent live birth. The information collected will help address gaps in understanding the impact of social determinants of health specifically on pregnancy and infant health.

112/150 words maximum

Program Strategy: Data and Information Systems

Activities *

A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors to increase capacity of state, local, or territorial epidemiologists:

- Announce an RFP for states interested in adding a social determinants of health questionnaire supplement to maternal and infant health surveillance systems.
- Provide management and administration of the RFP with MCH surveillance programs within state health departments.
- Prepare a webinar/conference session to provide examples of how epidemiologists have analyzed surveillance data on social determinants of health related to maternal and child health.
- Develop a template for a fact sheet/issue brief for states to use once they receive data.

Support 6-8 state teams with at least one virtual or in-person meeting, four virtual learning sessions to determine areas of focus and identify strategies and best practices for implementing systems change to improve maternal and infant outcomes associated with social determinants of during the perinatal period, and sharing of tools or information associated with the learning community.

Process Measures *

- Number of jurisdiction-specific, population-based data systems collecting supplemental data SDOH module data on experiences of women before, during and shortly after pregnancy.

Outputs *

- Presentation guide for web-based sessions on strengthening data use
- Fact Sheet and Issue Brief template provided to all participating sites
- Jurisdiction-specific data on behaviors and experiences related to social determinants of health to inform strategies to improve immediate and long-term health for women with a recent live birth and their infants

Budget Period Outcomes *

The design, development, and implementation of maternal and infant health surveillance efforts to measure social determinants of health at the state or jurisdiction level.

Outcome Measures *

Number of states/jurisdictions with increased capacity to implement data collection tools to monitor the impact of SDoH on maternal and infant health

Program Strategy: Partnerships

Activities *

A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors:

- Convene state and local public health epidemiologists through virtual meetings to assess surveillance needs.
- Coordinate guest lectures from experts on SDoH data and survey implementation
- Facilitate the development of data sharing agreements
- Provide resources and support for maternal and infant surveillance systems to add a questionnaire supplement on social determinants of health covering potential topics including, but not limited to:
 - housing security and housing conditions
 - neighborhood safety and built environment
 - access to reliable transportation
 - access to health care services
 - food security
 - work and access to paid/unpaid leave
 - discrimination
 - social support and social connectedness

Process Measures *

- Number of technical assistance virtual meetings to share information on SDoH supplement implementation.
- Number of technical assistance virtual meetings to share information on SDoH supplement analysis and dissemination.

Outputs *

- Data Sharing Agreement for use of the data by stakeholders and federal partners.

- Dissemination products developed by the end of the project period to inform public health actions.

Budget Period Outcomes *

Multi-state and jurisdiction network of epidemiologists implementing a social determinants of health supplement addressing impacts on maternal and infant health.

Outcome Measures *

Increase in collaboration and partnerships to address surveillance needs for social determinants of health.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have established relationships with all state or jurisdiction public health epidemiologists to facilitate effective collaboration.

The applicant should have knowledge and capacity around maternal and infant health and social determinants of health.

The applicant will need to have capacity to plan and provide logistical support for an in-person and/or virtual meetings, from approximately 52 participating sites. The applicant should have the capacity to provide detailed meeting minutes to the CDC within 2 weeks of meetings.

The applicant should have the ability to produce reports which synthesize the technical aspects of the project.

91/200 words maximum

Program Experience

1. Expertise in maternal and child health surveillance
2. Experience providing technical assistance to state and local public health epidemiologists in a virtual learning environment
3. Experience in data hosting and data sharing
4. Experience disseminating analysis using multiple modes of communication

38/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

The awardee will be expected to provide technical assistance to state, local, and territorial public health epidemiologists. Furthermore, collaboration between the funded applicant and CDC's Technical Monitors (TMs) will occur throughout the project lifecycle; including, the CDC TMs will have involvement in the development of technical and training materials, providing technical assistance in conducting the data collection, submitting the de-identified data transfer networks, and establishing a learning collaborative.

68/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The awardee shall identify selected participating sites that currently collect jurisdiction-specific, population-based data on maternal behaviors and experiences before, during and shortly after pregnancy through the RFP process.

27/200 words maximum

BUDGET INSTRUCTIONS**General Instructions for Use of Funds, as applicable**

Use of funds may include, but is not limited to, costs related to personnel time, providing computer hardware and software to the state health departments, providing technical support on data entry, collection, and dissemination, securing meeting space and audiovisual equipment, producing meeting materials, paying for meeting attendee travel, providing a meeting facilitator, and providing meeting transcripts. Travel related

expenses to be paid using project funds should be consistent with per diem rates established by the US General Service Administration (<http://gsa.gov>).

80/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

This CIO Project Plan was modified to correct the Target Population Description from "Environmental health scientists and specialists employed in state, tribal, local and territorial governments" to "Disaster epidemiologists in state, tribal, local, and territorial health departments."

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Do not use all capital letters.

11/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

View Target Population Category Descriptions



No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

12/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

320,000

Funding Appropriation *

TBD

Funding Statutory Authority *

COVID supplemental funding

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

CDC has been assessing state, tribal, local and territorial needs for managing concurrent disasters, such as environmental health emergencies or disasters and the COVID19 pandemic. CDC provides STLT support for preparedness, mitigation and response to environmental health threats and recognizes the possibility of needing to respond to multiple emergencies at once, including during a pandemic. The purpose of this project is to have disaster epidemiologists in STLT health departments pilot tabletop exercises and provide feedback on the exercises. The tabletop exercises would be conducted in 10-15 jurisdictions and cover a wide range of types of disasters, which would result in recommendations for modifying response activities for natural disasters or adapting guidance for chemical or radiologic emergencies in light of COVID-19.

120/150 words maximum

Program Strategy: Programs and Services

Activities *

1. Conduct tabletop exercises for natural, chemical, or radiologic disasters occurring during COVID-19 pandemic with health department disaster epidemiologists in 10-15 STLT jurisdictions using templates and resources provided by NCEH/ATSDR.
2. Provide feedback on templates, resources and recommendations from tabletop exercises for

adaptation of materials for future concurrent disasters.

Process Measures *

1. # STLTs identified for pilot tabletop exercises. Target = 10-15.
2. # of pilot tabletop exercise conducted for each of the 10-15 STLTs.
3. Timeline for tabletop exercises developed.
4. # of monthly meetings, at a minimum, held with NCEH/ATSDR TM and SMEs.

Outputs *

1. Strategy for identifying STLTs developed.
2. Strategy for covering wide range of natural, chemical or radiologic disasters in context of COVID-19 developed.
3. After action report (AAR) of each pilot tabletop exercise.
4. Summary report that includes feedback on templates, resources and recommendations from tabletop exercises.

Budget Period Outcomes *

1. Improved capacity to identify, prioritize, and customize STLT preparedness materials and resources for concurrent disasters.

Outcome Measures *

1. Number of customizable concurrent disaster preparedness materials available to STLTs.
2. Number of disaster epidemiologists and STLTs reached through final dissemination.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient Organization should have the capacity to work with disaster epidemiologists in state, tribal, local, and territorial health departments. The organization should also be able to award money to the STLTs to help conduct the tabletop exercises. The organization should have the internal staffing capacity to manage the tabletop exercises in STLTs and compile results/feedback of the exercises into a summary report.

61/200 words maximum

Program Experience

Recipient organization should have experience in disaster epidemiology at different levels of government, an understanding of how disasters affect STLTs, knowledge of the various types of environmental health related emergencies/disasters, and experience with training disaster epidemiologists and others involved in disaster preparedness in STLTs.

43/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Recipient organization is expected to collaborate with CDC SMEs, and possibly other partner organizations working on concurrent disaster preparedness.

18/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Recipient organization should subcontract with 10-15 STLTs to conduct tabletop exercises. Selections should be made with a distribution across state, tribal, local, and territorial health departments and have representation of geographic areas and type of disaster.

35/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds should be used primarily for subcontracts, travel, and staffing.

9/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Supporting Education And Training Of Stlt Immunization Program Staff

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Public health professionals in STLT health departments working to improve quality, performance, and outcomes of individuals, programs, and organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

18/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

6,000,000

Funding Appropriation *

75-2124-0943 CRRSA Act

Funding Statutory Authority *

Coronavirus Response and Relief Supplemental Act

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

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

CBA Program Outcomes (Check one or more)*

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

Yes ☐

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

Yes ☐**PROJECT DETAILS**

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

For the selected program strategies:

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

Project Purpose

State, Tribal, Local, and Territorial (STLT) public health officials and staff are the boots on the ground making immunization programs work. It's vital they have strong understanding of immunization programmatic and clinical issues, especially new staff in programmatic and leadership positions. This project aims to create an innovative series of online training modules for STLT public health officials and staff on programmatic and clinical immunization-related issues such as vaccine delivery, basic Vaccine Tracking System (VTRckS), and strategies for working with leaders in communities to increase vaccination and address health equity. The needs for these types of trainings have become evident during the COVID-19 pandemic, with a rapid turnover of public health staff and growing awareness of the needs to address issues around systemic disparities in healthcare. With the ongoing pandemic, the STLT public health staff and leaders must continue to think about ways to reposition public health for the future.

149/150 words maximum

Program Strategy: Programs and Services**Activities ***

- Create a plan and conduct an environmental scan or needs assessment to collect best practices and assess gaps
- Develop story boards, scripts, and/or underlying planning documents for training development
- Develop at least 20 thirty-minute self-paced trainings that are 508 compliant and employ adult learning theory. It's strongly encouraged to use one of the CDC-approved authoring tools to build e-learning

such as Lectora and Captivate or CDC-approved Web application. Can be video, click through or combination.

- Develop and execute an evaluation of the training materials
- Complete documentation for courses to be approved for clearance and to receive continuing education credit hours (CE), as appropriate.
- Disseminate developed materials

Process Measures *

- # of training materials developed for STLT immunization program staff
- # of training materials disseminated on various media platforms

Outputs *

- Environmental scan or needs assessment findings
- # of self-paced trainings or videos that are 508 compliant and employ adult learning theory
- Delivery of all final training materials and electronic source files to CDC
- Evaluation of trainings and videos

Budget Period Outcomes *

- STLT public health officials and staff increase immunization related programmatic and clinical knowledge
- STLT public health officials and staff increase strategies to collaborate with local leaders to increase vaccination coverage within communities

Outcome Measures *

- % increase in STLT public health officials and staff engaging with local community leaders
- % increase in public health officials and staff trained in immunization programs

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient organization should have the capacity to create and disseminate training videos. They should have an established network of public health partners across the U.S. that they work with regularly and can reach out to in order to promote materials. The organization should understand, adjust, and implement best or promising practices that will enable STLT health organizations to reduce the incidence of vaccine-preventable and respiratory diseases, increase awareness of the importance of the recommended immunization schedule, and increase awareness of the importance of vaccination for all ages.

86/200 words maximum

Program Experience

The recipient organization should have the ability to partner with CDC and other public health organizations to educate STLT public health staff about immunization programs.

24/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient should collaborate with STLT public health officials and staff to strengthen public health training by addressing identified distance learning needs, best practices, and enhancing systems to facilitate the sharing of trainings. Collaborate with CDC to complete documentation for courses to be approved for clearance and to receive continuing education credit hours (CE), as appropriate. The recipient should also collaborate with CDC and appropriate immunization subject matter experts to ensure training content is accurate.

74/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded

☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

4/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

No

Target Population Description *

State, tribal, local and territorial epidemiologists

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

5/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

195,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

Sec 306 (242k) and Sec 304 (242b) of the Public H

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No



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

Yes



CBA Program Outcomes (Check one or more)*

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

No



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

Yes



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

No



Intermediate: Strengthened capability of public health workforce to deliver essential public health services Yes ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

Forensic epidemiology is a newly forming sub-discipline. This group of public health practioners have the possibility for making important impacts on population health outcomes. However, as a new field, these public health personnel generally work in offices where they have limited contact with others doing similar work or even with epidemiologists in their local public health departments. The purpose of this project is to convene a working group of forensic epidemiologists in order to tie them more closely with state and local public health departments, increase opportunities to work together and learn from one another. This group will also serve to help coordinate other epidemiological work involving ME/C (e.g. review/advise on surveys, coordinate surveys,

identify gaps). This working group will promote epidemiological research in MDI offices including, research in ME/C offices, such as grant writing, real-time surveillance methods, and data sharing methods.

136/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

Creation of a workgroup of working forensic epidemiologists

Process Measures *

Workgroup is formed with at least 8 members

At least 75% of members attend each scheduled meeting

Outputs *

Establishment of a workgroup of forensic epidemiologists, which provides capacity improvement, peer-to-peer learning opportunities, and decreases feelings of isolation and self-reliance.

Budget Period Outcomes *

Performance capacity increases in forensic epidemiology community.

Outcome Measures *

At least 75% of forensic epidemiology workgroup members report an increased ability to create timely jurisdictional reports

Program Strategy: Data and Information Systems

Activities *

A review the Annual Report structure and format that is produced by ME/C Offices for the public to determine how to streamline look and layout, develop a minimum set of standard measures, and improve ease of comparability between reports from offices. ME/C accreditation organizations require these reports but do not provide guidance to their contents.

Process Measures *

Data elements published within annual reports from all ME/C offices represented by workgroup members are tabulated

Work group members discuss and describe differences and similarities

Outputs *

A ME/C annual report template of minimum required elements is created and approved by consensus of workgroup members

Budget Period Outcomes *

ME/C annual report template is submitted to NAME and I&CME for consideration for approval for inclusion in accreditation process.

ME/C forensic epidemiologists agree to modify their annual reports to comply with model report.

Outcome Measures *

At least 65% of forensic epidemiology workgroup members plan on using the minimum annual report template for their next annual report.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Organization should be able to to advance applied epidemiologic capacity, by providing information, education, and developmental support of practicing epidemiologists in a range of areas. It should be able to work to establish more effective relationships among state and other health agencies in how they use epidemiology and provide technical advice and assistance to partner organizations. The organization should be capable of providing sound epidemiologic practice through training and capacity development. To be effective, the organization must have the capacity to provide staff support for capacity-building activities as needed, with the experience and understanding in how to engage members of working groups so as to create meaningful group output.

108/200 words maximum

Program Experience

The organization should have program experience in promoting effective use of epidemiologic data to guide public health practice and improve health, supporting effective public health surveillance and epidemiologic practice through training, capacity development, and peer consultation, developing standards for professional practice. They should also have a history of providing opportunities for public health practitioners to use their expertise to contribute to prominent and emerging issues. They must have a history of partnering with other agencies involved with public health to build surveillance capacity, written reports, and engaged in numerous activities related to local epidemiology efforts.

94/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

In order to address reporting requirements of ME/C accrediting organizations, the organizations should expect to collaborate with such accrediting organizations.

19/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Funding may be expanded beyond a single year as progress in first year is actualized, based on availability of funds in future years.

It would be appropriate to use some of the funding to support the travel of members of the forensic epidemiology workgroup to meet at least once in person meeting if that becomes possible during the course of the funding period.

61/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Formative Research To Increase Capacity For Translation, Dissemination, And Implementation Of Evidence-based Programs Across The Prevention Research Centers Network

Do not use all capital letters.

18/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category B

View Target Population Category Descriptions

☐

No

Target Population Description *

Chronic disease specialists

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

150,000

Funding Appropriation *

75-21-0948

Funding Statutory Authority *

317(k)(2) of the Public Health Service Act (PHS AC

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

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

Yes ☒

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

No ☐**PROJECT DETAILS**

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

For the selected program strategies:

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

Project Purpose

A major challenge for public health and community-engaged researchers is the timely transfer of evidence-based knowledge to practice. Similarly, a consistent finding from clinical and health services research is the failure to translate research into public health practice and policy. Effective research findings need to be translated into formats and resources that are meaningful to target audiences and shared with appropriate audiences through relevant channels. This gap in research translation and dissemination may prevent the adoption, implementation, and scale-up of evidence-based programs, policies, and practices for the prevention of chronic diseases and other leading causes of death and disability in the US. This project supports conducting a comprehensive environmental scan to assess needs in public health program translation, dissemination, and implementation among key stakeholders to identify and recommend strategies to increase the translation of PRC science into practice and enhance dissemination and implementation of PRC evidence-based interventions (EBIs).

147/150 words maximum

Program Strategy: Programs and Services**Activities ***

Activities of this project will support conducting a comprehensive environmental scan to assess needs in public health program translation, dissemination, and implementation among key stakeholders to identify

and recommend strategies that will increase the translation of PRC science into practice and enhance

- Gather evidence among the literature (peer-review and grey literature), reports and guidance, dissemination and implementation of PRC evidence-based interventions (EBIs). Specific activities include: webpages, organizational websites, and review of existing resources available to public health

practitioners on public health program translation, dissemination, and implementation.

- Conduct a needs assessment and key informant interviews with no more than nine stakeholders including but not limited to PRCs, CDC, Community-based organizations, and state and local public health agencies to gain input on the following topic areas:
 - Where have PRCs been effective in translation (e.g., are their exemplars of practice that can be collected)
 - What is most helpful to practitioners to accelerate uptake and adoption (e.g., are their critical factors related to scaling EBIs)
 - What is missing that needs to be developed (e.g., is there a need for a technical package for implementation or other practice tools)
 - What are the barriers/challenges (e.g., related to funding, capacity, staffing, infrastructure, or other resources)
 - Who are the critical partners to support the PRC's (e.g., defining partner's expertise, capacity, and reach to target populations for EBIs)
 - What role does/should the PRCs, health departments, and other partners play in the translation and dissemination process.
- Additional areas to explore through key informant interviews with no more than nine stakeholders including but not limited to PRCs, CDC, community-based organizations, and state and local public health agencies may address:
 - Exemplary translation and implementation models. Note: PRCs have developed translation plans which can be provided as source material for this activity.
 - Needs, barriers, and facilitators to implementation
 - Specific existing tools and resources and any gaps
 - Complementary efforts to increase diffusion of evidence-based interventions such as key partnerships, engagement strategies, direct marketing, program/service integration, or technology.
- Organize and synthesize the information gathered into a logic model and/or conceptual framework to identify existing capacity and gaps that can be used in future decision-making and priority setting.

Process Measures *

- Number of publications, reports, webpages, and other resources reviewed as part of the literature review.

- Number of interviews, focus groups, or surveys conducted to summarize needs, facilitators, and barriers to translation, dissemination, and implementation of PRCs evidence-based interventions (EBIs).
- Number of materials reviewed and designed that facilitate translation and dissemination of the PRC research findings.
- Number of materials reviewed and designed for the public health research translation, dissemination, and implementation.
- Number of strategies recommended to increase the translation of PRC science into practice and enhance dissemination and implementation of the PRCs evidence-based interventions (EBIs).

Outputs *

- Environmental scan report summarizing needs, challenges, facilitators, exemplars and recommend strategies that will increase the translation of PRC science into practice and enhance dissemination and implementation of the PRCs evidence-based interventions (EBIs).
- Catalog of source materials (literature, tools, resources, models, etc.) identified through environmental scan.
- Results of the key informant interviews summarized in a memo prepared for CDC staff.
- Contribution/participant list of individuals/organizations and the associated tools and resources from the environmental scan.
- Logical model and/or conceptual framework to identify existing capacity and gaps.

Budget Period Outcomes *

- Increase in knowledge and understanding of research translation and dissemination, gaps in the field and ways to address them.
- Increase in engagement and buy-in from grantees and partners on the opportunity for increased translation of PRC science into practice and enhanced dissemination and implementation of the PRCs evidence-based interventions (EBIs).
- Increase in identified resources designed to enable public health practitioners to adopt, implement, and/or scale-up public health programs and policies.

Outcome Measures *

- Number of stakeholders reporting an increased awareness and knowledge and of methods and models for effective research translation and dissemination.
- Number of resources identified and cataloged to enable public health practitioners to turn research into practice

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have the organizational capacity to recruit public health practitioners such as those from city governments, state and local health departments, national organizations, and/pr community-based organizations and conduct in-depth interviews, focus groups, and/or surveys to collect qualitative data and information for the environmental scan. The applicant is expected to have the expertise and capacity to design and conduct focus groups and/or survey, qualitative data collection, analysis, and reporting of results. Exemplary verbal and written communications skills are also key to summarizing and synthesizing the information expected to be gathered for this project.

93/200 words maximum

Program Experience

The applicant should have experience in applying dissemination and implementation science methods, conducting qualitative data collection among the public health workforce, public health research and dissemination, and developing research translation and dissemination plans and products.

34/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The applicant is expected to collaborate with CDC's Prevention Research and Translation Branch, and the Prevention Research Centers Network and other identified partners as appropriate to conduct the environmental scan. The recipient is expected to be culturally competent, assess their own biases, and ensure that all collaborators are treated respectfully.

49/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

N/A

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

N/A

0/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.

Category C

CIO

Project Plans



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Accelerating The Impact Of Erase MM

Do not use all capital letters.

5/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Community-Based organizations with a focus on Maternal mortality review committees and maternal health stakeholders

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

13/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,000,000

Funding Appropriation *

Safe Motherhood/MMRC

Funding Statutory Authority *

Public Health Service Act, as amended, 301(a) and

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No ☐

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

No ☐

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

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

No ☐

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

Yes ☒

No ☐

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

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

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically Yes ☒

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

These activities will increase collaborative learning and capacity for data use under ERASE MM to accelerate innovations and extend impacts with a focus on community based action, with an emphasis on cardiovascular conditions and other leading causes of maternal mortality.

39/150 words maximum

Program Strategy: Data and Information Systems

Activities *

Training for and partnership on analyses with ERASE MM stakeholders to build capacity for MMRIA data use and effective communication of maternal mortality review committee (MMRC) data, with an emphasis

on cardiovascular conditions and other leading causes of maternal mortality.

Process Measures *

of Training and TA provided

of Meeting convened

of Tools and resources developed

of Information Sharing

Outputs *

of Training

of Tools

of Technical Assistance

of Convening to share best practices

Budget Period Outcomes *

Increased capacity of ERASE MM stakeholders for MMRIA data use and effective communication of maternal mortality review committee data to a variety of audiences, with a focus on care providers, care settings, and community-based audiences.

Outcome Measures *

Increased number of MMRIA data analyses and related data dissemination products from ERASE MM stakeholders.

Increased translation of MMRIA data analyses into action, with a focus on care providers, care settings, and community-based actions.

Program Strategy: Partnerships

Activities *

Provide support and technical assistance to ERASE MM maternal mortality review committees (MMRCs) and other stakeholders to increase collaborative learning across jurisdictions and between MMRC programs and other stakeholders, with a focus on care provider, care setting, and community-based stakeholders.

Host a convening of key partners (care provider and care setting organizations, MMRCs, state and community leaders, and others) to share lessons learned and best practices related to the core components of ERASE MM.

Process Measures *

of Training and TA provided

of Meetings convened

of Tools and resources developed

of Information Sharing

Outputs *

of Training

of Tools

of Technical Assistance

of Convening to share best practices

Budget Period Outcomes *

Increased information sharing among ERASE MM stakeholders on data use and dissemination, with a focus on care providers, care settings, and community stakeholders for multilevel actions.

Outcome Measures *

ERASE MM stakeholders increased and strengthen partnerships across sectors, including with community-based organizations.

ERASE MM stakeholders coalesce around best practices on data use and dissemination.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant must demonstrate the following organizational capacity:

- Have a documented history of building capacity of maternal mortality review programs in the US, as well as establishing effective relationships within and across sectors to address maternal mortality.
- Appropriately trained staff for implementation of activities, including the planning and execution of learning events and trainings, as well as at minimum MPH-trained epidemiologists and public health practitioners with ability to provide technical assistance on data and action related to addressing maternal mortality.
- Have a documented history of partnership with CDC to launch new programs and establish pilot projects.

95/200 words maximum

Program Experience

The applicant must demonstrate the following program experience:

- Extensive experience implementing sound public health programs.
- Extensive experience convening organizations from diverse sectors to collaborate and address public health challenges.
- Experience supporting complex, multi-partner initiatives between CDC and other partners to build capacity to review and prevent maternal deaths.
- Experience supporting review committees to better document and understand maternal deaths using the Maternal Mortality Review Information Application (MMRIA).
- Experience providing training to organizations to use data for informing prevention strategies at multiple levels.
- Experience providing technical assistance and training to address maternal mortality (data and programmatic efforts).

95/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

This project will result in increased collaboration between multiple programs within the CDC Division of Reproductive Health, Maternal Mortality Prevention Team and our partnering organizations around using data

to drive action to address maternal mortality.

Recipients will also be encouraged to build and sustain strategic partnerships and collaborations with programs that have a role in implementing efforts to document and address maternal mortality.

61/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The applicant is expected to dedicate funding (amount TBD, subsequent to award of cooperative agreement) to subcontracts with some key entities that can assist in identifying best practices for MMRCs and other related activities.

33/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Do not use all capital letters.

10/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

750,000

Funding Appropriation *

TBD

Funding Statutory Authority *

TBD

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☒

No ☐

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

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The purpose of this project is to build capacity at a community level to collect data that informs the COVID-19 response within community settings. A substantial portion of confirmed cases of COVID-19 may have no reported history of close contact with another COVID-19 case or high-risk exposure. This project will be conducted to fill a gap in building capacity to collect quick information about the prevalence of behaviors/community exposures among cases and similar demographics in the same area for comparison. The project aims to (1) build the capacity to identify behaviors and community exposures associated with increased risk of COVID-19 using community based data that are matched with cases (e.g. those who test positive for COVID-19) through case-control analytic methods (e.g., case-control studies). The project will provide resources on community exposures by matching key demographics (e.g., zip code, age, gender).

139/150 words maximum

Program Strategy: Data and Information Systems

Activities *

Development of a community-based case-control information: To investigate local behaviors and modifiable factors associated with recent transmission of COVID-19, community sites will be identified to conduct case-control studies using a local comparison for case-control data. CDC guidance for COVID-19 case investigation includes collecting

key information to determine exposure history (known contact with a confirmed COVID case) and identifying high-risk environments (e.g., hospitals, long-term care facilities, correctional facilities, food processing plants). This effort will supplement what is collected through case investigations by collecting individual behavior, community exposure data and structural factors contributing to the increase in COVID-19 cases.

Build the ability to collect and report rapid community exposure information to inform the COVID-19 pandemic in local communities: This activity will build the capacity of community serving organizations to collect local level data using a case-cohort (i.e., screening) or case-control (test-negative) by providing resources to organizations that serve communities disproportionately impacted by high rates of COVID-19.

Develop local behavioral monitoring tools to assess COVID-19 exposures: This activity aims to develop a set of screening methods that can monitor behaviors over time that contribute to increases in COVID-19 cases in local communities. This work will improve community-level capacity to collect data and build information systems that contribute to monitoring and surveillance activities during the COVID-19 pandemic.

Process Measures *

- The number of case-control analyses conducted to assess the prevalence of individual behaviors, activities, and community exposures through in a population-based sample.
- The number of behavioral methods implemented that can be deployed using case and case-control approaches.

Outputs *

An application-based set of tools (e.g., survey screeners, case-control protocol methodologies, example analysis plans) that can be used by community based organizations and non-governmental agencies to collect, analyze and report the anonymized case and population data using the case-cohort or screening method to identify modifiable risk factors associated with COVID-19.

Budget Period Outcomes *

- Increased knowledge and reporting of the community exposures and behaviors that increase rates of COVID-19 in marginalized communities.

Outcome Measures *

- The number of data collection instruments developed that can report the prevalence of community exposure and behavioral risk factors among positive COVID-19 cases compared to community population respondents.
- The number of summary reports of case-control findings, publication (s), communication, and policy statements that inform local public health COVID-19 mitigation strategies in critical populations groups.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient should have the organizational capacity to develop national and local data collection that can be used in a case-control analysis that improves the capacity to collect data that informs the COVID-19 response. The organization should have the capacity to work with partners to provide action oriented data to identify how community exposures contribute to the disproportionate rates of COVID-19 cases in under resourced communities. The recipient is expected to have the capacity to deliver technical assistance, information sharing, technology transfer, and data reporting that enables organizations to implement behavioral surveillance that monitors the prevalence and disparities that contribute to increases in cases during the COVID-19 pandemic.

107/200 words maximum

Program Experience

The recipient should have experience in developing tools and data collection during the COVID-19 pandemic. This includes survey development, survey analysis, and report (s) or manuscript (s) development tailored to user needs.

31/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The organization is expected to collaborate or contract with a partner with expertise in building capacity of community serving organizations to collect data that will inform the spread of COVID-19 in their communities, specifically for historically marginalized population groups. The partner should have an existing mechanism to collect data rapidly to inform the CDC COVID-19 through summary analyses.

57/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Subcontractor(s) should be able to conduct advanced statistical analyses needed for a case-control study. Have experience in designing and implementing a case-control study. The subcontractor should have experience working with partners (including but not limited to elected officials, community health centers, hospitals) in collecting individual and community exposure data on factors that increase the risk of COVID-19 cases within communities. The subcontractor should have a survey mechanism to support communities collecting data for case negatives and case positive cases for comparisons.

80/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Covid-19 Protection For Essential Transportation Workers And The Riders They Serve

Do not use all capital letters.

10/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Transportation professionals and decision-makers

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

3/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

3,300,000

Funding Appropriation *

COVID

Funding Statutory Authority *

COVID

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

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

CBA Program Outcomes (Check one or more)*

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

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance No ☐

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

Intermediate: Strengthened capability of public health workforce to deliver essential public health services No ☐

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively

Yes ☐

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

Yes ☐

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

No ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health

Yes ☐

Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health

Yes ☐

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

Yes ☐

CBA Program Outcomes (Check one or more)*

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

Yes ☐

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

Yes ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

The purpose of this project is to (a) enhance the capacity and resources of public transit and school transportation systems to protect their workers and riders in response to COVID-19 and other infectious disease public health emergencies; and (b) increase the adoption of policies and practices regarding COVID-19 prevention and mitigation measures for public transportation workers and riders. This proposal targets essential workers and riders of urban public transit and rural school bus systems who have elevated risks of exposure to COVID-19 because of their frequent/close contact with the general public on public and school transportation systems. This proposal also targets decision-makers and agency and community leaders who can facilitate policy and system improvements to enhance preparedness and response to protect workers and riders with respect to COVID-19 and other infectious disease public health emergencies.

126/150 words maximum

Program Strategy: Leadership and Workforce Development**Activities ***

1. Assist urban public transit and rural school transportation systems leaders with developing a transportation and COVID-19 health equity plan that identifies all workforce areas and tasks with potential exposures to COVID-19 and identifies control measures to eliminate or reduce exposures of workers and riders.
2. Provide support for leadership and workforce training to urban public transit and rural school transportation systems to improve competencies in implementing strategies that prevent and reduce transmission and maintain a healthy environment for workers and riders.
3. Provide training for transportation system decision-makers to reframe the way they think about transportation challenges experienced by workers and riders with respect to COVID-19 and to adopt new problem-solving strategies.

Process Measures *

1. Number of selected transportation systems with a plan that identifies all areas and job tasks with potential exposures to COVID-19 and identifies control measures to eliminate or reduce exposures of workers and riders.
2. Number of leadership and workforce training curricula adapted to public transit and rural school transportation systems that address correct and consistent use of cloth face coverings, hand hygiene, physical distancing, cleaning and disinfecting environmental surfaces, and other community mitigation strategies to keep public transit and school transportation workers and riders safe and reduce or prevent community COVID-19 transmission.
3. Percent of transportation system decision-makers among selected public transit and school transportation systems who participate in trainings to help reframe the way they think about transportation challenges and adopt problem-solving strategies for workers and riders with respect to COVID-19.

Outputs *

1. Up to 4 urban public transit and 6 rural school transportation systems with a transportation and COVID-19 health equity plan.
2. Transportation system leaders and workers trained in competencies related to correct and consistent use of cloth face coverings, hand hygiene, physical distancing, cleaning and disinfecting environmental surfaces, and other community mitigation strategies to keep public transit and school transportation workers and riders safe and reduce or prevent community COVID-19 transmission.
3. A training evaluation report that documents COVID-19 related challenges experienced by public transit and rural school transportation systems and problem-solving strategies to prevent and reduce the spread of COVID-19 workers and riders.

Budget Period Outcomes *

1. Selected urban public transit and rural school transportation systems will have developed a transportation and COVID-19 health equity plan to eliminate or reduce COVID 19 exposures among essential transportation system workers and riders.
2. Increased competency among transportation systems essential workers to identify and address correct use of cloth face coverings, hand hygiene, physical distancing, cleaning and disinfecting environmental surfaces, and other community mitigation strategies to keep public transit and school transportation workers and riders safe from COVID-19 transmission.
3. A training evaluation report that documents COVID-19 related challenges experienced by public transit

and rural school transportation systems and adoption of problem-solving strategies to prevent and reduce the spread of COVID-19 workers and riders.

Outcome Measures *

1. % of selected urban public transit and rural school transportation systems that will utilize a COVID-19 health equity plan to eliminate or reduce exposures of workers and riders.
2. % of the leadership and workers of selected urban public transit and rural school transportation systems that will satisfactorily demonstrate increased competency among their essential workers to identify and address correct use of cloth face coverings, hand hygiene, physical distancing, cleaning and disinfecting environmental surfaces, and other community mitigation strategies to keep public transit and school transportation workers and riders safe from COVID-19 transmission.
3. % of selected public transit and rural school transportation systems that have adopted one or more identified problem-solving strategies to prevent and reduce the spread of COVID-19 workers and riders.

Program Strategy: Communication and Information Technology

Activities *

1. Monitor and communicate current federal, state, and local public health messages about COVID-19 regulations, guidance, and recommendations that apply to public transit and school transportation systems.
2. Use innovative communication strategies to promote the adoption and maintenance of recommended approaches to protect workers and riders who use urban public transit and rural school transportation systems.

Process Measures *

1. Monitoring and communication of current federal, state, and local public health messages about COVID-19 regulations, guidance, and recommendations that apply to public transit and school transportation systems.
2. Identification of innovative communication strategies to promote the adoption and maintenance of recommended approaches to protect workers and riders who use urban public transit and rural school transportation systems.

Outputs *

1. A database resource or linkages to current federal, state, and local public health messages about COVID-19 regulations, guidance, and recommendations that apply to public transit and school transportation systems.
2. A report of innovative communication strategies used to promote the adoption and maintenance of recommended approaches to protect workers and riders who use urban public transit and rural school transportation systems.

Budget Period Outcomes *

1. Increased utilization of targeted information and media sources to communicate current federal, state, and local public health messages to transportation system stakeholders about COVID-19 regulations, guidance, and recommendations that apply to public transit and school transportation systems.
2. Improved utilization of innovative communication strategies and information technology capacity to promote the adoption and maintenance of recommended approaches to protect workers and riders who use urban public transit and rural school transportation systems.

Outcome Measures *

1. % of transportation system subcontractors reporting routine communication of current federal, state, and local public health messages about transportation-related COVID-19 regulations, guidance, and recommendations to reduce and prevent the spread of COVID-19 among their workers and riders.
2. % of transportation system subcontractors utilizing targeted communication strategies to promote the adoption and maintenance of recommended approaches to protect workers and riders who use urban public transit and rural school transportation systems.

Program Strategy: Laws and Policies

Activities *

1. Based on current and reputable research and findings, provide COVID-19 prevention and transmission reduction strategies and recommendations to employers operating or seeking to resume operations of urban public transit and rural school transportation systems.
2. Based on current and reputable research and findings, develop guidance and recommendations for urban public and rural school transportation systems to prepare for and respond to infectious public health emergencies to protect workers and riders

Process Measures *

*

1. Number of written transportation system policies and practices developed regarding the wearing of cloth face coverings, physical distancing, non-punitive essential worker leave policies, or other COVID-19 community mitigation measures by urban public transit and rural school transportation systems and their workers and riders.

Outputs *

*

1. A report of new and improved written transportation system policies and practices regarding the wearing of cloth face coverings, physical distancing, non-punitive essential worker leave policies, or other COVID-19 community mitigation measures by urban public transit and rural school transportation systems and their workers and riders.

Budget Period Outcomes *

d Outcomes*

1. Enhanced implementation or adoption of transportation system organizational policies related to: infection prevention, training, and screening; essential worker sick leave policies (that are flexible and non-punitive); or other community mitigation strategies to reduce or prevent local COVID-19 transmission among public transit and school transportation workers and riders.

Outcome Measures *

1. % of selected transportation systems that demonstrate enhanced implementation or adoption of transportation system organizational policies related to: infection prevention, training, and screening; essential worker sick leave policies (that are flexible and non-punitive); or other community mitigation strategies to reduce or prevent local COVID-19 transmission among public transit and school transportation workers and riders.
2. % of selected transportation systems that disseminate system-wide policies and recommendations to prepare for and respond to infectious public health emergencies to protect their workers and the public they serve.
3. % improvement over baseline in observed and reported policies and practices such as the wearing of cloth face coverings, physical distancing, and adoption of other COVID-19 community mitigation

measures by urban public transit and rural school transportation systems and their transit/bus workers and riders.

Program Strategy: Programs and Services

Activities *

1. Identify U.S. urban public transit systems with moderate to high ridership and rural school transportation systems that are open or preparing to reopen relative to COVID-19 developments.
2. Use assessment findings to select up to 4 urban public transit and 6 rural school transportation systems to work with to enhance their capacity to protect workers and riders in response to COVID-19 and other infectious disease public health emergencies and adopt policies and practices regarding COVID-19 prevention and mitigation measures for their workers and riders.
3. Provide subcontracts to local transportation systems and community partners (e.g., school district leaders, local affiliates of national organizations, community-based organizations, nonprofit organizations, small town/rural health networks or coalitions, etc.) to develop or provide guidance, resources, tools, and strategies to reduce or prevent COVID-19 transmission on urban public transit systems and rural school transportation services and maintain a healthy environment for workers and riders.
4. Provide resources to implement feasible, practical, and acceptable strategies and approaches that riders can adopt for their protection when using urban public transit and rural school transportation systems.
5. Collect information that can be used to evaluate models, replicability, scalability, or projected return on investment (ROI) related to improved public transportation systems capacity and resources for COVID-19 and other infectious disease emergency preparedness and response.

Process Measures *

1. Number of criteria developed by the applicant organization to select transportation system subcontractors with a demonstrated history and capacity to develop and sustain multisectoral partnerships to work with transportation systems to reduce or prevent COVID-19 transmission on urban public transit and rural school transportation systems.
2. Number of urban public transit and rural school transportation systems identified to develop or provide guidance, resources, tools, and strategies to reduce or prevent COVID-19 transmission
3. Number of subcontracts offered to urban public transit and rural school transportation systems.

4. Number of resources, tools, and strategies provided by subcontractors to reduce or prevent COVID-19 transmission on urban or rural transportation systems and maintain a healthy environment for their workers and riders.

Outputs *

1. Compiled transportation systems data that identify a sample of urban public transit and rural school transportation systems for the purposes of this proposal.
2. A report that identifies type, roles, and responsibilities of multisectoral stakeholders and partners who are collaborating with selected urban public transit and rural school transportation systems.
3. A summary of workforce and ridership reach for implemented programs and services to reduce or prevent COVID-19 transmission on urban or rural transportation systems.
4. Subcontracts with up to 4 urban public transit and 6 rural school transportation systems to develop or provide guidance, resources, tools, and strategies to reduce or prevent COVID-19 transmission on their urban or rural transportation systems and maintain a healthy environment for their workers and riders.
5. Compiled data and information to evaluate models, replicability, scalability, or projected return on investment (ROI) related to improved public transportation systems capacity and resources for COVID-19 and other infectious disease emergency preparedness and response.

Budget Period Outcomes *

1. Improved capacity among urban public transit and rural school transportation systems to establish and maintain partnerships across transportation, community, and public health sectors to sustain effective emergency preparedness and response to infectious disease public health emergencies
2. Increased access to resources and services to reduce or prevent local COVID-19 transmission on urban transit and rural school transportation systems and maintain a healthy environment for transportation system workers and riders.

Outcome Measures *

1. % of subcontractors demonstrating improved capacity to establish and maintain partnerships across transportation, community, and public health sectors to sustain effective emergency preparedness and response to infectious disease public health emergencies

2. % of subcontractors implementing evidence-based community mitigation strategies or community-prioritized programs and services to prevent COVID-19 transmission on urban public transit and rural school transportation systems and maintain a healthy environment for their workers and riders.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Public transportation systems are considered essential during the COVID-19 pandemic. Women, school-aged children, members of racial/ethnic minority populations, persons with disabilities, and limited-English proficient populations are prioritized, as these population groups experience unique vulnerabilities during the COVID-19 pandemic, and they are also routine users of public and school transportation services. The demographics of bus drivers and riders are likely to mirror the demographics of the local populations. The applicant's organizational capacity refers to their potential to work with leaders of public transportation agencies, state/local decision makers, community experts, and priority populations to enhance and promote COVID-19 prevention guidelines and resources specific to essential workers and riders of urban public transit and rural school transportation systems.

114/200 words maximum

Program Experience

The applicant's experience may include: knowledge of introduced or approved states legislation specific to transportation services and COVID-19; institutional commitment focused on infrastructure development and safe public transportation; supporting transportation initiatives and projects at the local, regional, and national levels; working with local leaders to improve transportation policies in urban and/or rural areas; collaborating with departments of transportation; and the capacity to support initiatives addressing COVID-19 related transportation challenges and culturally adaptable practices.

72/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The applicant organization's collaborative work may include: (a) supporting and engaging stakeholders (i.e., transportation, health, and other government sectors, as well as individuals from private, voluntary and non-

profit groups) in taking actions and responsibilities to improve the health and safety of public transit and school transportation workers and riders in urban and rural communities; (b) leveraging the strengths of public transportation agencies/systems to establish and maintain shared capacity building in the community engagement process; (c) an ability to clearly communicate defined individual and collective roles, responsibilities, and expectations of stakeholders and partners; and (d) leading and facilitating environments that permit thoughtful conversations, honest feedback, active listening, and the merging of multiple ideas into solutions.

108/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Sub-contractual work by urban public transit and rural school transportation systems includes: developing a plan that identifies all areas and job tasks with potential exposures to COVID-19 and identifies control measures to eliminate or reduce exposures of workers and riders; providing transportation workers with information, supplies, and health supporting services to reduce or prevent local COVID-19 transmission; using the applicant organization and local guidance, resources, and tools for implementing strategies to reduce or prevent COVID-19 transmission; requesting access to information, materials, supplies, and health supporting services that reduce the risk of spreading COVID-19; building organizational and systemic capacity to perform critical work more efficiently and strengthening infrastructure (policy development, allocation of resources, etc.); establishing and sustaining supportive collaborations and partnerships with individuals and multisector serving the community and riders; building and maintaining shared capacity building engagement with communities to participate in the transportation decision-making process; and developing a sustainability plan for infectious disease prevention strategies.

Subcontractors may be selected from urban public transit systems (e.g., buses, subways, light rail, commuter rail, and trolleys) and rural school transportation systems and their community partners (e.g., school district COVID-19 Task Force, local affiliates of national organizations, community-based organizations, nonprofits, small town/rural health networks or coalitions, etc.).

197/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

\$3.3M Award Total

- \$1,700,000 (Urban Transportation Systems, up to 4 subcontracts)
- \$1,000,000 (Rural School Transportation Systems, 6 subcontracts)
- \$600,000 (approx. 16%) Applicant Organization Award

22/200 words maximum

CIO CERTIFICATION*

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

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

Project Title *

Decision Tool For Evaluating Cancer Survivors' Interventions: Phase II Evaluation And Testing

Do not use all capital letters.

11/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

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

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Cancer control planners at the local, regional, and state level

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

9/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

225,000

Funding Appropriation *

75-21-0948

Funding Statutory Authority *

Authorized under sections 317(k)(2) and 307 of the

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

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

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance No ☐

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☒

No ☐

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

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

No ☐

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

No ☐

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

No ☐

PROJECT DETAILS

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

For the selected program strategies:

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

Project Purpose

To evaluate, test, and enhance a health-economic decision model for evaluating cancer survivors' interventions previously developed. The model estimates the net-monetary benefit of several interventions relevant to survivors while considering differences in cancer incidence, survival, cancer type, state/jurisdiction, and parameters of the interventions as identified in the published literature. It informs state-/national-level cancer control planners with data on optimizing return on investment for subpopulations of cancer survivors. We aim to 1) to test and tailor the model for state-based cancer control planners and cancer coalition leadership 2) to have this accessible in a user-friendly version on the world wide web, and 3) disseminate the tool to cancer control planners, the primary target audience.

112/150 words maximum

Program Strategy: Data and Information Systems

Activities *

Key Tasks are described below:

Task 1: A decision tool has been previously built by the Fred Hutchinson Cancer Research Center to aid decision-makers/cancer control planners with resource allocation decisions for cancer survivorship interventions. Adjust the model previously developed by Fred Hutchinson Cancer Center to reflect input from stakeholder engagements. Model adjustments will also include feedback from informational

sessions with the cancer control planners, updates to the literature search, and updating input parameters or cost adjustments as new information becomes available from literature reviews.

Task 2: Conduct another series of user testing, focus groups, and feedback sessions based upon the changes from the above task. Potential cancer control planners, cancer coalition leaders, and other categories of participants for these sessions will be identified via a thorough review of the National Comprehensive Cancer Control (NCCC) network partners and coalitions that are actively engaged in cancer survivorship work.

Task 3: Conduct an environmental scan and assessment of the pros/cons of different types of web versions based on feedback from Task 1 and Task 2. Final version will be a user-friendly interface that lives on the web (details of hosting/infrastructure to be determined).

Task 4: Revisit the series of user testing groups for additional feedback on developed site.

Task 5: Develop a plan and timeline for dissemination. Disseminate the findings through a series of activities including but not limited to conferences/meetings, technical report and evaluation report, webinars/virtual demos, simplified user guides, and manuscripts.

Process Measures *

Attainment of project milestones will be a measure of the process and success of the project:

Task 1: *Within the first 3 months:* Execute an necessary subcontracts and work through any agreed upon model adjustments. Deliverables include modified model development and completion including acquiring additional feedback from stakeholders and CDC. Monthly progress update.

Task 2: *Within 5 months:* Conduct a thorough review of the NCCC partners and coalitions to assess those with active involvements in cancer survivorship work. Conduct another series of user testing, focus group/feedback sessions to refine the tool. Monthly progress update.

Task 3: *Within 8 months:* Conduct an environmental scan and assessment of the pros/cons of different types of web versions; begin the web-based buildout. Monthly process update.

Task 4: *Within 11 months:* Begin additional user testing, focus group, feedback sessions on the web-based versions. Monthly progress update.

Task 5: *Within 11 months:* Begin dissemination of completed version of the revised model and reporting via dissemination channels including webinars, tutorials, reports, manuscripts.

Outputs *

Outputs anticipated from the activities:

Task 1: *Within the first 3 months:* Outputs include processes and procedures in place to complete any modifications to the model including acquiring additional feedback from stakeholders and CDC.

Task 2: *Within 5 months:* Outputs include comprehensive report on the NCCC partners/coalitions with active engagement in survivorship work; summaries/presentation from focus group sessions.

Task 3: *Within 8 months:* Outputs include interim situation report with updated project plan, interactive website development (if applicable) or excel-based model, and monthly progress update.

Task 4: *Within 11 months:* Outputs include final version or beta-version of final version developed and ready to be pilot tested with project team and potential users for feedback; other outputs will include updates, summaries/presentation.

Task 5: *Within 11 months:* Outputs include final version of web-based model live for use, final technical report, tutorial (or webinar/demo), and final report are the minimum expectations. Additional outputs may include manuscript, educational factsheets, use-case scenarios, evaluation report.

Budget Period Outcomes *

Successful completion of tasks 1 and 2 and demonstration of significant progress on task 3 at the end of year 1 of the funding period.

Outcome Measures *

We anticipate that at the end of proposed project there is final version of web-based model, a final technical report, tutorial (or webinar/demo), final report, manuscript, educational factsheets, use-case scenarios, evaluation report.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

To effectively conduct the work described in the project description. Additionally, the national partner organization should have extensive experience and existing working relationships with cancer health systems, other nonprofit organizations, and state health departments. Proposed project staff should have the capacity to conduct an environmental scan and/or literature review and have general knowledge of cancer, health services research methods, and an understanding of decision analysis and value of information (VOI) methodology used for research prioritization. Having strong partnerships with existing academic or cancer health systems that have cancer and methodologic expertise will be useful.

92/200 words maximum

Program Experience

In order to effectively conduct the work described in the project description, the applicant organization should have the relevant experience or understanding of research prioritization analyses and decisions models. The recipient is also expected to foster collaborations between state health departments and other organizations (for example, academic institutions, health systems, etc).

50/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

CDC's technical monitor and CDC staff will have substantial involvement that is above and beyond the normal stewardship role in awards. CDC staff will serve as consultants for the project design, informing the literature reviews, and disseminating findings.

37/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The awardee may subcontract this project to a qualified individual(s) or institution with relevant experience to carry out the work described. The subcontracting individual(s) should have extensive expertise/experience (documented portfolio) and familiarity building decision models and using VOI to prioritize research investments. There is potential for year 2 continuation funding for this project. The subcontractor should plan to be available to work on the project for the duration of the project period (through completion of the summary report and final report).

Recommended selection criteria include:

Strong background in developing and applying health economic and decision-analytic research methods; experience in decision modeling or mathematical modeling; strong communication skills; knowledge of cancer prevention and control literature; knowledge of computer software (for example, TreeAge, @Risk, or Excel-based modeling); training in economics or health services research. The awardee may subcontract with academic institutions or cancer research centers engaged in this work.

144/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The budget should adhere to CSTLTS and PGO requirements, per the funding announcement. The funds provided for this project should be used to directly address the goals outlined. The organization should provide a qualified individual dedicated to carrying out this project as described. No project equipment is allowed; however, relevant computer software may be purchased with project funds. Funds for travel are permitted for limited site visits to CDC or to meet with subcontractors.

73/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

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

GENERAL INFORMATION

Project Title *

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

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

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

75-21-0948

Funding Statutory Authority *

42 U.S.C. Sections 247b(,317K2;Patient Pro&ACA

Expected Project Length *



The CIO will fund the project for one year



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

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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

CBA Program Strategies (Check one or more): *

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

No

☐

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

No

☐

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

Yes

☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes

☒

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

No

☐

No

☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

This project would 1) identify a menu of equitable policies to be used in the future to inform implementation within communities and to inform the development of a policy surveillance system; and, 2) identify the levels and definitions of "community" that should be considered in the menu of equitable policies and when constructing the technical rubric for national surveillance of equitable policies to promote physical activity based upon consensus from experts in the field.

71/150 words maximum

Program Strategy: Data and Information Systems

Activities *

- Identify and engage experts in the field on transportation and land use policy, public health policy surveillance, health equity, etc.

- Identify the geographic levels (e.g. census tract, municipality, metropolitan/regional planning organization, county, state, national) and definitions to be considered for a national policy surveillance system of transportation and land use policies that align with the Community Guide's recommendation for built environment approaches combining transportation system interventions with land use and environmental design to increase physical activity and the related Active People, Healthy Nation strategy to increase physical activity through activity-friendly routes to everyday destinations (Routes to Destinations)
- Develop consensus among experts in the field about the levels and definitions of "community" relevant to equity in access to physical activity that should be considered when constructing the technical rubric for the national surveillance of transportation and land use policies, related to the Routes to Destinations strategy

Process Measures *

- At least 10 experts are invited to engage in the process.
- Literature reviews of relevant geographic definitions are complete.
- Plan to develop consensus among experts is developed and implemented.

Outputs *

- List of experts to engage
- Protocol that details initial, standardized definitions of "community" and/or geographic levels
- Protocol that details the final standardized definitions of "community" and/or geographic levels to be used in identifying the menu of equitable policies and to be used when constructing the technical rubric for national surveillance of equitable policies to promote physical activity

Budget Period Outcomes *

Expert consensus on the most consequential levels (or protocols for identifying such levels) for those policies to be adopted

Outcome Measures *

At least 90% of participating experts concur on the most consequential level(s) (or protocols for identifying such levels) for each specified policy to be adopted.

Program Strategy: Programs and Services

Activities *

- Examine a current model policy menu (including Complete Streets, Vision Zero, Safe Routes to Schools, zoning/land use, and built form) to understand whether and how these policies can impact communities with health disparities, or disinvested communities
- Identify missing elements of the current policy menu that would improve equitable implementation, address possible unintended consequences on communities of color
- Identify additional components (policies or implementation strategies) based on the literature and expert feedback that would specifically promote health equity.
- Develop consensus among experts in the field about the model policy menu
- Establish a model policy menu of equitable transportation and land use policies that represent expert consensus on support to inform implementation and to develop into a policy surveillance system
- Develop educational webinars or presentations to disseminate to city governments to inform the implementation of new policies or revisions to existing policies

Process Measures *

- At least 10 experts are invited to engage in the process.
- Literature review of equity in transportation and land use policies is complete.
- Plan to develop consensus among experts is developed and implemented.
- Number of resources developed for distribution among city governments
- Number of resources distributed

Outputs *

- List of experts to engage
- Development of report summarizing literature review and expert feedback
- A menu of equitable policies to inform implementation within communities, and to inform development

of a policy surveillance system

- Educational resources (webinars, presentations, one-pagers, etc.)

Budget Period Outcomes *

Increased awareness among city governments of the policy menu and how to tailor policies for equitable access to safe physical activity in communities.

Outcome Measures *

and type of city governments reporting an increased awareness of the policy menu and how to tailor policies for equitable access to safe physical activity in communities.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant must show significant organizational experience and knowledge in promoting healthy, equitable communities, be a recognized leader in these areas, have credibility with the intended audience and identified collaborators, experience working collaboratively with experts in various sectors (e.g. housing, transportation, land use planning, public health) to help advance comprehensive and equitable policy and system strategies and solutions.

The applicant should have a proven track record in: successful program and budget management, meeting program goals; working with communities and organizations to develop models on how to embed health equity in land use and/or transportation related decisions that impact built and social environments for physical activity; advancing the field of prevention through policy and systems change; and, developing strategies that are equitable, actionable, and practical.

The organization must have an existing portfolio and efforts in promoting healthy, equitable communities focused on promoting safe and accessible places for physical activity, with an emphasis on land use planning and transportation.

The applicant should have the capacity to appropriately staff and manage the project.

164/200 words maximum

Program Experience

The applicant must demonstrate the internal core capacity needed for coordinating cross-sector advisory groups, and experience supporting professionals and organizations working on improving physical and built environments to create healthier, more equitable communities.

The applicant should demonstrate experience in engaging with, and building on, the capacity of national, state, and local public health agencies to support policy, systems, and environmental changes to improve activity-friendly communities.

The applicant should demonstrate experience working with organizations, communities and subject matter experts to integrate research- and practice-based evidence into policies, conduct policy analyses, and develop products designed to inform public health surveillance systems and implementation of best practices in communities.

The application must demonstrate: expertise, experience, and established relationships with health equity experts; existing expertise in health, transportation, land use and housing and ability to secure such additional expertise as may be necessary to develop an equitable policy menu for safe physical activity; capacity to plan and provide logistical support for engaging and participatory virtual meetings with experts; experience producing detailed and accurate reports that synthesize technical aspects of project decision-making that can inform surveillance system development.

173/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Collaboration is expected with CDC staff, other CDC-funded organizations, and subject matter experts to support state and local efforts to improve health, prevent chronic diseases, and reduce health disparities among priority populations with the highest health risk behaviors, particularly physical inactivity.

40/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

To the degree that specific content expertise required to effectively conduct the work described above does not exist within the applicant's organization, sub-contractual activities are encouraged. The awardee is expected to identify a process for acquiring the expertise specific to the various jurisdictions or "levels of community" under consideration, and to identify a menu of equitable policies related to transportation and land use.

61/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. Funds may be used for necessary labor, materials, travel, subcontracts, and other appropriate direct and indirect costs associated with the project and project outcomes.

61/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update



FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Development, Testing And Dissemination Of Messages Promoting Covid-19 Prevention Behaviors Among People With Disabilities.

Do not use all capital letters.

13/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category C

View Target Population Category Descriptions

☐

No

Target Population Description *

community-based organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,000,000

Funding Appropriation *

TBD

Funding Statutory Authority *

COVID funds

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☐

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☐**PROJECT DETAILS**

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

SARS-CoV2, the novel coronavirus which causes COVID-19, spreads from person-to-person through respiratory droplets when in close contact, or by contaminated surfaces and hands. Recommended COVID-19 prevention behaviors include frequent hand hygiene, cleaning of surfaces, mask wearing, and physical distancing. These behaviors will continue to be important for individuals with disabilities post-vaccination including those unable to be vaccinated. Approximately 61 million adults living in the US have a disability, representing ~26% of the adult population. These individuals may be at increased risk for severe COVID-19 illness due to underlying medical conditions that have been associated with COVID-19. The purpose of this project is to develop and test a collection of tailored health promotion messages and products to improve hand hygiene, cleaning and disinfection, mask wearing, and physical distancing behaviors. These materials will be disseminated through community-based organizations to increase their capacity to effectively improve health outcomes among people with disabilities.

149/150 words maximum

Program Strategy: Programs and Services

Activities *

- Develop a marketing and health communication creative brief.

- **Develop and test draft health communication concepts and messages for the four mitigation prevention strategies for COVID-19 (i.e., hand hygiene, cleaning and disinfection, mask wearing, and physical distancing behaviors) in each of the following target audiences: people with mobility, vision, hearing, and cognitive disability.**
- **Produce a suite of communication products and materials with a minimum of 2 products for each of the targeted audiences listed above.**
- **Develop a national dissemination plan for the communication products.**
- **Distribute communication products to key partners and community based organizations (CBOs).**
- **Write a report summarizing project activities and achievements.**
- **Provide CDC with high resolution files to allow for replication and dissemination.**

Process Measures *

- **Number of messages tested**
- **Number of products developed**
- **Number of materials disseminated**
- **Name and number of CBOs reached**

Outputs *

- **Creative Brief**
- **Creative recommendations for product development**
- **Final suite of communication products for each audience National dissemination plan**
- **Summary report of project activities and achievements**

Budget Period Outcomes *

- **Improved capacity of community-based organizations to implement evidence-based/informed health education and health communication strategies and activities focusing on people with disabilities.**
- **Customized health education and health communication messages to address the public health needs of people with disabilities during the COVID-19 pandemic developed and available for use by CBOs and the general public.**

Outcome Measures *

- **% of community-based organizations reporting an increased ability to implement evidence-based/informed health education and health communication strategies and activities focusing on people with disabilities.**

- **Number of evidence-based health promotion products and materials developed and distributed of for people with disabilities.**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient organization must have the capacity to develop and test a wide range of health communication and educational materials and messages to promote COVID-19 mitigation behaviors among groups of people with disabilities specified above. The recipient organization must also work with a diverse group of community based organizations, including disability-led organizations to widely disseminate these materials.

57/200 words maximum

Program Experience

The recipient organization must demonstrate their capacity to develop and test health communication messages.

They must also have experience collaborating with a diverse group of community based organizations that could be used to broadly disseminate messages and materials.

36/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient is also expected to convene weekly meetings with CDC collaborators to identify challenges, review progress to date, and to identify opportunities for collaboration. Recipient organization should have previous experience collaborating with a diverse group of community based organizations.

39/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Any proposed sub-contract work should address gaps in experience, capacity, or add value to the project. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.

37/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.

55/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Digital Clinical Resources For Youth Tobacco Cessation

Do not use all capital letters.

6/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Pediatric health clinicians

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

500,000

Funding Appropriation *

75-21-0948

Funding Statutory Authority *

317(K)(2) of PHSA

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively No ☐

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to No
create a shared vision of health

☐

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

This project will support development of resources to assist pediatric health clinicians in screening youth for tobacco use and providing treatment to youth who use tobacco products. An important component of this project is for tools to be made available through a digital format, i.e., an application (app). Creation of these tools is meant to help overcome barriers that clinicians face in providing treatment, which may include reluctance to address tobacco use with pediatric patients, lack of clinical knowledge in how to address pediatric tobacco use, as well as a lack of clinical resources that are easily accessible through technological platforms. The recipient will consult with pediatric experts to inform creation of resources, engage partners during development of resources and to gain buy-in to assist with dissemination once resources are created, and develop an app in which resources will be housed to ensure that clinicians have resources readily available at their fingertips.

150/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

- Conduct an assessment of clinical applications that are most readily used and highly regarded by pediatric health clinicians.
- Determine data platforms most appropriate to house the clinical resources to be created and accessible via the forthcoming app.
- Gather input from at least five pediatric health clinicians to assess the types of apps and components of apps most helpful to them in informing clinical practice.
- Develop resources that reflect the prioritized topics and areas conveyed by pediatric experts engaged in partnership activities.
- Identify a prioritized list of data platforms whose components are most appropriate to house clinical resources that will be integrated on the forthcoming app.
- Develop and beta test app.

Process Measures *

- # of clinical applications assessed
- # of pediatric health clinicians consulted for feedback
- # of informational resources developed

Outputs *

- Resources to build capacity of pediatric health clinicians in screening youth for tobacco use and providing treatment to youth who use tobacco products
- A blueprint for the app that will provide details on navigation and how youth tobacco cessation resources and guidance will be imbedded within its digital components.

Budget Period Outcomes *

Improved access among pediatric health clinicians to resources about screening and providing treatment for tobacco use in youth

Outcome Measures *

% of pediatric health clinician testers reporting the app would assist with screening for tobacco use and

providing tobacco cessation treatment and referrals to youth and young adults.

Program Strategy: Partnerships

Activities *

- Convene a group of pediatric experts to provide input on the types of resources that clinicians need to support youth tobacco cessation treatment.
 - This group of partners will include representatives from the school health venue, such as school nurses.
- Develop a plan for engagement of these partners to solicit their input to inform the project scope and resultant resources.
- Develop and release an app that houses key information to assist pediatric health clinicians in clinical decision making related to youth tobacco cessation.
- Develop a dissemination plan to inform release and promotion of the resources once developed.

Process Measures *

- # of individuals identified (target 10-15) to invite for engagement in informing the development of resources under this project scope, to include at least one representative who works in school health.
- # of individuals engaged on development of resources that fill an identified gap among clinical tools to support youth tobacco cessation.
- # of individual experts (comprised of at least 10 pediatric tobacco cessation experts and pediatric clinicians) who will assist with user testing of the app once a beta version is made available later in the project cycle.

Outputs *

- Partner engagement plan created and implemented that reflects not only the process to solicit input for development of the resource but also active participation in dissemination of the resources/app once it's final.
- Documentation of input received from pediatric experts and how this input was used for the creation of resources and organization of information within the app.

Budget Period Outcomes *

- Strengthened collaboration by recipient and pediatric experts, and their respective organizations, based on engagement in this project work.

Outcome Measures *

- # of new partnerships developed
- % of pediatric experts reporting improved access to resources in support of screening youth for tobacco use and providing treatment to youth who use tobacco products

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient organization should have a longstanding history working with pediatric health clinicians, including on addressing tobacco use among youth and young adults. The recipient should be recognized as a trusted source of information specific to pediatric health and have key touchpoints with pediatricians and ongoing partnerships with other health care provider entities. The organization should be knowledgeable about the development of clinical tools and resources and should especially be well versed in the development of digital tools that can be used in clinical care, especially applications (apps) developed with clinician use in mind. Development of the digital tool(s) itself/themselves could be supported through a subaward to an organization with technological expertise working under the guidance of the recipient organization. Given the relevance of youth tobacco cessation within the school venue, the recipient should also have experience working with school health professionals.

The recipient should possess organizational infrastructure and staff expertise to implement all components of this project, which includes assessment and development of communications/digital tools used for clinical decision making, solicitation of expertise among pediatric experts, capacity to convene meetings to inform development of resources, and ability to quickly pivot to working with partner entities on collaborative dissemination of finalized resources.

200/200 words maximum

Program Experience

The recipient must demonstrate in-depth knowledge of promising clinical practices specific to youth tobacco cessation, as well as the available research on this public health issue. The recipient must be well integrated within the broader pediatric community with the ability to leverage existing relationships with pediatric experts to solicit input to inform the development of needed resources.

The recipient must also have prior experience developing clinical tools and resources, including those that are available through apps specifically geared toward clinicians. Recipient should have access to technical expertise to help inform decisionmaking about digital platforms on which to house clinical resources that will prove instructive to developing materials under this project proposal.

The recipient should have substantial understanding of barriers that exist to provision of cessation treatment to youth/young adults in clinical settings and the types of resources and educational materials that can be created to address and overcome these barriers.

147/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient will be expected to collaborate with pediatric experts to inform the development of clinical resources to address youth tobacco cessation. The recipient also will be expected to collaborate with individuals/organizations who are familiar with development of clinical tools, including apps, so that this input can be used to create and structure the clinical app under this project proposal.

Additionally, the recipient is expected to engage the broader realm of public health partners to solicit input on clinical resources and also to request assistance in disseminating the final product.

88/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Since this project entails development of a clinical app, if this expertise is not available in-house within the recipient organization, the recommendation would be to enter into a subaward with an entity who can help to build the clinical app working in close consultation with the recipient organization.

47/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Subject to travel restrictions, recipient organization should budget for travel to attend a reverse site visit to Atlanta for 2 individuals over 2 days/nights during the project period. Funds may not be used to provide clinical services.

36/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

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ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Engaging Women's Health Care Providers For Effective Covid-19 Vaccine Conversations

Do not use all capital letters.

9/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Obstetrician-gynecologists and other women's health care providers

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

6/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

3,000,000

Funding Appropriation *

TBD

Funding Statutory Authority *

TBD

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☒**PROJECT DETAILS**

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Health care providers are a critical and trusted source for information about adult and child immunizations. To build trust and empower healthcare personnel, healthcare providers play an essential role in boosting COVID-19 vaccine confidence. This project aims to engage obstetrician-gynecologists and other women's health care providers to empower members and their patients to have effective COVID-19 vaccine conversations, activate members to make vaccine confidence visible, increase the capacity of members to share credible COVID-19 vaccination information and respond to misinformation on social media, and share success stories and lessons learned.

89/150 words maximum

Program Strategy: Programs and Services**Activities ***

1. Empower members to have effective COVID-19 vaccine conversations and use motivational interviewing when needed – via webinars or online modules. Awardees can build off existing CDC resources and create new resources as appropriate.
2. Activate members to make COVID-19 vaccine confidence visible. Examples include gathering and sharing testimonials of members who have been vaccinated, video streaming their leadership being vaccinated, training members as media spokespeople on the topic of vaccine confidence and pitching media outlets to secure earned opportunities, and work with members to author op-ed articles about the importance of COVID-19 vaccination.

3. Increase the capacity of their members to share credible COVID-19 vaccine information and respond to misinformation on social media by identifying members who are already digital influencers and those that would like to have a bigger social media presence, conducting webinars/trainings using a CDC-provided toolkit, and convening members in a learning collaborative to support each other and address challenges.
4. Gather vaccine confidence "success stories" from their membership and package them into formats for sharing with membership (e.g., case studies, summaries of lessons learned, videos).

Process Measures *

- Number of members attending webinars/trainings
- Number of member testimonials shared
- Number of members participating in learning collaborative
- Number of success stories gathered and shared

Outputs *

- Trainings, webinars to train members to have effective vaccine conversations
- Communication strategy to make vaccine confidence visible and address misinformation
- Direct engagement with key audiences about vaccine confidence

Budget Period Outcomes *

Improved capacity to build COVID-19 vaccine confidence among healthcare providers and their patients.

Outcome Measures *

- Increased number of resources for providers to engage in effective COVID-19 vaccine conversations.
- Increased number of strategies developed to build trust and confidence in the COVID-19 vaccine
- Increased opportunities for collaboration amongst membership

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Applicant must represent obstetrician-gynecologists and other women's health care providers. Have a strong membership throughout the country with local chapters or affiliates. Have qualified and experienced personnel with well-defined roles and responsibilities. Have the ability to partner with other healthcare providers that relate to adult and child immunization.

48/200 words maximum

Program Experience

Applicant must demonstrate success working with obstetrician-gynecologists and other women's health care providers and the ability to reach their membership with appropriate educational and training materials to strengthen vaccine confidence.

30/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

Recipient is expected to work collaboratively with public health partners and health care provider organizations.

14/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.

34/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.

54/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision ☐ Funded ☐ Unfunded	Project Plan Round	Admin Update No
Recipient Name		Update CIO No ☐ Set to Yes to allow changes to the CIO.



FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,500,000

Funding Appropriation *

75-20-0950

Funding Statutory Authority *

42 USC Sec. 247b

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Citizens may be misinformed about issues but the circumstances under which inaccurate beliefs emerge are not fully understood (Weeks. *Journal of Communication*. 2015). Syringe services programs (SSPs) are a normalized part of the public health ecosystem yet many communities are reluctant to advance enabling policy largely out of fear based in misinformation. Community members can take an active role in collectively defining their community's misinformation problem and create a shared vision to solve it. This project seeks to understand how SSPs have been addressed in the past within jurisdictions, and what standardized, scientifically peer-reviewed evaluation measures exist to measure the effectiveness of interventions. Further, this project will use public health data in combination with guidance from local community coalitions and subject matter experts to target the use of social media or micro-influencers to personalize and localize messages to promote science based SSP policy.

138/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

Potential activities include:

- Work in collaboration with CDC to conduct an environmental scan of the barriers to community acceptance of SSPs, and define the misinformation challenges in communicating about the critical roles of SSPs to community members, target populations, and stakeholders

- Establish a system of media monitoring to determine in real-time the knowledge, attitudes, and behaviors of communities.
- Design and implement public health interventions aimed at addressing misinformation via social media influencers, including messaging tailored to jurisdiction/community needs and based on existing public health data
- Provide technical assistance to CBOs to strengthen their ability to use social media to address community acceptance of SSPs
- Develop peer-reviewed evaluation measures and assess impact of public health interventions aimed at addressing misinformation related to SSPs

Process Measures *

Possible process measures include:

- # in-depth interviews
- # of monitored media outlets, messages, etc.
- # social or community micro influencers
- Peer-reviewed evaluations
- # of issue briefs, summary reports, or other agreed upon format
- # dissemination activities like webinars, presentations, blog posts, or other relevant social media

Outputs *

Possible outputs include:

- Project plan and timeline
- Issue briefs, summary reports, or other agreed upon formats
- Dissemination of relevant products, resources, or activities to appropriate decisionmakers

Budget Period Outcomes *

Possible BP outcomes include:

- Increased awareness among communities, especially those in decisionmaking roles, on the importance of advancing science-based prevention and treatment activities within jurisdictions
- Increased capacity among CBOs to use social media to personalize and localize messages to promote science based SSP policy.

Outcome Measures *

Possible outcome measures include:

- # of total people reached as a result of project activities

- # of CBO staff reporting an increase in capacity to use social media effectively to address community acceptance of SSPs

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Ideal organization will be able to identify and subcontract with key partner(s) working to combat misinformation related to priority public health issues.

20/200 words maximum

Program Experience

Ideal organization will have experience working across multiple public health disciplines to advance priority issues that save lives and save money.

20/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Selected organization will be expected to collaborate with one or multiple other entities to achieve our common goals. Selected organization will work with CDC to determine jurisdiction(s) to conduct misinformation assessment(s).

30/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Selected organization will be expected to collaborate with one or multiple other entities to achieve common goals. Selected organization will work with CDC to select appropriate subcontractor.

26/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds cannot be used to buy tests, test kits, syringes/needles.

9/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

17/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

275,000

Funding Appropriation *

75-21-0958

Funding Statutory Authority *

Consolidated Appropriations Act and the Coronavir

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No



Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No



Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Yes



CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes



Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Yes



No



Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The goal of this project is to provide a robust prevalence estimate for spina bifida in the United States.

Through our birth defects registry work, we estimate 1 in every 2,758 births is impacted by spina bifida.

However, we do not have a estimate of how many people (of all ages) are currently living with spina bifida in the United States and if the prevalence differs by sociodemographic or other factors. It is important to understand the impact of spina bifida and our understanding of that impact is informed by how many people are currently living with the condition. It is also important to understand more about the prevalence of spina bifida among subgroups to inform work that may be needed to address health equity.

124/150 words maximum

Program Strategy: Data and Information Systems

Activities *

In collaboration with the CDC, an implementation partner will use publicly available data and/or other data sources to estimate spina bifida prevalence across the lifespan, capturing all those living with spina bifida in the United States.

- Identify data sources that can be used to estimate prevalence
- Secure access to data and obtain data

- Develop an analytic plan, in consultation with CDC, to estimate the number of persons of living with spina bifida in the United States; consider using a modeling approach
- Conduct analysis and summarize results in consultation with CDC
- Perform data analysis quality verification

Process Measures *

- Calls and/or virtual meetings to discuss possible data sources and analytic approaches
- Identification of data sources
- If needed, executing a MOA or MOU to secure access to data
- Obtaining and pooling data from multiple sources
- Calls and/or virtual meetings with professionals in the field to discuss feasibility and implementation of analyses
- Preparation of an analytic plan
- Discussing preliminary results with CDC and other collaborators
- Drafting a manuscript

Outputs *

- Overall prevalence estimate with possible stratification by race/ethnicity, age, co-morbidities or other factors.
- Collaborate with CDC on a manuscript for publication

Budget Period Outcomes *

Initial prevalence estimates for persons living with spina bifida in the United States, possibly including stratification by sociodemographic and other factors that may impact the number of individuals living with spina bifida.

Outcome Measures *

- Provide an improved understanding the public health burden of spina bifida
- Provide baseline information to inform public health and clinical research activities
- Provide an estimate of how many people are living with spina bifida to inform the spina bifida community

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have access to publicly available data and/or other data sources needed to provide a robust prevalence estimate of spina bifida in the United States. Skill sets should include epidemiologic and biostatistical expertise, knowledge of special considerations for estimating prevalence of disabilities and/or rare conditions, and an understanding of the potential factors that may impact prevalence estimates for populations living with a disability or special health need. The applicant should have experience conducting successful public health research, including the use of complex analytic approaches.

84/200 words maximum

Program Experience

- Demonstrated expertise using modeling and/or other statistical approaches used to estimate prevalence of disabilities and/or rare conditions
- Demonstrated knowledge of conditions that can result in disability and/or special health needs
- Demonstrated expertise in epidemiology, biostatistics and developing analytic plans for complex analyses

39/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Recipient is expected to collaborate with a partner(s) with the epidemiologic and biostatistical expertise to conduct research and analyze data in order to estimate the prevalence of spina bifida in the United States. The recipient must be able to plan and coordinate activities with partners, CDC, and other relevant stakeholders. Throughout the cooperative agreement, CDC will provide technical assistance into the aims, objectives, and activities.

62/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Subcontractual work may be needed over the entire project period. For any gaps in capacity or experience, the applicant should demonstrate their ability to identify, collaborate with, and oversee work of qualified

subrecipients or subcontractors.

34/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs.

Funds may not be used for capital expenditures, such as construction and renovations.

Funds may not be used for clinical care.

39/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

No

Target Population Description *

patients on treatment decisions (urologists, medical oncologists, radiation oncologists)

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

21/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

600,000

Funding Appropriation *

75-21-0948

Funding Statutory Authority *

section 4002 of the Patient Protection and Affordab

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs No ☐

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance Yes ☐

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically No ☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services Yes ☒

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively

Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions

Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

There is a need for decision aids (DAs) that support physician-patient communication. We propose an evaluation of the usability, acceptability, and effectiveness of 2 DCPC-funded prostate cancer treatment DAs designed to improve meaningful discussions between providers and patients newly diagnosed with low risk disease. “Talk to Someone: Explore talking to patients about prostate cancer” ([Talk to Nathan about Prostate Cancer | CDC](#)) is an interactive training tool designed to assist physicians with helping patients make decisions about treatment and get feedback on their approach. Secondly, a treatment dashboard graphically displays the likelihood of treatment side effects is meant to be used in the patient discussion to better visually demonstrate the comparative benefits and tradeoffs of specific treatment options.

We expect that potential applicants will develop their own recruitment plan, design for evaluation of the DAs, and methods of data collection and reporting. The example outlined below is offered as one approach of what might be proposed.

150/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

- Establish regular communication through monthly project calls and progress reports
- Develop an evaluation plan
- Develop data collection tools
- Develop participant recruitment plan

1. Targeted end users of DAs

a. Human simulation - participants may be urologists, radiation oncologists, and other medical providers who engage newly diagnosed low risk prostate cancer patients in discussion about treatment choices.

b. Dashboards – dashboard end users may consist of urologists, radiation oncologists, oncology nurses, and other medical providers who engage newly diagnosed low risk prostate cancer patients in discussion about treatment, inclusion of newly diagnosed patients with low risk prostate cancer is also of interest.

Process Measures *

- Monthly call notes and progress reports
- Completion of working draft documents

Outputs *

Submission of final planning documents for the evaluation

Budget Period Outcomes *

- Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- Strengthened capability of public health workforce to deliver essential public health services

Outcome Measures *

By completion of budget period, evaluation, recruitment, and data collection planning is completed and at least 50% of participant accrual has been met

Program Strategy: Communication and Information Technology

Activities *

- Provide access to self administered DA training tools for supporting physicians in prostate cancer treatment decision discussions with patients
- Administer subsequent evaluation of training tools

1. End user usability and acceptability of DAs

a. Human simulation - participants may be urologists and radiation oncologists who treat newly diagnosed low risk prostate cancer patients. After receiving the human simulation training, evaluation questions for medical providers may include assessment of ease of use, design satisfaction, confidence in using, perceived improvement in assessing patient values and preferences, perception of improved skill at drawing patients into conversation, and knowledge of best practices to engage with patients.

b. Dashboards –After reviewing dashboard, each user (providers and, where appropriate, oncology

nurses and newly diagnosed patients) may be asked a series of questions that solicit feedback on aspects of the dashboard: ease of use, understandability, amount of information presented, and confidence in using.

Specific questions asked could be tailored to user type. For example, physician (and nurse) questions might include appropriateness of use for specific settings while patient questions might focus on assessing gain of treatment knowledge or perceived preparedness for a treatment conversation with physician.

For both DAs, it is possible that open-ended qualitative questions could be assessed such as the reasons whether or not providers would like to continue to use the DAs in practice, any suggestions for improvement of DAs, or barriers and facilitators for implementing the DAs in their clinical practice.

Process Measures *

Accrual of physician respondents for participation in training and evaluation of training tool

Outputs *

Completion of physician trainings and collection of tool-specific evaluation data

Budget Period Outcomes *

- Improved communication and information technology capacity to inform the public efficiently and effectively
- Strengthened capability to use communication and information technology to affect health decisions and actions

Outcome Measures *

Completion of at least 50% of data collection goals

Program Strategy: Programs and Services

Activities *

- Physician respondents use newly acquired communication skills and/or tools in SDM discussions of treatment with newly diagnosed patients with low risk prostate cancer
- Administer subsequent evaluation of whether physicians perceived improvement in quality of physician-patient discussions, assess facilitators or barriers to using tools in clinical practice.
- Draft dissemination plan to promote awareness and availability of DAs and promote use among providers

1. DA Effectiveness

- a. Human simulation – medical providers that have been trained to use the human simulation could be asked to use the skills learned in treatment decision discussions with newly diagnosed patients.
- b. Dashboards –medical providers could be asked to use the dashboard(s) to facilitate treatment discussions with newly diagnosed low risk patients

Data collection – Effectiveness questions for providers could use a 5-point Likert scale (strongly disagree/disagree/undecided/agree/strongly agree) and might be worded similarly to the examples below:

In comparison to patient discussions held before human simulation/dashboard training, how much do you agree with the following statements:

- The prostate human simulation/dashboard was useful in increasing patient understanding of treatment options
- The prostate cancer human simulation/dashboard helped facilitate quality discussions with patients
- The prostate cancer human simulation/dashboard improved shared decision-making discussions with newly diagnosed patients

Process Measures *

Participating clinicians complete trainings and practice new communication skills with patients. Increased

physician awareness of availability and utility of DAs, improved provision of SDM to newly diagnosed prostate cancer patients, increased confidence in engaging patients in treatment decisions while considering patient values and preferences.

Outputs *

Collection of evaluation data on DA effectiveness in improving provider-patient treatment-related communication

Budget Period Outcomes *

- Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
- Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Outcome Measures *

At least 50% of respondents submit evaluation data.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Applicant should have access to the target population of physicians with desired specialties (those that engage newly diagnosed low risk prostate cancer patients in discussions of treatment decisions such as urologists, radiation oncologists). Organizational relationships with other medical groups with different constituencies (ie, oncology nurses) will be considered favorably.

48/200 words maximum

Program Experience

Applicant should be capable of recruiting participants for training and subsequent evaluation. Should have capacity to design and implement an evaluation of usability and effectiveness of 2 prostate cancer treatment decision aids. Should also be able to collect and analyze usability and effectiveness data collected from participating physicians, physician perception of improved communication skills, as well as their desire to continue use of the tools in practice.

66/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

The inclusion of other medical personnel (i.e. oncology nurses) that have responsibility for fielding patient questions about treatment decisions and/or comparisons of treatment outcomes will be welcome as an additional training group for the dashboard.

In addition, insight into patient perceptions of the provider-patient discussion of treatment options may yield valuable feedback for ensuring that patients perceive that they have been engaged fully in the treatment decision process, that their preferences have been taken into account in the advice given them, and that they understood the risks and benefits of each treatment enough to feel comfortable with their treatment selection. This type of assessment could be in the form of assessing patient knowledge and understanding of treatment options pre- and post-discussion or physician patient differences in their perception of discussion quality.

129/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Subcontracts may be used to acquire expertise and services required to complete the required tasks. In addition, a subcontract may be considered to update the decision dashboard prior to physician training in order to include the most recent data. Updating would consist of reviewing recent literature for estimates of the likelihood of side effects following specific prostate cancer treatments. These numbers inform the algorithms that underlie the decision aid graphics.

69/200 words maximum

BUDGET INSTRUCTIONS**General Instructions for Use of Funds, as applicable**

Sufficient funds have been secured for participant incentives as well as possible subcontracts and

collaborations. Funding will be provided for participant recruitment and incentives, data collection, analytic support, report preparation, and drafting of a dissemination plan. If necessary, funds could be used to subcontract needed activities.

The project is anticipated to be funded for a second year for completion of data analysis, report writing, and draft dissemination plan to promote awareness of availability and provider uptake of these tools to relevant specialty organizations.

81/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

Yes ☒

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

Community Based Organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

17,500,000

Funding Appropriation *

75210952

Funding Statutory Authority *

Section 311(c)(1) of the PHS Act (42 USC § 243(c))

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs Yes ☐

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance Yes ☐

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically Yes ☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services Yes ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The project seeks to build the capacity of communities to implement overdose prevention activities through staffing support to jurisdictions. This project seeks to recruit, vet, select, train, and onboard field staff to support surveillance, prevention, and response activities within Overdose Data to Action (OD2A) and to select unfunded states. OD2A funds 66 jurisdictions (47 states, District of Columbia, 2 territories, and 16 county/local health departments). These funded recipients, plus Texas, Wyoming, and North Dakota, are in need of field support to successfully combat the drug overdose epidemic. This project supports the placement of up to **145** field staff across four areas: (1) abstraction of mortality data, (2) epidemiological, (3) peer navigators to assist in community-based linkage to care, and (4) public health/public safety efforts

123/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

1. Recruit, vet, select, train, and onboard **up to 145** field staff, while the distribution across the 4 positions will reflect the needs of the jurisdiction, the breakout could potentially be:
 - **Approximately 69 Peer Navigators** who will help support linkage to care efforts in the communities by connecting people to evidence-based treatment such as medications for opioids use disorder (MOUD) in all OD2A-funded recipients plus Texas, Wyoming, and North Dakota.
 - **Approximately 25 SUDORS Data Abstractors** responsible for supporting data abstraction in the State Unintentional Drug Overdose Reporting System (SUDORS) in OD2A-funded states eligible for Surveillance Strategy 2 (i.e., 47 states and the District of Columbia).
 - **Approximately 31 Epidemiologists** who can assist in data submission, analysis, and other epidemiological needs in all OD2A-funded recipients plus Texas, Wyoming, and North Dakota.
 - **Approximately 20 Public Health Analysts** who will integrate and advance public health and public safety efforts OD2A-funded recipients plus Texas, Wyoming, and North Dakota.
 - **Please note:** The final breakdown will be determined by the jurisdictions and through discussion with CDC.

Process Measures *

Related to Activity #1:

- Collaborate with CDC to develop a process and criteria for soliciting jurisdiction applications for field staff.
- Develop position descriptions.
- Post positions for jurisdictions.

- Implement created process and criteria for selecting jurisdictions most in need of field staff.
- Collaborate with community organizations and health departments to recruit, vet, and select candidates for interviews and conduct interviews.

Outputs *

- Create plan to assess/rank requests from jurisdictions for staff
- Create application form for jurisdictions to complete when requesting staff
- Create and maintain tracking spreadsheet for staffing and placements
- Onboard and train staff
- Maintain relationships with key stakeholders and community partners
- Conduct check-in calls with CDC regarding field staff placement and hiring
- Assess training needs and conduct trainings of staff (145 and 5)
- Check-in with hired staff 2 times in project period to address challenges
- Progress summary report by jurisdiction on accomplishments of staff (i.e., what was the value added, what was the impact, what was the benefit, etc.) Frequency can be determined in collaboration with recipient.

Budget Period Outcomes *

1. Up to 145 field staff are placed in jurisdictions through CDC's public health partner
2. 145 staff receive training and are knowledgeable of public health principles, technical skills, and knowledge about the drug overdose epidemic

Outcome Measures *

1. Up to 145 field staff are placed in jurisdictions through CDC's public health partner
2. 145 staff receive training and are knowledgeable of public health principles, technical skills, and knowledge about the drug overdose epidemic

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient should have demonstrated, extensive expertise recruiting, vetting, hiring, onboarding, and training a large cadre of diverse field employees to **support community-level activities**. Recipient should have experience developing and implementing criterion for field staff placement with an application process to identify those entities most in need of staffing support to implement community-focused activities. Recipient should also have experience training and building capacity of field employees and supporting field employees that work across one or more entities. Recipient should have the organization capacity to recruit, vet, and onboard field staff across these four areas: (1) abstraction of mortality data in the State Unintentional Drug Overdose Reporting System (SUDORS), (2) epidemiological needs, (3) peer navigators to assist in community-based linkage to care, and (4) public health/public safety efforts.

123/200 words maximum

Program Experience

Recipient should have extensive experience staffing and providing surge support to entities to aid in their prevention and response efforts. Recipient should also have experience working within the field of drug overdose prevention, surveillance, and response and have a keen understanding of CDC's approach to overdose prevention, surveillance, and the interface between public health and public safety. Recipient should have experience training and supporting staff to implement and/or support community-focused activities, including serving as a liaison between state and local agencies. Recipient should also have extensive experience engaging community-based organizations to facilitate successful implementation of prevention and surveillance efforts.

98/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient is expected to work closely with CDC to determine criterion and approach for soliciting and prioritizing staffing requests. The recipient is also expected to collaborate closely with qualifying entities to select and place an appropriate candidate to fulfill approved staffing requests. Lastly, the recipient is expected to engage in meaningful collaborations, as needed, with stakeholders and partners and community based organizations critical to the successful implementation of this project plan.

71/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

No expectation for subcontractual work.

4/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds for proposed travel or training must be aligned with the project activities.

12/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Expanding Electronic Case Reporting To Benefit Urban Tribal Populations

Do not use all capital letters.

8/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

The target population that will receive CBA is urban Indian health organizations providing services to AI/AN

living in urban communities.

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

19/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

300,000

Funding Appropriation *

NA

Funding Statutory Authority *

NA

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes



CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes



Intermediate: Increased capability of public health systems to achieve nationally established standards

Yes



Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No



Yes



Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Yes ☒

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

To implement electronic case reporting (eCR) to support urban Indian health organizations and Indian public health authorities serving urban tribal members. Electronic case reporting is the automated generation and transmission of a case report from the electronic health record (EHR) to a public health authority. The project would support partnership with urban Indian health organizations to enable them to generate and transmit electronic case reports through a shared service platform (the Association for Public Health Laboratories Informatics Messaging Service, or AIMS) with the purpose of increasing the timeliness, quality, and completeness of mandated case reporting to tribal and other public health authorities. This project would also support one or more tribal public health authorities to connect to the AIMS platform in order to receive electronic case reports from urban Indian health organizations, as well as to receive any other case reports they have authority to receive.

146/150 words maximum

Program Strategy: Public Health Systems Infrastructure**Activities ***

Conduct outreach to urban Indian health organizations to share information about eCR, connect the urban Indian health organizations to eCR onboarding resources, and support the tribal health authority in receiving public health data from these providers in an electronic initial case report format.

Process Measures *

Increased number of urban Indian health organizations knowledgeable about eCR and working towards eCR implementation

Outputs *

Increased number of urban Indian health organizations partnered with tribal health authority and sending data through eCR.

Budget Period Outcomes *

Increased number of Urban Indian health organizations able to send electronic initial case reports to support tribal public health.

Outcome Measures *

Increased number of Urban Indian health organizations able to send electronic initial case reports to support tribal public health.

Program Strategy: Data and Information Systems

Activities *

Support one or more tribal public health authorities with jurisdiction over urban Indian populations to implement electronic case reporting and increase access to electronic data for public health decision making.

Process Measures *

Increased number of tribal public health authorities connecting to AIMS; increased number of reportable conditions for which a tribal public health authority has entered reportability criteria in AIMS.

Outputs *

Tribal health authority is able to receive electronic initial case reports from AIMS for COVID-19 and other conditions, and has entered criteria for at least one reportable condition.

Budget Period Outcomes *

Tribal public health authorities are receiving data to improve decision making.

Outcome Measures *

Increased number of tribal health authorities receiving data and processing data into surveillance systems.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient organization has strong knowledge of and relationships with tribal governments, tribal epidemiology centers, and healthcare organizations that serve urban tribal members. Recipient should have public health authority or partner with an organization with public health authority to receive data for reportable conditions. Recipient should describe organizational capacity to manage data and to strengthen data systems.

55/200 words maximum

Program Experience

The recipient organization has the ability and past experience with one or more tribes to support informatics capacity building.

19/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Recipient is expected to collaborate with electronic case reporting (eCR) team at CDC and other partner organizations. CDC will facilitate these relationships if necessary after award.

24/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Recommend subcontracting with urban Indian organizations, TECs, and Indian health boards as needed. The number of subcontracted organizations should be reflected in the workplan and accomplishments anticipated.

27/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds should be used to support urban Indian health organizations and Indian public health authorities serving urban tribal members as needed.

20/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

12/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

Asian and Pacific Islander American frontline healthcare personnel working across diverse healthcare settings and in diverse geographic locations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

17/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 700,000

Funding Appropriation *

75-2024-0943

Funding Statutory Authority *

The Coronavirus Aid, Relief, and Economic Security

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs No ☐

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance Yes ☒

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically No ☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health



Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services



PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

In fiscal year 2020, CDC launched Project Firstline, a new healthcare infection control training collaborative that seeks to provide training to U.S. healthcare workers. This project seeks to build on prior work to expand Project Firstline training opportunities and resources to diverse healthcare worker populations, including Asian and Pacific Islander Americans, with an emphasis on adapting CDC infection control content into training materials and live training in additional languages, expanding existing channels and identifying new channels for distribution of materials, and engaging additional partners and experts as part of the collaborative. This project seeks to ensure infection control training provided through Project Firstline is culturally appropriate and linguistically accessible.

107/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

- Collaborate with CDC to inform the development of additional infection control trainings, including training resources that are not specific to the COVID-19 pandemic response, and associated collateral material for Asian and Pacific Islander American frontline healthcare personnel, including materials that are culturally appropriate and in the appropriate language for the target population(s)
- Host virtual infection control trainings, and in-person trainings if permitted by CDC COVID-19 guidelines, for frontline healthcare personnel within the target population(s)

Process Measures *

- Number and type of target populations identified, and associated languages for translation
- Number and type of training materials and resources contributed to, adapted, or developed for each target population

Outputs *

- Infection control training materials that are culturally appropriate and in languages accessible to the target population(s)
- Infection control training provided to target population(s) with real-time translation

Budget Period Outcomes *

- Strengthened ability to improve core and discipline-specific infection control competencies among the workforce by ensuring availability of information and materials in relevant languages

Outcome Measures *

- Number of participants completing healthcare infection control training, by target population
- Number and type of healthcare infection control trainings offered, by target population Number and types of materials and resources developed and disseminated, by target population/language

Program Strategy: Communication and Information Technology

Activities *

- Expand distribution of infection control trainings and resources through web-based platforms (e.g., dedicated websites and/or through partner social media channels)
- Identify additional opportunities and channels to distribute Project Firstline infection control training resources, including those available through partner community-based organizations
- Translate infection control training materials into additional language(s) that are accessible by the target population(s)
- Develop expanded culturally appropriate messaging, including about infection control topics beyond the COVID-19 pandemic response, for the target population(s) when communicating about infection control trainings and resources

Process Measures *

- Number and type of infection control training materials or resources distributed
- Type and frequency of distribution channels used
- Number and type of materials translated into languages appropriate for the target population
- Number of times web-based materials accessed

Outputs *

- Infection control training resources translated into language(s) appropriate for the target population(s)
- Web-based infection control training resources for frontline healthcare workers in the target population(s)
- Regular distribution of infection control training materials using a variety of networks and channels

Budget Period Outcomes *

- Improved capacity to use communication and information technology to share infection control practices and guidelines with target population(s)

Outcome Measures *

- Number and types of translated materials disseminated via web-based platforms, by type of distribution channel used

Program Strategy: Partnerships**Activities ***

- Establish new and strengthen existing partnerships with Asian and Pacific Islander American community-based organizations and/or individuals that can support project implementation and reach the target population(s) to meet infection control training needs
- Through these partnerships, offer additional infection control training opportunities for the populations reached by the community-based organizations
- Participate in the Project Firstline collaborative, including through participation in meetings and other events, sharing of information, and contributing to collaborative infection control training activities

Process Measures *

- Number of organizations and/or individuals engaged as implementation partners
- Participation in recurring check-in meetings with CDC Project Firstline team
- Participation in recurring meetings with the Project Firstline collaborative

Outputs *

- Identification and engagement of organizations or individuals as implementation partners
- Collaborative activities with other Project Firstline collaborative partners (e.g., distribution of information about events hosted by other partners, distribution of materials developed by other partners, sharing of materials developed by the award recipient with other partners)

Budget Period Outcomes *

- Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of infection control in healthcare
- Strengthened capability to respond to public health infection control priorities collaboratively and strategically

Outcome Measures *

- Number of infection control training-related activities hosted by the identified implementation partners
- Number of individuals reached by training-related activities, by target population

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

- The recipient organization should have the following organizational capacities: Experience implementing CBA projects
- Able to reach members of the target population through a variety of web-based and virtual communication channels

- Established partnerships with community-based organizations and individuals that can accelerate the availability of infection control training resources for Asian and Pacific Islander American frontline healthcare personnel
- Experience collaborating with racial/ethnic minority sectors of the healthcare and public health population
- Capabilities to build, maintain, and/or leverage a variety of communications platforms, channels, and networks to widely distribute infection control training resources to Asian and Pacific Islander American populations

91/200 words maximum

Program Experience

The recipient organization should have the following program experience:

- Expertise – or access to expertise – in healthcare infection control
- Access to translation services
- A network of potential implementation partners, including community-based organizations, to extend the reach of infection control training activities for the Asian and Pacific Islander American target population(s)
- Ability to implement large-scale collaborative activities
- Ability to facilitate information sharing using virtual and/or distance-based formats

62/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Award recipients will meet regularly (approx. biweekly) with CDC project staff and will meet regularly (e.g., biweekly) with all Project Firstline collaborative partners. Award recipients should be willing to participate in Project Firstline activities that involve other collaborative partners (e.g., sharing events hosted and products developed by other partners). Award recipients should plan to engage additional organizations and/or individuals as implementation partners (e.g., to adapt materials, host trainings and distribute training resources and materials).

73/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds awarded can be used to support costs associated with project implementation, including, but not limited to, staff, supplies, materials, subcontracts, etc. Funding for travel should be limited. Any proposed funding for in-person/mass gathering events should be in accordance with CDC COVID-19 guidance.

42/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

23/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

800,000

Funding Appropriation *

75-21-0120

Funding Statutory Authority *

Public Health Service Act Section 1707 (42 U.S.C.

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

American Indian and Alaska Native (AI/AN) women are two times more likely to die from pregnancy-related complications than White women. The purpose of this project is to develop materials that community-based organizations that serve AI/AN women can use to raise awareness of maternal warning signs and improve communication between AI/AN patients and their providers.

Project activities will build capacity and support the development, implementation and evaluation of materials for the Hear Her campaign that are appropriate, respectful of and responsive to the health beliefs, practices and needs of AI/AN women.

87/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors:

- Develop, revise and finalize culturally appropriate creative assets and educational materials (based on and tested during the formative work) that health departments and community organizations can use to raise awareness about urgent maternal warning signs that could lead to pregnancy related complications and death amongst AI/AN pregnant and postpartum women and their support systems.

- Develop and implement a plan for distribution of campaign materials through culturally appropriate channels and strategies, including traditional and digital media
- Build the capacity of community-based organizations to increase awareness of the urgent maternal warning signs through ongoing creative content development and dissemination.
- Develop resources to assist community-based organizations and other organizations serving AI/AN populations with implementation of the Hear Her campaign.
- Evaluate the performance and impact of materials produced for the AI/AN segment of the Hear Her campaign

Process Measures *

- Development of culturally appropriate creative assets and educational materials for AI/AN women
- Distribution of Hear Her campaign materials through partners and channels that reach AI/AN women and communities
- Impressions and engagement with AI/AN women, support networks and healthcare providers

Outputs *

- A suite of culturally appropriate communications materials designed to reach AI/AN pregnant and postpartum women.
- Resources to assist community-based organizations and their partners serving AI/AN populations with implementation of the Hear Her campaign.
- Reports summarizing metrics used to monitor and evaluate this segment of the campaign

Budget Period Outcomes *

- The design, development, and implementation of culturally appropriate campaign materials that health departments and other organizations can use to serve AI/AN pregnant and post-partum women, their support networks, and health care providers.
- Increased capacity of community-based organizations to address the urgent maternal warning signs through distribution of Hear Her campaign materials to channels that reach AI/AN women and their support networks

Outcome Measures *

- Community-based organizations reporting increased capacity to raise awareness of urgent maternal warning signs amongst AI/AN women and communities

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant must demonstrate the following organizational capacity:

- Have a documented history of partnership with CDC on health communications campaigns that reach historically disadvantaged communities
- Have internal capacity or established relationships with a creative marketing agency with experience developing and disseminating culturally appropriate communications and education materials related to maternal or reproductive health

50/200 words maximum

Program Experience

1. Expertise in project management and communications strategy development
2. Expertise in producing culturally appropriate health communication materials; including message and materials development and testing, production, and post production
3. Experience developing communications and education materials related to maternal or reproductive health
4. Experience building capacity of community-based organizations working with American Indian/Alaska Native communities and/or Tribal nations
5. Experience disseminating health communication materials through strategic, targeted media buys, particularly to reach tribal lands and rural areas
6. Expertise in campaign monitoring and reporting

73/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The awardee will be expected to engage with CDC's technical monitor and the Hear Her campaign team throughout the project lifecycle, including regular meetings and email communication as needed to ensure proper oversight and collaboration on development of campaign materials and strategies for distribution.

43/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The awardee will be expected to engage with sub-contractors as needed to execute events or other activities. Sub-contractors should have specific expertise and knowledge in development and implementation of health communication campaigns.

31/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Use of funds may include, but is not limited to, costs related to personnel time, hosting events, production, creative development, media buys, and travel for campaign related meetings or events.

29/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

Project Plan Round

Admin Update



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Improving Maternal-infant Health Covid-19 Surveillance And Clinical Care

Do not use all capital letters.

7/10 words maximum

CIO Lookup

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions☐

No

Target Population Description *

Community-based organizations that serve pregnant and postpartum people

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

7/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,750,000

Funding Appropriation *

2021

Funding Statutory Authority *

multiple including but not limited to 75-21-0948

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No



Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No



Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Yes



CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes



Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Yes



Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☐

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to provide support for maternal-infant health COVID-19 surveillance as well as to integrate COVID-19 vaccination and other efforts to reduce severe illness from COVID-19 with the CDC strategic areas of focus. Activities of the funded recipient must include supporting field staff (up to two states) to develop and implement activities related to surveillance, clinical and public health partners, and data analysis. Hired staff would be staff of the funded recipient. Lessons learned from integration of these activities will inform future emerging topics and emergency preparedness and response that address the needs of pregnant and postpartum women, women of reproductive age and infants. Key activities should support integration of COVID-19 into maternal mortality review committees, development of resources to improve quality maternal-infant health care in context of COVID-19, surveillance of COVID-19 in pregnant women and their infants, analysis of surveillance data, providing technical assistance to states/territories, and developing reports for dissemination.

150/150 words maximum

Program Strategy: Data and Information Systems**Activities ***

Provide technical assistance and support to improve the ability of MMRCs to review and conduct analysis of pregnancy-associated deaths broadly during the pandemic, and specifically pregnancy-associated deaths with a history of SARS-CoV-2 infection.

Provide technical assistance and field support at the state level for surveillance of COVID-19 in pregnant women and infants including linkages between COVID-19 case surveillance and vital statistics.

Provide technical assistance and support for population-based surveillance of pandemic-related effects on maternal and infant health.

Perform statistical analyses.

Write, publish, and disseminate reports.

Process Measures *

Number of states supported

Amount of technical assistance provided

Number of reports published and disseminated

Outputs *

Tools developed (job aids, training calls, etc)

Analyses conducted

Published and disseminated reports

Budget Period Outcomes *

Increased capacity to conduct COVID-19 surveillance in pregnant women and infants.

Increased capacity to link COVID-19 case surveillance data and vital statistics

Increased capacity to identify pandemic-related impacts on reproductive health.

Outcome Measures *

% of population reached reporting an improved understanding of SARS-CoV-2 infection on maternal mortality.

% of population reached reporting an improved understanding of burden of SARS-CoV-2 infection in pregnancy and infancy, impact of infection during pregnancy on pregnancy and infant outcomes, and impact of the pandemic on pregnancy and infant outcomes.

% of population reached reporting an increased capacity to identify COVID-19-related impacts on reproductive health.

Program Strategy: Partnerships

Activities *

Provide support, technical assistance, and training to community organizations and PQCs on strategies to strengthen community-clinical linkages to improve vaccine confidence, screening and treatment for mental health, and social support and connectedness for pregnant and postpartum people.

Process Measures *

Amount, Number, and types of training and TA provided

Number of tools and resources developed

Number and types of information sharing

Outputs *

Training

Tools

Technical Assistance

Sharing of best practices

Budget Period Outcomes *

Increased capacity to improve vaccine confidence, screening and treatment for mental health, and social support and connectedness for pregnant and postpartum people.

Outcome Measures *

of lessons learned or strategies developed to improve vaccine confidence, screening and treatment for mental health, and social support and connectedness for pregnant and postpartum people.

of resources disseminated on strategies to improve vaccine confidence, screening and treatment for mental health, and social support and connectedness for pregnant and postpartum people.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

- A documented history establishing effective relationships within and across sectors to address maternal health.
- Appropriately trained staff for project implementation, including public health practitioners with the ability to provide technical assistance on quality improvement in maternal health.
- A documented history of partnership with CDC to launch new programs and establish pilot projects.

52/200 words maximum

Program Experience

- Extensive experience implementing sound public health programs.
- Extensive experience convening organizations from diverse sectors to collaborate and address public health challenges.
- Experience providing technical assistance and training to address maternal health.

33/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

This project will result in increased collaboration between multiple programs within the CDC and our partner organizations addressing maternal health in the context of COVID-19.

24/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The applicant is expected to dedicate funding (amount TBD, subsequent to award of cooperative agreement) to subcontracts with key entities that can assist in identifying best practices to increase vaccine confidence and improve mental health screening.

35/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Use of funds may include, but is not limited to, costs related to personnel time, providing computer hardware and software to the local/state/territorial health departments, providing technical support on data entry, collection, and dissemination, securing meeting space and audiovisual equipment, producing meeting materials, paying for meeting attendee travel, providing a meeting facilitator, and providing meeting transcripts. Travel related expenses to be paid using project funds should be consistent with per diem rates established by the US General Service Administration (<http://gsa.gov>). Funds may not be used for the provision of clinical services.

91/200 words maximum

CIO CERTIFICATION*



FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

11/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

20/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

500,000

Funding Appropriation *

75-21-0948

Funding Statutory Authority *

Safe Motherhood

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☒**PROJECT DETAILS**

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Improving vaccine counseling among pregnant and postpartum people through the creation and dissemination of toolkits and identifying model approaches for improving the quality of care through the improvement of partnerships with pediatric care providers focused on the continuity of care for maternal-infant dyad. Disseminating tools and resources that work to improve vaccine counseling, mental health screening, treatment and social support. Through these efforts, we expect improved capacity to establish and maintain partnerships between Ob/Gyns and public health sectors to create a shared vision of maternal health and well-being.

87/150 words maximum

Program Strategy: Programs and Services**Activities ***

The funded recipient will build the capacity of Ob/Gyns to address the following, with a particular emphasis on populations that are disproportionately impacted by COVID-19:

- Improve vaccine confidence among pregnant and postpartum people (e.g., through creation of factsheets or toolkits, other communication materials, provider needs assessment).
- Improve mental health screening and treatment for pregnant and postpartum people (e.g., through development and dissemination of toolkits; incorporation of screening and referral to treatment into practices; partnership with perinatal psychiatric access programs; and/or provider needs assessment)

- Improve partnerships with pediatric colleagues to provide continuity of care for maternal-infant dyad (e.g., postpartum people with opioid use disorder and plans of safe care)
- Increase social support and connectedness for pregnant and postpartum people (through toolkit or other resources)

Process Measures *

The following process measures may be considered:

- Number of Ob/Gyns reached.
- Number of trainings completed.
- Number of toolkits or other resources developed.
- Number of clinics linked to perinatal psychiatric access programs or hotlines.

Outputs *

- Improve vaccine counseling among pregnant and postpartum individuals
- Model approaches and processes for improving the quality of care and linkages to care for pregnant and postpartum people needing support due to mental health concerns or substance use.
- Dissemination of tools and resources to improve vaccine counseling, mental health screening and treatment, and social support.

Budget Period Outcomes *

- Increased ability of Ob/Gyns to address vaccine concerns among pregnant and postpartum people.
- Increased ability of Ob/Gyns to screen pregnant and postpartum people for mental health conditions (including substance use) and link to care.
- Increased ability of Ob/Gyns to connect pregnant and postpartum people to community resources for social support and connectedness.
- Improved capacity to establish and maintain partnerships between Ob/Gyns and public health sectors to create a shared vision of maternal health and well being.

Outcome Measures *

- % of target population reporting an increased ability address vaccine concerns among pregnant and postpartum people.
- % of target population reporting an increased ability to screen pregnant and postpartum people for mental health conditions (including substance use) and link to care.

- % of target population reporting an increased ability to connect pregnant and postpartum people to community resources for social support and connectedness.
- Number and type of new partnerships formed by Ob/Gyns to advance maternal health

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant must demonstrate the following organizational capacity:

- Have a documented history of establishing effective relationships with and across public health agencies and health care providers (including primary care providers, pediatricians, and ob-gyns).
- Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects.

45/200 words maximum

Program Experience

The applicant must demonstrate the following program experience:

- Experience creating educational resources for providers, in particular obstetricians and gynecologists or maternal-fetal medicine specialists.
- Extensive experience (10 years or more) of formulating and influencing excellence in clinical care and linkages to care.
- Experience developing protocols for clinical screening and linkages to care.

47/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

This project will result in increased collaboration between multiple programs within the CDC, our partnering organizations, and states to improve vaccine confidence, and quality of care and linkages to care for pregnant

and postpartum people.

34/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

This project will provide tools and resources for public health agencies to help clinicians improve vaccine counseling, and screening and treatment of mental health conditions among pregnant and postpartum people. Upon completion of this project, Ob/Gyns will increase their capabilities to effectively and consistently implement initiatives on quality and linkages to care for improving health of pregnant and postpartum people. Funds may not be used for the provision of clinical services.

70/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Improving Pediatricians' Ability To Support Covid-19 Vaccination, Mental Health, Social Support

Do not use all capital letters.

10/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

The target population for this project is pediatricians.

Note: Proposals should not build capacity for CDC or other federal agencies

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

18/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 500,000

Funding Appropriation *

75-21-0948

Funding Statutory Authority *

Safe Motherhood

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs Yes ☐

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs Yes ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to increase pediatricians' ability to provide continuity of care for maternal-infant dyad, including addressing vaccine hesitancy and mental illness among postpartum and parenting people.

29/150 words maximum

Program Strategy: Programs and Services**Activities ***

The funded recipient will build the capacity of pediatricians to address the following, with a particular emphasis on populations that are disproportionately impacted by COVID-19:

- Improve COVID-19 vaccine confidence among postpartum persons. Examples of activities include creation of factsheets or toolkits, other communication materials, provider needs assessment.
- Improve mental health screening and treatment for postpartum and parenting people (e.g., through development and dissemination of toolkits; incorporation of screening and referral to treatment into practices; partnership with perinatal psychiatric access programs; and/or provider needs assessment)
- Improve partnerships with Ob/Gyn colleagues to provide continuity of care for maternal-infant dyad (e.g., postpartum people with opioid use disorder and plans of safe care)
- Increase social support and connectedness for parenting people (through toolkit or other resources)

Process Measures *

The following process measures may be considered:

Number of pediatricians reached.

Number of trainings completed.

Number of toolkits or other resources developed.

Number of clinics linked to perinatal psychiatric access programs or hotlines.

Outputs *

- Improve vaccine counseling among postpartum people
- Model approaches and processes for improving the quality of care and linkages to care for parents (with focus on postpartum people) needing support due to mental health concerns or substance use.
- Dissemination of tools and resources to improve vaccine counseling, mental health screening and treatment, and social support.

Budget Period Outcomes *

- Increased ability of pediatricians to address COVID-19 vaccine concerns among postpartum people.
- Increased ability of pediatricians to screen parenting (with focus on postpartum) people for mental

health conditions or substance use and link to care.

- Increased ability of pediatricians to link parenting (with focus on postpartum) people to community resources for social support and connectedness.
- Improved capacity to establish and maintain partnerships between pediatricians and public health sectors to create a shared vision of maternal health and well being.

Outcome Measures *

- % of pediatricians reporting an increased ability to address COVID-19 vaccine concerns among postpartum people.
- % of pediatricians reporting an increased ability to screen parenting (with focus on postpartum) people for mental health conditions or substance use and link to care.
- % of pediatricians reporting an increased ability to link parenting (with focus on postpartum) people to community resources for social support and connectedness.
- % of pediatricians reporting an increased ability to establish and maintain partnerships between pediatricians and public health sectors to create a shared vision of maternal health and well being.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

- Have a documented history of establishing effective relationships with and across public health agencies and health care providers (including primary care providers, pediatricians, and ob-gyns).
- Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects.

40/200 words maximum

Program Experience

- Experience creating educational resources for providers, and in particular pediatricians.
- Extensive experience (10 years or more) of formulating and influencing excellence in clinical care and linkages to care.
- Experience developing protocols for clinical screening and linkages to care.

38/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

This project will result in increased collaboration between multiple programs within the CDC, our partnering organizations, and states to improve quality of care and linkages to care for parents, with focus on postpartum people.

33/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

This project will provide tools and resources for public health agencies to help clinicians improve COVID-19 vaccine counseling, and screening and treatment of mental health conditions for parents (with focus on postpartum people). Upon completion of this project, pediatricians will increase their capabilities to effectively and consistently implement initiatives on quality and linkages to care for improving parental health. Funds may not be used for the provision of clinical services.

69/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Increasing Implementation Of Healthy People 2030 And The Leading Health Indicators Among Public Health Professionals

Do not use all capital letters.

14/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *
Category CView Target Population Category
Descriptions☐

No

Target Population Description *

Persons in formal leadership roles of non-profit, voluntary, and private entities as well as the borad public health community that support public health services delivery systems.

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

25/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

69,300

Funding Appropriation *

75-21-0120

Funding Statutory Authority *

Economy Act (31 U.S.C. 1535 / FAR 17.5)

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems Yes ☒

Intermediate: Increased capability of public health systems to achieve nationally established standards Yes ☒

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The goal of this project is to increase awareness and uptake of the new iteration of the Healthy People initiative, Healthy People 2030, and the Leading Health Indicators among public health professionals across the country. Healthy People is a national health promotion and disease prevention initiative that sets 10-year targets and measures progress over the decade. To see improvements in the health of Americans across the nation, we must partner with organizations working with public health professionals at the state and local levels, including nonprofits, universities, health departments, and hospital systems.

90/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

- Identify and promote Healthy People 2030 implementation stories and programs.
- Promote Healthy People 2030 and the Leading Health Indicators through social media channels and communication vehicles.
- Plan and host a scientific conference session.
- Plan and host an interactive webinar (i.e., workshop, training/technical assistance).
- Develop a Healthy People 2030 educational tool or resource for public health professionals.
- Provide training /technical assistance to a diverse group of public health stakeholders.
- Publish articles on Healthy People 2030.

Process Measures *

- The number of published articles.
- The number of interactive webinars.
- The number of public health professionals attending interactive webinars.
- The number of scientific sessions at annual conferences/meetings.

Outputs *

- Development and implementation of an interactive webinar to increase awareness and use of Healthy People 2030 among public health professionals.
- Development and facilitation of a Healthy People 2030 panel presentation at a conference/meeting.
- Development and dissemination of educational tools and resources for public health professionals (i.e., implementation guide or toolkit).

Budget Period Outcomes *

- Increased awareness and use of Healthy People 2030 and the Leading Health Indicators among public health professionals.
- Improved capacity among public health professionals to implement public Health programs using the Healthy People 2030 framework and evidence-based interventions in their work.
- Increased cadre of Healthy People 2030 stakeholders and champions.
- Identified gaps in Healthy People 2030 implementation among public health professionals.

Outcome Measures *

- Percent increase in awareness of Healthy People 2030 and the Leading Health Indicators among public health professionals.

- Percentage of public health professionals implementing Healthy People 2030, including the Leading Health Indicators, in their work.
- Percentage of public health professionals using Healthy People 2030 evidence-based resources.
- Number of identified gaps in Healthy People 2030 implementation among public health professionals.

Program Strategy: Programs and Services

Activities *

- Promote Healthy People 2030 to public health professionals through various modes of communication including but not limited to social media content, blog posts, conferences, publication and articles.
- Create new Healthy People 2030 learning opportunities.
- Develop and disseminate new Healthy People 2030 online tools and resources for public health professionals.
- Obtain feedback from public health professionals on the implementation and monitoring of Healthy People objectives.

Process Measures *

- The number of Healthy People published articles.
- The number of Healthy People 2030 tools or resources developed.
- The number of webinars or virtual meetings.
- The number of Healthy People 2030 conference presentations.
- The number of public health professionals using Healthy People 2030 in their work.
- The number of public health professionals using evidence-based resources.

Outputs *

- New Healthy People 2030 educational materials (i.e., fact sheet) to public health professionals.
- Healthy People 2030 social media content.
- Healthy People 2030 cross-promotion content.
- Drafted and published Healthy People 2030 articles.
- Interactive webinar (i.e., workshop) for public health stakeholders.
- A conference presentation on Healthy People 2030 implementation activities.
- A podcast on Healthy People 2030 and the Leading Health Indicators implementation activities.

Budget Period Outcomes *

- Increased awareness and use of the new Healthy People 2030 tools and resources including partner

toolkits, evidence-based resources and target-setting methods.

Outcome Measures *

- Number of public health professionals using Healthy People 2030 and the Leading Health Indicators to inform thier work.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The partner should be a national organization representing public health professionals with the capacity to conduct direct outreach and make meaningful contact with public health professionals across the country and that are knowledgeable about the Healthy People initiative, including the Leading Health Indicators. The partner will also have the capacity to successfully develop and disseminate communication products and educational resources about Healthy People 2030 using existing outreach channels (e.g., listservs, news publications, social media).

73/200 words maximum

Program Experience

The program should have extensive experience working to address public health issues that align with the Healthy People initiative, including the social determinants of health, health disparities and health equity. The program should also have experience working with public health professionals to advance the awareness and use of the Healthy People initiative, including the Leading Health Indicators. Overall, the program should have experince developing, implementing and evaluating efforts to improve the the health and well-being of the public. The program should have experience working with and promoting Healthy People products and materials as well as experience developing and disseminating educational materials for public health professionals. The partner should have experience promoting and implementing federal initiatives and evaluating the effectiveness of their efforts. The partner should also have experience with integrating public health initiatives and evidence-based resources into existing public health tools and resources (e.g., website platforms) and maximizing their accessibility to public health professionals across the country.

149/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

As part of this project, the partner may collaborate with any public health organizations or institutions that also have a focus on public health planning and use of health promotion and disease prevention initiatives.

33/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

There is no expectation for subcontractual work.

6/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

N/A

0/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Increasing Organizational Capacity For Delivering And Evaluating Swim Skills Interventions

Do not use all capital letters.

9/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

To build capacity of YMCA's Nationwide

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

5/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

42 U.S.C. Sections 247b(,317K2;Patient Pro&ACA

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance No ☐

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☒

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs No ☐

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

About one in five people who die from drowning are youth under the age of 15. Some youth are more at risk of drowning than others, including racial/ethnic minorities. American Indians/Alaska Natives are two times more likely to drown than whites, and African Americans are 1.4 times more likely to drown than whites. These disparities are especially prominent in swimming pool related drowning deaths where African American children are more than five times as likely to drown than white children. Teaching swimming and water safety skills to school-aged children is one of six effective strategies to reduce drowning according to WHO. The purpose of this project is to support community-based organizations to improve basic swimming and water safety skills among racial and ethnic minority youth who are at greater risk of drowning.

131/150 words maximum

Program Strategy: Data and Information Systems

Activities *

- Create uniform data collection tools to assess participant swim skills
- Create tools for evaluating program level success
- Propose a systemwide process for collecting swim skills data
- Pilot data collection form in community-based programs

Process Measures *

- Types of data identified as needed to analyze swim skills of program participants
- Number of validated tools identified that could measure swim skills in youth
- Number of indicators determined of program feasibility and success across the organization

Outputs *

- Draft data collection tools to capture swim skills among program participants
- Draft program evaluation tools
- Identified barriers to implementing a systemwide process for collecting swim skills data

Budget Period Outcomes *

- Improved strategies and data collection among community-based programs to assess swim skills in youth

Outcome Measures *

- Number of organizations participating in systemwide process for collecting program level data

Program Strategy: Programs and Services**Activities ***

- Evaluate a program to identify, engage, and educate youth most at risk for drowning (i.e. African

American, AI/AN) in basic swimming and water safety skills

- Develop indicators from which to measure program reach and ability to deliver swim lessons in diverse communities (e.g., in rural and urban communities; low socioeconomic communities)
- Determine how program feasibility and sustainability will be evaluated
- Determine how overall impact will be evaluated
- Develop/revise a program manual including training materials and tools for educators and youth
- Establish pilot test for the program

Process Measures *

- Organization's present reach to racial/ethnic minorities and underserved youth
- Number of informational resources developed to build CBO capacity to reach diverse communities to deliver swim lessons
- Number of identified indicators to measure program reach and ability
- Identified evaluation method

Outputs *

- Strategies to engage youth and families from traditionally underserved communities
- Potential program limitations to reaching youth from underserved communities
- Evaluation of program, including identified indicators

Budget Period Outcomes *

- Increase the proportion of youth from underserved communities participating in a basic swimming and water safety skills programs

Outcome Measures *

- Percentage difference in participation of youth from underserved communities in a basic swimming and water safety skills program, especially youth at greater risk (AI/AN and African American youth)

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Applicant must be able to engage with their communities, specifically underrepresented and underserved communities to deliver programs and services aimed at youth development.

22/200 words maximum

Program Experience

Experience delivering swim lessons to youth, especially youth from underserved populations. Ability to scale swim programs nationally and collect data on youth served and swim skills.

25/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

Grantee is expected to work with CDC and local partners in their community to increase reach of youth development programs

19/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

As required, applicant may wish to draw upon subcontractors who can help support technical assistance that may not reside in applicant's organizational structure.

22/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Travel may be included in the budget plan, as partner engagement is an important element of the plan

17/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐

Funded

☐

Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No

☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Injury Prevention Policy Impact Briefs

Do not use all capital letters.

4/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Nongovernmental organizations, including community-based organizations, community health centers, primary care providers, governors, hospitals, legislators, seeking to build expertise on evidence based injury and violence prevention policies

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

25/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

100,000

Funding Appropriation *

HR 133, Consolidated Appropriations Act, FY 2021

Funding Statutory Authority *

42 U.S.C. Sections 247b,317K2;Patient Pro&ACA 4

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Increased capacity to evaluate laws and policies to affect health

Yes ☒

Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health

Yes ☒

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

No ☐

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The funded partner will

- assess/analyze policies that impact injury and violence prevention
- convene interested groups to plan how to address injury and violence prevention
- use data and science to educate decision makers on impacts of policies, and
- increase public awareness of existing policies or laws.

This project will create tools for injury and violence prevention policies to support CDC's focus areas of supporting state and local health departments and promoting health policy. In 2011, CDC released a suite of issue briefs called Policy Impact.

- o <https://www.cdc.gov/drugoverdose/pdf/PolicyImpact-PrescriptionPainkillerOD-a.pdf> (2011)
- o <https://www.cdc.gov/motorvehiclesafety/pdf/PolicyImpact-SeatBelts.pdf> (2011)
- o <https://www.cdc.gov/transportationsafety/teenbrief/index.html>

These briefs highlighted key public health issues and science-based policy actions that can be taken to address them. Funding for this project will support development of policy impact briefs and training on the use of these briefs to further evidence-based policies.

123/150 words maximum

Program Strategy: Laws and Policies

Activities *

- Identify which states have enacted selected priority policies
- Facilitate key internal stakeholder decisionmaking processes
- Develop database of selected state policies and a map identifying status of the policies across states
- Design policy impact briefs products
- Develop plan for briefs to be accessed, including strategy for web posting and/or hard copy printing
- Create dissemination plan for briefs: for example: webinars, social media, blog posts, podcasts;

Process Measures *

- Number of meetings held
- Number of state policies researched
- Number of maps identifying status of policies across states
- Number of briefs developed and disseminated

Outputs *

- Database of selected state policies
- Map identifying status of policies across states
- Access plan and Dissemination plan
- Final briefs in HTML or PDF form

Budget Period Outcomes *

- Increased capacity to evaluate laws and policies to affect health

Outcome Measures *

- Metrics from dissemination plan (i.e. number of hits on social media, hits on blog posts)

- Number of stakeholders reporting use of policy briefs and related materials to educate decision-makers

Program Strategy: Programs and Services

Activities *

- Design trainings for public health practitioners on how to use the policy impact briefs to further the evidence based policies that are included in the materials;
- Develop and implement an assessment of the trainings on the policy impact briefs to determine the effect the materials have had on the public health community

Process Measures *

- Number of assessments completed
- Number of attendees at trainings

Outputs *

- Training materials
- Report of assessment results

Budget Period Outcomes *

- Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Outcome Measures *

- Number of training participants who report planned use of materials with stakeholders to further targeted evidence based policies

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should demonstrate capacity to appropriately support the project through staff or subcontractors with the appropriate experience, education, skills, and qualifications to complete the work. Organizational capacity as it relates to staffing (both recipient staff and subcontractors, if applicable) should be included in the budget narrative as outlined in the budget preparation guidelines.

52/200 words maximum

Program Experience

Provide information reflecting experience for projects similar in complexity and scope. The process required will entail becoming familiar with the former policy briefs and other policy communication materials developed by CDC. The applicant should demonstrate ability to:

- hold meetings with CDC subject matter experts to gather evidence-based policy options for the three priority topic areas.
- hold discussions with CDC subject matter experts to narrow the policy options to the top three that will be published in the briefs and any accompanying scientific evidence and information that needs to accompany the policy option statements.
- design draft briefs for review by CDC policy experts and CDC subject matter experts.
 - *Note CDC clearance is required of materials co-authored by CDC or published on cdc.gov.*
- finalize the briefs and prepare the briefs for publication
- develop a dissemination plan and timeline for the briefs (which should allow time for CDC clearance, posting to the CDC website, and public dissemination to partners).

146/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

No collaboration with entities outside of CDC is required.

8/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

N/A

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

N/A

0/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

10/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

425,000

Funding Appropriation *

93.283

Funding Statutory Authority *

301 and 317 (k) (2) of the Public Health Service (PI

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No



Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No



Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No



Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No



Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No



Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No



Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes



CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☒**PROJECT DETAILS**

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

COVID-19 disproportionately impacts the health of racial and ethnic minority groups, particularly African Americans. In addition, cancer is the 2nd leading cause of death in the United States. Unfortunately, these same groups who experience a higher burden of COVID-19 illness and death, also often experience poorer cancer health outcomes. Many cancer prevention and early detection strategies, such as cancer screening and diagnostic follow-up, HPV vaccinations, etc. were suspended for extended periods of time during the COVID-19 pandemic. As our nation reopens a big concern is the number of structural barriers that will prevent some people from resuming these essential preventive services. The purpose of this project is to increase capacity among hospital systems and faith- and community-based organizations to partner to plan and implement activities to increase cancer prevention and control activities among minority groups, particularly African Americans, during and immediately following the COVID-19 Pandemic.

143/150 words maximum

Program Strategy: Programs and Services

Activities *

Recipient organization will ultimately work with hospital systems networks, comprehensive cancer control

programs and coalitions, faith- and community-based organizations, and others to foster collaborative, sustainable relationships to address cancer prevention and control concerns; engage community members to increase awareness; plan and develop resources to address structural barriers; and support the implementation of local-level activities to increase cancer screening rates among African American community members. The recipient will:

- **Use the "Boot-Camp Translation" approach to increase awareness among participants, and to leverage critical community partnerships to identify and address structural barriers to increase screening among African American, faith-based community members**
- **Create appropriate messaging materials**
- **Identify appropriate dissemination strategies**
- **Facilitate actioning planning opportunities for community partners to plan and implement specific activities for target communities**

Process Measures *

of hospital systems engaged in the "Boot Camp Translation" activity

of "Boot Camp Translation" sessions and follow-up calls conducted

of communications materials developed

Action-planning training offered

Outputs *

Print and video messages

Effective Dissemination strategies

Community Action Plans

Action Planning Trainings

Budget Period Outcomes *

Increased partnerships

Increased screening rates

Outcome Measures *

Number of new partnerships developed

Percentage difference in screening rates

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient organization should have the capacity to leverage relationships with essential partners to collaborate to convene virtual or in-person meetings in order to conduct camp learning objectives, create communications products from camp discussions, identify appropriate dissemination strategies, and conduct partnership-building, action-planning forums.

40/200 words maximum

Program Experience

Recipient organization should demonstrate experience convening virtual or in-person meetings to train and engage diverse groups or teams to enhance or improve public health program capacity. Recipient organization should demonstrate experience developing public health messages, particularly focusing on cancer prevention and control. Lastly, recipient should demonstrate experience working with essential partners to include community-based organizations, hospital systems, state and local cancer coalitions and roundtables to prevent and control cancer.

68/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Recipient organization is expected to collaborate with CDC and other CDC-funded organizations to identify state and local cancer coalitions. Recipient organization is also expected to collaborate with a national organization to identify state and local roundtables. The recipient organization is expected to provide additional expertise on program implementation.

44/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Recipient organization is expected to subcontract with organizations with demonstrated experience developing and delivering "Boot Camp Translation"-type approaches for community engagement.

20/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds may generally be used to support staffing needs, contracts, training logistics, and materials development and delivery.

17/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Medical-dental Integration Support In Pediatric Settings

Do not use all capital letters.

5/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

pediatric healthcare clinicians

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

125,000

Funding Appropriation *

Oral Health

Funding Statutory Authority *

42 US Code 247-b-14

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☒

Intermediate: Increased capability of public health systems to achieve nationally established standards

No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs Yes ☐

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs Yes ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Recipient will conduct pediatric-focused learning collaborative (LC) with 8 pediatric practice sites to test one or more strategies to improve medical-dental integration. The LC will test use of existing Protect Tiny Teeth Tools in pediatric practices, and may include other relevant resources, pending approval from CDC. Recipient will form an Advisory Committee to participate in guidance to and evaluation of the LC. Participating sites will receive print materials and an oral health starter kit. Participating sites may also host a community level medical-dental meeting (virtually or in person, as appropriate) to improve relationships with local dental professionals and increase referral resources. Findings from this pilot can be combined with that from other CDC-sponsored work in maternity care practices to develop a comprehensive implementation guide resource for those who care for pregnant women and young children.

126/150 words maximum

Program Strategy: Public Health Systems Infrastructure**Activities ***

- Identify pediatric medical offices to test strategies to integrate oral health
- Recruit Advisory Committee members
- Conduct learning collaborative

Process Measures *

- Recipient will identify and implement systems to solicit participation of pediatric medical offices and Advisory Committee members

Outputs *

- Participating pediatric offices and Advisory Committee members will be identified
- Learning collaborative sessions will be conducted
- Summary of evaluation findings will be provided

Budget Period Outcomes *

- By the end of the project period, an agreed upon number of pediatric offices will have participated in a pilot to integrate oral health into their medical care practices.
- Recipient will have summarized lessons learned to guide future integration efforts,

Outcome Measures *

- At least X% of pediatric medical offices that participated in a pilot project agree to continue strategies that integrate oral health-promoting strategies into their medical practices.

Program Strategy: Programs and Services

Activities *

- Conduct process evaluation on implementation of activities
- Develop plans for evaluating outcomes
- Conduct learning collaborative sessions
- Summarize lessons learned

Process Measures *

- Recipient will successfully recruit participating pediatric offices and Advisory Committee members
- Recipient will create process and outcome evaluation plans
- Process evaluation will be conducted
- Summary of lessons learned will be provided

Outputs *

- Evaluation results reflecting the implementation process in pediatric offices will be provided

Budget Period Outcomes *

- Intervention strategies will be identified and implemented among participating pediatric medical offices
- Process evaluation will have been implemented

Outcome Measures *

- At least X% of participating pediatric medical offices will be incorporating into their practices oral health prevention strategies based on pilot
- All medical offices participating in the pilot will participate in the process evaluation

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient should have the ability to recruit pediatric medical offices and Advisory Committee members to participate in learning collaboratives focused around the idea of integrating oral health into pediatric clinical workflows. Recipient should have a staff person dedicated to providing oversight of this project. Access to dental offices for building collaborative relationships will also be beneficial.

55/200 words maximum

Program Experience

Recipient should have knowledge of effective interventions to promote oral health among women who are pregnant and new moms to support their oral health and, related, that of their small children. Recipient should have knowledge of pediatric medical practices and ability to identify promising opportunities for successful integration of oral health promotion strategies.

51/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

Recipient may collaborate with another organization if needed to meet stated outcomes.

11/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Recipient would be allowed to subcontract development and potentially execution of evaluation efforts.

12/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Recipient may use funds to subcontract work as described above. Recipient may provide participating medical offices and Advisory Committee members with a stipend to engage in the learning collaboratives. Recipient is authorized to provide mini-grants to participating medical offices to conduct community engagement activity to improve relationships with local dental professionals and increase referral resources. Recipient is authorized to provide print materials and starter kits to support participating medical offices.

69/200 words maximum

CIO CERTIFICATION*

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Form Status

Final

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ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Monitoring Of Covid-19 Mitigation Through Community Case Studies

Do not use all capital letters.

7/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Community-based organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

500,000

Funding Appropriation *

TBD

Funding Statutory Authority *

TBD

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☒

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to build community public health capacity by increasing the ability to rapidly gain insights into mitigation behaviors related to COVID-19 within specific community subgroups. Specifically, to fill a data gap in the public health system capacity to better understand structural and contextual influences that place particular populations at heightened risk of the disease (e.g., community-wide resistance to recommended mitigation behaviors). Understanding these behaviors builds jurisdiction capacity to conduct public health monitoring and surveillance of the COVID-19 pandemic and inform decisions on mitigation implementation, disseminate lessons learned and provide tools to support these efforts.

98/150 words maximum

Program Strategy: Data and Information Systems

Activities *

1. Engage community-based organizations in target communities in settings or subgroups disproportionately affected by COVID-19.
2. Collect information through the synthesis and analysis of rapid knowledge, attitudes, and practice (KAPs) surveys to assess barriers and facilitators for COVID-19 community mitigation implementation in settings or subgroups disproportionately affected by COVID-19.

3. In the same communities, establish a network of community listening “stations,” designed to monitor community norms, behaviors, and perceptions of the current public health COVID-19 response in select communities that vary in terms of geographic location and other key demographics. These community listening stations will serve as continuous, repeated qualitative data collections, increasing the capacity to monitor drivers for and against recommended community mitigation behaviors.

Process Measures *

1. Demonstrated increase in number of jurisdictions participating in data collection activities
2. The number of analytic tools and plans developed for qualitative data analysis

Outputs *

1. Weekly (depending on budget limitations) qualitative survey reports
2. Reports from rapid community case studies distributed within the response and to local involved partners
3. MMWRs and journal articles on behavioral trends and social determinants

Budget Period Outcomes *

1. Increased knowledge and capacity to act within communities on implementation of effective mitigation behaviors
2. Improved capacity of data and information systems to conduct public health monitoring and surveillance
3. Increased capability to use data to inform decision-making and support evidence-based practices and policies

Outcome Measures *

1. Demonstrated increase in stakeholder capability to use data to inform decision-making and support evidence-based practices and policies
2. Reporting of improved capacity to conduct public health monitoring and surveillance
3. Demonstrated facilitation of knowledge transfer for local community action to key stakeholders in order to build capacity around the prevention of COVID-19

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient organization should have partnerships with community-level organizations and/or universities who work directly with the population of interest. Ideally, the recipient will be able to provide logistical support, data collection and data entry services, and preliminary analysis of qualitative data. The recipient organization will also have expertise in community health disease mitigation strategies.

53/200 words maximum

Program Experience

Recipient will have experience with health disparities, racial justice, and/or health equity subject matter, and infectious disease. The recipient should have experience developing data collection tools and collecting data during the COVID-19 pandemic. This includes survey development, survey analysis, and report or manuscript development/ publication tailored to user needs.

48/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

CDC expects to collaborate with the recipient. CDC will work with the recipient on developing key trainings for local data collectors, developing the data collection and analytic tools, developing reports, partnering, and dissemination activities.

33/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The subcontractor should have experience in health disparities, racial justice, and/or health equity subject matter, and infectious disease. The recipient should have experience developing data collection tools and collecting data during the COVID-19 pandemic. This includes survey development, survey analysis, and report or manuscript development/ publication tailored to user needs.

49/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Recipients will be permitted to expend funds for project related costs (personnel, fringe, supplies, travel, etc.) in accordance with general terms and conditions for non-research cooperative agreements. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.

53/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐

Funded

☐

Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No

☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Observational Hematology Or Blood Disorder Registry To Inform Cdc Of The Covid-19 Overall Burden, Impact
Of Health Disparities And Outcomes

Do not use all capital letters.

19/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions☐

No

Target Population Description *

National network of AUCD's member centers in every state and territory, as well as key public health partners

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

17/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,000,000

Funding Appropriation *

75-2024-0943, CARES Act

Funding Statutory Authority *

The Coronavirus Aid, Relief, and Economic Security Act

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☐

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Yes ☐

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

An observational hematology or blood disorder registry will inform CDC and clinical stake holders not only of the COVID 19 overall burden, impact of health disparities and outcomes, but on areas where future resources should be focused. The American Society Hematology has launched a national as well as international registry that will capture de-identified data on COVID 19 infected patients with malignant hematologic disorders, nonmalignant disorders and patients that develop hematologic complications from COVID 19. This information will be used to provide real time observational data (as close as possible) to not only clinicians, but also to public health providers not only for awareness but also for decision making. In addition to disease specific clinical information which will include laboratory values, data will also include demographics such as sex, ethnicity, patterns of COVID 19 related treatment changes for preexisting hematological diseases, COVID 19 severity and outcomes HIPAA compliant.

147/150 words maximum

Program Strategy: Data and Information Systems

Activities *

Data collection from external sites, data analysis, identifying data gaps, data dissemination via publications and updated online data visualization. Data will also be discussed with the various ASH clinical committees and disseminated via conferences.

1. To provide expedient public reports of aggregated data on the outcomes of patients with COVID-19 and a hematologic condition or complication from COVID-19
2. To analyze public reports of aggregated data and develop data-based recommendations tailored to meet the needs of clinical and public health providers
3. To develop materials and resources that promote and increase use of the surveillance registry
4. To develop resources or knowledge sharing opportunities that support clinical and public health providers in making informed decisions when treating COVID-19 patients with hematologic disorders. These resources will be informed by findings from the aggregated registry data

Process Measures *

- Number of sources/institutions consulted for registry data
- Number of demographic factors included in data sets
- Number of promotional materials developed to increase and improve use of the registry
- Number of resources or knowledge sharing opportunities developed to improve adoption of evidence-informed treatment regimens for patients with COVID-19 and hematologic condition or complication

Outputs *

- Aggregated data on the outcomes of patients with COVID-19 and a hematologic condition or complication from COVID-19
- Summary reports of aggregated data on the outcomes of patients with COVID-19 and a hematologic condition or complication from COVID-19
- Informational materials that build the capacity of key public health partners to use the registry
- Educational opportunities to support informed decision making of clinical and public health providers when treating COVID-19 patients with hematologic disorders

Budget Period Outcomes *

- To continue and further refine a de-identified, observational surveillance registry for outcomes of patients with COVID-19 and a hematologic condition (past or current) and/or have experienced a hematologic complication as a result of COVID-19.
- To provide expedient public reports online as well as in publications of aggregated data on the outcomes of patients with COVID-19 and a hematologic condition or complication from COVID-19 in order to facilitate clinical decision making.
- To publicly report online demographics and real time COVID 19 related disease specific clinical observational summaries that will allow for informed clinical and public health decision making.

- Improved capacity of data and information systems to conduct public health monitoring and surveillance of COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders
- Increased capability to use data to inform decision-making and support evidence-informed practices and policies.

These results or deliverables will be in the form of publications, online reports, toolkits and findings will be discussed at conferences or within clinical committees. Outcomes will be what hematological disease(s) may be at a higher risk for adverse outcomes in the presence of COVID. For example data has indicated that those with hematologic malignancies are at an increased risk for adverse COVID 19 outcomes.

Outcome Measures *

- Improved capacity of data and information systems to conduct public health monitoring and surveillance of COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders
- Increased capability to use data to inform decision-making and support evidence-informed practices and policies

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should have access to partners to collect and analyze data on COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders and patients that develop hematologic complications from COVID 19.

30/200 words maximum

Program Experience

The selected awardee should have experience in collaborating with hospitals/hospital systems, as well as collecting and analyzing data on COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders.

25/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Plan and coordinate with CDC and other entities, as appropriate, on project activities, including the collection and analysis of de-identified data on COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders and patients that develop hematologic complications from COVID-19 for the development of a national registry. Establish any necessary data sharing agreements.

50/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

If subcontractors are needed, ensure they have the necessary qualifications and experience to complete the designated task(s).

16/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

- Funds may not be used for capital expenditures, such as construction and renovations or for clinical care.
- Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs.
- Funds for conducting conferences and workshops such as registration, travel, per diem, room rental, audio-visual and related expenses are not allowed.
- Except for travel related per diem expenses of grantee, consultants, contracts, and subcontracts/subawardees, funds may not be used for other food and beverage expenses.

80/200 words maximum



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

3/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

4,500,000

Funding Appropriation *

75-2024-0943 CARES Act

Funding Statutory Authority *

The Coronavirus Aid, Relief, and Economic Security Act

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs No ☐

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance Yes ☐

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically Yes ☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services Yes ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively

Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions

Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Project Firstline, CDC's national infection control training collaborative, seeks to develop and disseminate innovative, effective, and responsive infection control education for frontline healthcare workers. To ensure Project Firstline's training and education meets these needs for healthcare workers employed in pediatric healthcare settings, this project seeks to build on prior work to 1) adapt core Project Firstline infection control material to be responsive to the needs of workers in pediatric healthcare settings, 2) engage the target audience on the topic of infection control, 3) provide training opportunities and and disseminate training resources for this target audience using Project Firstline materials, and 4) leverage innovative approaches to achieve these goals.

107/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

- Collaborate with CDC to inform and adapt the development of additional infection control educational material and training opportunities, including materials and trainings that are not specific to the COVID-19 pandemic response, and associated collateral material for healthcare workers in pediatric settings
- Host virtual infection control trainings, and in-person trainings if permitted by CDC COVID-19 guidelines, for frontline healthcare personnel within the target population
- Identify and implement innovative approaches to educating and engage workers on infection control

Process Measures *

- Contributing to, co-developing, and reviewing curricula and other training products developed by CDC
- Hosting focus groups to provide feedback on existing and revised curriculum
- Implementing telementoring opportunities for pediatric providers, nurses, and multidisciplinary care teams on infection prevention and control

- Identifying IPC Champions within the organization and or target audience to inform and disseminate training and lead the culture change in their healthcare community on infection control

Outputs *

- Standardized curriculum and evidence-based messaging
- Well-trained workforce on infection prevention and control methods

Budget Period Outcomes *

- Number of website hits
- Number of new videos launched
- Number of resources and tools developed for dissemination

Outcome Measures *

- Improved access to evidence-based infection prevention and control practices
- Improved public health outcomes specific to infection prevention and control
- Empowered workforce that can better think critically about and implement infection control practices

Program Strategy: Communication and Information Technology

Activities *

- Create and/or maintain a virtual resource center on infection prevention and control for cross sector, multi- disciplinary collaboration that is easily accessible and interactive (e.g., online resource library, online educational modules, guidance/web articles, podcasts, videos, webinars, Project ECHO sessions, text messaging, social media, website, e- newsletters, email blasts, videos, content development for professional and patients/families audience.. etc.)

Develop and maintain a communication toolkit targeted towards patients, families, and clinical staff to disseminate tools and resources specific to infection control to diverse audiences

- Identify or participate in opportunities to better understand audience learning needs about infection control and dissemination preferences.

Process Measures *

- Compilation of inquiries, educational needs and responses using innovative communication and information technology
- Development of a virtual resource center with multiple communication channels
- Families and caregivers engaged in developing materials for healthy children

Outputs *

- Maintenance of COVID-19 resource, technical assistance, and support center
- Increased ability for pediatricians and health care professionals to connect around best practices on infection prevention and control
- Improvements in pediatricians', nurses', and families' awareness, knowledge, and capacity about infection control prevention and control
- Evidence-based messaging targeting ambulatory and hospital settings

Budget Period Outcomes *

- Number of website hits
- Number of new products (videos, podcasts, etc) launched to engage the audience in the topic on infection control
- Number of resources and tools developed for dissemination

Outcome Measures *

- Improved access to evidence-based infection prevention and control practices
- Improved public health outcomes specific to infection prevention and control

Program Strategy: Partnerships

Activities *

- Establish new and strengthen existing partnerships within the pediatric healthcare community to support project implementation and reach the target population(s) to meet infection control education needs
- Through these partnerships, offer additional infection control training opportunities for the populations reached by these partnerships

- Participate in the Project Firstline collaborative, including through participation in meetings and other events, sharing of information, and contributing to collaborative infection control training activities

Process Measures *

- Number of organizations and/or individuals engaged as implementation partners
- Participation in recurring check-in meetings with CDC Project Firstline team
- Participation in recurring meetings with the Project Firstline collaborative

Outputs *

- Identification and engagement of organizations or individuals as implementation partners
- Collaborative activities with other Project Firstline collaborative partners (e.g., distribution of information about events hosted by other partners, distribution of materials developed by other partners, sharing of materials developed by the award recipient with other partners)

Budget Period Outcomes *

- Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of infection control in healthcare
- Strengthened capability to respond to public health infection control priorities collaboratively and strategically

Outcome Measures *

- Number of infection control training-related activities hosted by the identified implementation partners
- Number of individuals reached by training-related activities, by target population

Program Strategy: Programs and Services

Activities *

- Identify infection prevention and control pediatric-focused models (grounded in educational best practices), pilot-projects, and best practices pediatricians, nurses, and other members of the pediatric care team to use in various settings.
- Implementation of a coordinated training collaborative
- Identify trainers to be trained by the CDC and then host, and deliver live, interactive trainings

- Develop and implement a mixed methods program evaluation to examine the effectiveness and reach of the project
- Identify and implement opportunities for innovation on these activities

Process Measures *

- Models and best practices identified to be included in trainings and technical assistance
 - Development of resources to promote implementation of infection control and prevention that reflect the need to support knowledge gains and behavior change.
- Longitudinal child level data elements from instituting infection prevention and control practices

Outputs *

- Chapters, physicians, nurses and families, stakeholders trained to implement infection prevention and control practices
- Year-end evaluation reports

Budget Period Outcomes *

- Number of new programs developed that translate evidence-based/information science into educational learning modules
- Reduction in infections in infants, children, adolescents, and young adults in healthcare settings. Continue legacy as a leader in improving child health outcomes, through its mission of supporting optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

Outcome Measures *

Reduction in infections in infants, children, adolescents, and young adults in healthcare settings. Continue legacy as a leader in improving child health outcomes, through its mission of supporting optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient organization should have the following organizational capacities:

- Experience implementing collaborative projects across multiple organizations
- Able to reach members of the target population through a variety of web-based and virtual communication channels
- Established partnerships with organizations and leaders in the pediatric healthcare community that can accelerate the availability of infection control training resources for frontline healthcare personnel
- Experience collaborating with racial/ethnic minority sectors of the healthcare and public health population
- Capabilities to build, maintain, and/or leverage a variety of communications platforms, channels, and networks to widely distribute infection control training resources to healthcare worker populations engaged in pediatric healthcare
- Capacity to leverage innovative approaches to outreach and training for their target audience.

112/200 words maximum

Program Experience

The recipient organization should have the following program experience:

- Expertise – or access to expertise – in healthcare infection control (expertise in Project Firstline philosophy and approaches will be provided by CDC)
- A network of potential implementation partners, to extend the reach of infection control training activities for the healthcare workers in pediatric settings
- Ability to implement large-scale collaborative activities
- Ability to facilitate information sharing using virtual and/or distance-based formats
- Ability to implement in-person training opportunities (when safe)

77/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Award recipients will meet regularly (approximately biweekly) with CDC project staff and will meet regularly with all Project Firstline collaborative partners. Award recipients should be willing to participate in Project Firstline activities that involve other collaborative partners (e.g., sharing events hosted and products developed by other partners). Award recipients should plan to engage additional organizations and/or individuals as implementation partners (e.g., to host trainings and distribute training resources and materials).

69/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds awarded can be used to support costs associated with project implementation, including, but not limited to, staff, supplies, materials, subcontracts, etc. Funds awarded should not be used for travel or in-person/mass gathering events, unless permitted by CDC COVID-19 guidelines.

39/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

**FY21 CIO Project Plan**

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

4/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

190,000

Funding Appropriation *

75-21-0950

Funding Statutory Authority *

Annual appropriation

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs

Yes ☐

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Yes ☐

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically

Yes ☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services

Yes ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The adverse impact of infectious diseases (ID) on mother and child remains an urgent public health concern. Whether from the increasing threat of congenital syphilis or from emerging threats such as Zika virus or SARS-CoV-2, there is a need to build and maintain a core infrastructure of healthcare professionals with expertise in emerging and perinatal ID. To maximize their understanding of the impact of ID on the maternal-child population from a public health perspective, obstetrics/gynecology trained physician scientists need to acquire indepth knowledge of public health research, epidemiology and surveillance through experiential training in public health. The recipient will recruit obstetrician/gynecologists from the U.S. who will develop unique and critical expertise in emerging and perinatal ID, and bridge the gap between clinical medicine and public health. The recipient will assist with development and expansion of the fellowship program by facilitating new and existing partnerships with CBOs, CDC, and public health professionals.

150/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

- **Recruit obstetrician-gynecologists with an MD or DO degree who have completed an OB/GYN residency within the last 5 years and are eligible for certification process of American Board of Obstetrics and Gynecologists at the time of the fellowship**
- **Facilitate partnerships resulting in the development and expansion of a fellowship program that provides experiential training activities in public and community health with a focus in perinatal infectious diseases in addition to engagement with an academic institution (school of medicine)**
- **Engage with CDC experts from 3 different CIOs for technical assistance**

Process Measures *

- **Copy of recruitment announcement developed**
- **# of relevant professional organizations, educational institutions and other mechanisms recruitment announcement disseminated through**
- **# of candidates that apply and are interviewed**
- **Training plan developed including experiential public health activities and partnership with an academic institution. The plan should cover the fellow's benefits and travel for conferences and other educational opportunities.**

Outputs *

At least one obstetrician-gynecologist selected for the fellowship during the funding period

Budget Period Outcomes *

Fellow trained in public health and perinatal infectious diseases with plans to remain in public health or academic position post-fellowship

Outcome Measures *

- **At least one presentation by the fellow at a national conference or meeting**
- **At least one first-authored manuscript in a peer-reviewed journal published or in press**

- **Obstetrics and gynecologist with expertise in public health and emerging and perinatal infectious diseases as a resource to community-level organizations, public health departments and clinical and academic institutions**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient will have human resources and other pertinent infrastructure to employ the fellow off-site. The recipient will also be a nationally recognized organization that can work with community-based organizations, public health agencies, professional organizations, and academic institutions.

37/200 words maximum

Program Experience

The recipient will have a history of working with community-based organizations, public health agencies, professional organizations, and/or academic institutions on leadership and workforce development activities including fellowships. The recipient will have a history of recruiting for and supporting training fellowships.

40/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient will collaborate with a robust group of professional partners including CDC, community based organizations, public health agencies, academic institutions, professional organizations and other public health organizations. Collaboration between the funded recipient and CDC's Technical Monitor will occur throughout the project lifecycle to inform communication and information needs.

49/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Most funding will go towards personnel and benefits for the fellowship, including any training (internal and external), and a modest amount towards travel and registration, where appropriate, for conferences, external meetings, and site visits to provide technical assistance.

37/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

9/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions

Yes

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

Target Population Description *

Students and persons in formal leadership roles with an interest in delivery of public health violence prevention services aimed at disproportionately affected peoples

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

22/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 50,000

Funding Appropriation *

TBD - General Program Funds

Funding Statutory Authority *

TBD - General Program Funds

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved leadership capacity to identify and prioritize public health needs Yes ☒

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance Yes ☒

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically No ☐

Intermediate: Strengthened capability of public health workforce to deliver essential public health services No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Sexual violence (SV) and intimate partner violence (IPV) are widespread. Unfortunately, certain racial and ethnic peoples, sexual and gender minority populations, and persons with disabilities experience disproportionate risk of SV and IPV (for examples see Basile et al., 2016; NISVS, 2017; Petrosky et al., 2017; Walters et al., 2013). Past CDC funding supported a successful academic-based mentorship program Coker et al., 2020)

Thus, it remains critical that researchers continue to examine how and why certain communities may be disproportionately affected by SV and IPV. **To build capacity for future SV and IPV prevention public health researchers specializing in populations disproportionately affected by SV and IPV, this project seeks to support a mentorship program for expert SV and IPV population-based researchers and graduate students.** This project will build capacity among the public health workforce by preparing graduate students to understand the research process and promote specialization in disproportionately affected populations at elevated risk for perpetrating or experiencing violence.

149/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

In collaboration with CDC, the recipient is expected to develop and establish a mentorship program. An application and vetting process for participation in the mentorship program is critical for success. Ideally, mentors and mentees should be matched 1:1 to maximize time participating in the mentorship program. Mentors may have more than one mentee in the program upon approval by the recipient and in collaboration with CDC. The mentorship program should be made broadly available with diversity in academic institutions and training represented in both mentors and mentees. The mentorship program would ideally:

1. Match 20 public health graduate students (MPH/PhD/DrPH tracks) with mentors who are academic professionals (e.g., professors or researchers) and potentially CDC scientists who specialize in sexual violence and intimate partner violence prevention (SV/IPV) and/or expertise with disproportionately affected populations (e.g., racial and ethnic groups, sexual and gender minorities who are disproportionately affected by SV or IPV).
2. Support 20 students to build a career in public health by: (a) providing scholarships for public health students to participate in violence prevention wellness activities as identified and confirmed by the mentor and mentee, and (b) providing scholarships for public health students to attend a conference that includes violence prevention public health research (e.g., American Public Health Association)

Conference, American Psychological Association Conference, Society for the Advancement of Violence and Injury Research Conference, Society for Prevention Research).

3. Support academic mentors by providing monetary support with learning and connection activities associated with the mentorship program as needed
4. Provide at least 3 planned networking events (virtual and/or in-person) to connect all public health graduate students and mentors. One event may be a research webinar where students and mentors

share their work. In collaboration with CDC, the recipient should develop and establish a mentorship program that focuses on building capacity around SV and IPV public health knowledge and expertise conducting research and evaluation focusing on disproportionately affected populations (e.g., American Indian or Alaska Native peoples, Asian peoples, Black or African American peoples, Hispanic/Latino/a peoples, Native Hawaiian and Pacific Islander peoples, sexual and gender minorities, persons with disabilities, etc.). The mentorship program may specialize in specific population knowledge within sexual and intimate partner violence. At minimum, 4 disproportionately affected populations/scholarly tracks would be created for specialization (e.g., approximately 5 mentees per track). These disproportionately affected populations/mentorship specialty areas should be discussed and determined in collaboration with the CDC. Mentor/mentee specific actions may include any or all of and would not be limited to the following activities. Student mentees and mentors may additionally be asked to complete a short report about their experiences with the mentorship program. Student mentees may specifically be asked to outline their career goals, experiences within the mentorship program, and the challenges/successes of the mentorship program. Mentors may additionally be asked to relay lessons learned and identify their most successful mentorship activities. Final activities should be developed in collaboration with CDC. *Note: If enough mentor/mentee pairs are attending the same conference, recipient may consider working with conference organizers and/or speciality groups to hold a networking event in collaboration with an established conference caucus, working group, interest group, etc. especially if speciality groups pertain to selected disproportionately affected populations.*

Process Measures *

Process measures may include, but are not limited to:

1. Plan to establish mentorship program
2. Timeline to establish mentorship program
3. Criteria for selecting and matching mentees/mentors
4. Criteria for approving mentorship-related support (e.g., scholarships, support for mentors)
5. Student application form
6. Mentor application form
7. Student and mentor guidelines

Outputs *

Outputs for this program include, but are not limited to:

1. Number of specialty tracks within the mentorship program (e.g., American Indian or Alaska Native peoples, Asian peoples, Black or African American peoples, Hispanic/Latino/a peoples, Native Hawaiian and Pacific Islander peoples, sexual and gender minorities, persons with disabilities, etc.)
2. Number of mentor/mentee relationships and number of meetings per matched mentor/mentee
3. Number of mentees participating in violence prevention public health-related conference (e.g., poster or oral presentations, session moderator)
4. Number of mentee/mentor events held
5. Brief written reports from mentees and mentors to CDC
6. Final report to CDC about the mentorship program outlining successes, challenges, lessons learned, and recommendations for improvement the report may be succinct and use a combination of sentences and bulleted lists for brevity

Budget Period Outcomes *

Mentorship participants are expected to attend regular mentorship meetings, planned networking events and engage in violence prevention public health opportunities (e.g., violence prevention wellness activities, conferences).

Outcome Measures *

Measurable outcomes at the end of this project are to:

- (a) create a mentorship program for SV, IPV and disproportionately affected population researchers including virtual meetings and networking opportunities (from 0 to 1)
- (b) strengthen partnership with violence prevention public health conference(s) (from 0 to at least 1)
- (c) build capacity and expertise of future SV and IPV public health researchers (from 0 to 20 matched mentor/mentees)
- (d) sharing research at conferences and/or via mentorship webinar (from 0 to at least 1)

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient should possess access and knowledge of how to reach mentors at academic or research

institutions with expertise in conducting SV and IPV research and evaluation among disproportionately affected populations. The recipient should also reach public health graduate students from across the US who are interested in and/or are beginning to build expertise in **BOTH** (1) sexual or intimate partner violence prevention AND (2) disproportionately affected populations. Ideally, a professional organization that has academic partnerships would streamline the process and ensure completing activities within the timeframe.

Additionally, the recipient should possess the administrative support to establish a mentorship program and carry out at least 3 planned networking activities (these may coincide with a conference that multiple mentor/mentee pairs attend). Networking activities may be virtual. The recipient should have a special interest in building capacity of future public health researchers and professionals that work with and conduct research and evaluation in collaboration with communities that are disproportionately affected by sexual and/or intimate partner violence.

160/200 words maximum

Program Experience

Past experience hosting networking events, evidence of mentorship and/or networking relationships, and connections to academic universities and public health graduate students are important to success.

24/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient should work closely with CDC to develop the mentorship program and identifying at least 4 disproportionately affected populations based on existing sexual violence and intimate partner violence evidence. CDC may also facilitate introductions with SV and IPV researchers if needed. If desired and with CDC scientist supervisory approval, CDC scientists may participate in the mentorship program to provide SV and IPV prevention research and evaluation expertise. The recipient should expect monthly collaboration calls with CDC or more frequently as needed.

80/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

At this time, no subcontractual work is expected. CDC is open to subcontracts if needed to fulfill project goals.

18/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds should be used to support project plans as outlined previously. All budgets should align with cooperative agreement requirements and federal requirements. Ideally, funds support approximately 20 mentees. **Note: the proposed work plan and budget should be scalable in case funding is limited. Scaling may include adjustments to number of mentees and/or number of specialty tracks.**

54/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

3/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

250,000

Funding Appropriation *

09094820210DBM

Funding Statutory Authority *

317(k)(2) and 307 of the Public Health Service Act

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to develop technical guidance to assist National Diabetes Prevention Programs (National DPPs) and Diabetes Self-Management Education and Support (DSMES) programs with outreach to vulnerable populations in public housing. The technical guidance will derive from a landscape analysis and feasibility study to provide knowledge of public housing recipients, risk of diabetes and diabetes complications, access to care, characteristics of successful outreach programs with this population, how to work with local housing authorities that manage public housing, and how to address specific challenges when working in this setting.

91/150 words maximum

Program Strategy: Partnerships

Activities *

1) Conduct a detailed landscape analysis of public health outreach in public housing settings, 2) Conduct a feasibility study to understand how to implement diabetes prevention and management programs in the public housing setting, and 3) Develop a technical guidance document for National DPPs and DSMES working in these settings using findings from the landscape analysis and feasibility study.

Process Measures *

Complete landscape analysis by the end of the budget period

Complete the feasibility study by the end of the budget period
Number of technical guidance documents developed

Outputs *

- 1) Landscape analysis of public health outreach to public housing recipients
- 2) Feasibility study findings of implementing diabetes prevention and manage programs in public housing settings
- 3) Technical guidance document to guide National DPPs and DMSES programs working in public housing settings and with public housing recipients

Budget Period Outcomes *

Number of strategies identified to support successful implementation of diabetes prevention and management programs in public housing setting and with public housing recipients.

Outcome Measures *

Number of strategies identified to support successful implementation of diabetes prevention and management programs in public housing setting and with public housing recipients.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient capacity should include expertise in conducting synthesis reviews of the peer and grey literature in public health and medicine, including conducting a landscape analysis. The recipient organization should also have expertise in designing and conducting feasibility studies for public health implementation, analyzing quantitative and qualitative data, developing high-quality reports and technical guides for scientific and public health experts, and knowledge of Plain Language.

65/200 words maximum

Program Experience

The recipient should have experience working in the topic areas of diabetes prevention and management with knowledge of the National DPP and DSMES programs. The recipient should also demonstrate prior experience with establishing partnerships with non-traditional public health partners to implement programs or interventions in non-public health or non-clinical settings.

49/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

The recipient should establish collaborations with local housing authorities to the degree required to conduct a feasibility study in a public housing setting.

22/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS**General Instructions for Use of Funds, as applicable**

Funds may be used to support recipient staff salary and fringe, equipment, travel, supplies, and indirect costs to directly support the work plan.

22/200 words maximum



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

12/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

375,000

Funding Appropriation *

75210948

Funding Statutory Authority *

Basic Appropriation- All Other School Health

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No



Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No



Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No



Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No



Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes



CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes



Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

This project will convene key stakeholders to identify gaps, promising practices to address gaps, and action steps needed to provide out of school time providers with the additional skills and competencies needed to more effectively address the emotional well being of the youth they serve. Professional development and resources necessary to advance promising practices across the out of school time field will be identified as well as strategies and policies to facilitate implementation. In addition, professional development will support staff who also have been experiencing complex stress and trauma during the COVID-19 pandemic.

87/150 words maximum

Program Strategy: Partnerships

Activities *

1. Engage wide range of out of school time providers and other key stakeholders in a coalition to identify promising practices and gaps in addressing emotional well being of youth and staff with emphasis on

physical activity and healthy eating.

Process Measures *

1. Out-of school time (OST) partners and other key stakeholders engaged and committed to the purpose of the project.
2. Meetings of coalition executed.

Outputs *

1. Action plan created with identification of key partner roles and responsibilities.

Budget Period Outcomes *

1. Action plan developed and disseminated.

Outcome Measures *

1. Action plan disseminated to 75% of out of school time providers.

Program Strategy: Programs and Services

Activities *

1. Identify promising practices and guidance currently in use by local out of school time clubs.
2. Identify gaps and strategies and/or resources to address gaps.

Process Measures *

1. Establish process and plan for identification of promising practices and gaps.

Outputs *

1. Promising practices and gaps identified.
2. Strategies and resources needed to address gaps identified.

Budget Period Outcomes *

1. Package of promising practices developed.

Outcome Measures *

1. Promising practices disseminated.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should serve youth and families and have affiliates in all 50 states with extensive reach into communities and a strong network of national partners.

25/200 words maximum

Program Experience

The applicant should have extensive experience in implementing programs and services in out of school time settings - particularly initiatives that support emotional well being through physical activity and healthy eating.

30/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The applicant is expected to work with other youth serving national partners such as the Boys and Girls Clubs of America and others as well as organizations with expertise in addressing social determinants of health and equity such as Turnaround for Children.

40/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Strengthening Prevention Of Risk Factors For Cardiovascular Conditions In Communities Served By Federally Qualified Health Centers.

Do not use all capital letters.

15/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category C

View Target Population Category Descriptions

☐

No

Target Population Description *

Health centers, federally qualified health centers (FQHCs), and the patients and communities they serve

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

13/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

400,000

Funding Appropriation *

75210948

Funding Statutory Authority *

Section 307, &317 K2 311 & 1703, Patient Pro & A

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☒

Intermediate: Increased capability of public health systems to achieve nationally established standards

Yes ☒

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

To improve the capacity of federally qualified health centers (FQHCs) and their networks to describe the current state of chronic diseases and the quality and outcomes of care provided at FQHC's. This project will build on infrastructure and capacity being built by the community health centers to address the COVID-19 response within their communities, with a focus on chronic disease prevention. CDC requests applicants to propose activities, measures, outputs, and outcomes, as needed, to address the unique needs of their communities in the control of chronic diseases conditions, prioritizing hypertension and cardiovascular conditions.

CDC wants to improve the capacity the FQHC network to: a) **systematically monitor** data on cardiovascular conditions and risk factors, essential to implementing and evaluating health care and public health practice; b) **expand** the strategy to monitor and report on these data to 10%-20% more health centers than those currently involved in COVID-19 response; and c) **build the case** for a sentinel surveillance system to monitor information on chronic conditions, particularly cardiovascular conditions past the pandemic.

143/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Develop a one-year plan that outlines the focus of work to be undertaken by health centers.

- Examples for **systematically monitor** activities could be: build on existing resources to proactively monitor and analyze information on the scope of hypertension and cholesterol management, delivery of health care services through telehealth, barriers to self-monitoring blood pressure (SMBP), distribution of encounters based on chronic disease conditions -specifically cardiovascular conditions, and changes in hypertension medication orders and adherence, as possible.
- An example of **expand** activities could be to use existing approaches or models for addressing COVID-19 to a larger number of health centers (10%-20% expansion), and identify challenges and opportunities for such expansion. The expansion should be based on the health centers' ability to add partners that can help round out the data that they will be collecting to represent those served by the broad FQHC network.
- An example for **build the case** activities could be to identify lessons learned (e.g., through surveillance data summaries, stories, infographics, etc.), and develop an implementation plan for a monitoring and reporting system (i.e., sentinel surveillance) in a voluntary network of health centers with a view to assess the stability or change in health levels of the population served past COVID-19.

Process Measures *

Samples process measures:

- Number of existing resources assessed to use for systematic monitoring
- Number of health centers included in expansion
- Number and type of challenges identified for expansion
- Number of resrouces developed to communicate lessons learned

Outputs *

- Systematic monitoring that includes increased focus on chronic conditions, particularly hypertension and cardiovascular conditions
- New partnerships with community support programs
- Resources on lessons learned (e.g., surveillance data summaries, stories, infographics, etc.)
- Improved knowledge of the FQHC and CDC and other stakeholders as appropriate, on the services provided by health centers
- An implementation plan for chronic disease sentinel surveillance.

Budget Period Outcomes *

- Increased knowledge on whether blood pressure and cholesterol values are being monitored, how the pandemic changed access to and delivery of services through telehealth, barriers to SMBP, and medication orders and adherence, with links to social determinants of health, as possible.
- Improved capacity of data and information systems to conduct public health monitoring and surveillance.

Outcome Measures *

- Within first 3 months of funding: start collecting, analyzing and monitoring data -- report throughout the funding period.
- Within 3-6 months of funding: expand activities could be to use existing approaches or models for addressing COVID-19 to a larger number of health centers (10%-20% expansion)
- Within 6-12 months of funding: develop an implementation plan for a monitoring and reporting system (i.e., sentinel surveillance)
- % of community health centers and FQHCs reporting an increase in knowledge on whether blood pressure and cholesterol values are being monitored, how the pandemic changed access to and delivery of services through telehealth, barriers to SMBP, and medication orders and adherence, with links to social determinants of health, as possible.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The applicant should be able to provide technical assistance to a variety of entities that support work of FQHCs, such as Primary Care Associations, Health Center Controlled Networks, and community support organizations. The applicant should also be able to support the development and quality improvement work of FQHCs. The applicant needs the ability to work nationally with Primary Care Associations.

54/200 words maximum

Program Experience

Applicants should have a deep understanding of FQHCs, FQHC associations such as Primary Care Associations and Health Center Controlled Networks. The applicant should have experience directing clinical quality improvement activities and promoting and scaling interventions.

34/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Collaboration with CDC is expected, especially in the development and analysis of priority conditions, how the data should be summarized and reporting, general plans for a sentinel surveillance system, etc. Additionally, recipient would be expected to collaborate with other public health partners working on similar projects, and with other federal agencies. The ideal candidate would have some history of engaging with scientific and programmatic collaborators of stature.

66/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Applicant is expected to provide national oversight and support to the project, but much of the technical work will take place at subcontracted networked health centers and possibly individual FQHCs.

25/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds should be used to collect data, produce, disseminate, and expand activities and interventions. Travel is permissible, but should be minimized for maximum impact. It would be helpful for the budget to be scalable.

34/200 words maximum

CIO CERTIFICATION*



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Tbi Coding Behaviors And Use Of 'Unspecified Injury Of Head'

Do not use all capital letters.

9/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Emergency department physicians and medical coders

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

5/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

150,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

Section 301(a) of the PHS Act, [42 U.S.C. Section :

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☐

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

This project is designed to understand emergency department (ED) provider and medical coder diagnosis rationale related to TBI (traumatic brain injury) diagnostic codes, particularly the 'unspecified injury of head' code. The main project goal is to inform future surveillance work using International Classification of Disease, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes for TBI.

Working with an organization with access to a large group of providers who commonly see adults and children with mild TBI, the grantee will:

- 1) Obtain qualitative findings on ED provider and medical coder diagnosis rationales and behaviors for TBI, with a focus on the use of 'unspecified injury of head' diagnoses and the and terms providers commonly use when talking to patients with a sustained a concussion/mild TBI.
- 2) Draft a report of the findings to support the revision of the ICD-10-CM codes included in the TBI morbidity surveillance definition

140/150 words maximum

Program Strategy: Data and Information Systems

Activities *

We propose to obtain qualitative findings on ED provider diagnosis and medical coder rationales and

behaviors for TBI, with a particular focus on 'unspecified injury of head' cases among children and adults.

Proposed activities:

- 1) Develop a qualitative survey instrument on diagnosis rationales and behaviors for TBI, with a focus on:
 - a) 'unspecified injury of head' cases generally and when there is medium to high evidence of a TBI
 - b) the terms clinicians commonly use when talking to patients when they believe that the patient has sustained a concussion/mild TBI
- 2) Utilize a mixed methods approach with survey administration and in-depth interviews or focus groups including high- or low- end users of the code.
- 3) Recruit ED providers and medical coders for the qualitative study.
- 4) Analyze/publish qualitative findings.
- 5) Draft a report of findings to support revision of the ICD-10-CM codes included in the TBI morbidity surveillance definition.

Process Measures *

- Development of a qualitative research instrument for use in our mixed methods approach (i.e., survey and focus groups/in-depth interviews).
- Recruit sufficient number of participants for qualitative study in order to enable statistical analysis of results

Outputs *

- Create qualitative research instrument focused on ED provider and medical coder diagnosis rationales and behaviors related to the assignment of TBI diagnosis codes with a focus on:
 - a) the use of 'unspecified injury of head' diagnoses among children and adults generally and when there is medium to high evidence of a TBI
 - b) the terms (e.g., mild TBI, concussion) clinicians most commonly use when talking to patients when they believe that the patient has sustained a concussion/mild TBI, and whether the terms they use vary depending on the characteristics of the injury or characteristics of the patient.
- Track and report recruitment and participation in qualitative study.
- Thematic analysis of qualitative findings to describe ED provider diagnosis rationales and behaviors for TBI, with a particular focus on 'unspecified injury of head' cases

Budget Period Outcomes *

- Increase awareness among partners and other researchers about CDC's ICD-10-CM TBI morbidity surveillance definition, particularly the rationale for including or excluding 'unspecified injury of head' cases from surveillance estimates.
- Inform future future surveillance work using ICD-10-CM codes for TBI morbidity.

Use findings to support the revision of the ICD-10-CM codes included in the TBI morbidity surveillance definition drafted by NCHS and NCIPC.

Outcome Measures *

- Number of ED providers and medical coders enrolled in the qualitative study
- Use qualitative findings to support the revision of the ICD-10-CM codes included in the TBI morbidity surveillance definition drafted by NCHS and NCIPC.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The desired recipient organization must have existing relationship with a network of ED providers who commonly see pediatric and adult patients with mTBI. The organization must be able to identify research staff with experience conducting qualitative research and analysis, preferably those with expertise in emergency medicine and TBI.

47/200 words maximum

Program Experience

The organization will have previously networked with ED providers and engaged their participation in research studies.

14/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The desired organization must have access to ED providers who commonly see pediatric and adult patients with mTBI and have expertise in managing a qualitative study. The organization is expected to work with outside experts to administer the qualitative survey as well as recruit potential participants for the study.

47/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Funds will be used to plan and implement a qualitative study on ED provider diagnosis rationales and behaviors related to TBI diagnoses. This includes the development of a qualitative research instrument, identification and recruitment of participants, survey administration, completion of in-depth interviews/focus groups, thematic analysis of qualitative findings, and publication of study results to support or refute revision of ICD-10-CM codes for TBI morbidity surveillance.

64/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Uniform Definitions And Measures For Adverse Childhood Experiences (ACEs) And Positive Childhood Experiences (PCEs)

Do not use all capital letters.

13/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category C

View Target Population Category Descriptions

☐

No

Target Population Description *

Persons in formal leadership roles of nonprofit, voluntary, and private entities that support public health services delivery systems

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

17/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

600,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

Economy Act (31 U.S.C. 1535/FAR 17.5)

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☒

Intermediate: Increased capability of public health systems to achieve nationally established standards

Yes ☒

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Yes ☒

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Purpose of this project is to inform the development of uniform definitions and measures for Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs) for use by non-governmental and government organizations. Uniform definitions will be created through the partnership, through information received from two project activities: 1) a literature review, and 2) topic-focused gatherings of subject matter experts (SMEs). The literature review will focus on addressing specific topic areas where there is a need to summarize key ACEs and PCE concepts. The sessions will include SMEs from a range of community agencies and focus on a different topic, and will involve attendees with different perspectives and expertise. The Co-Ag partner will facilitate each session, where individual feedback will be solicited from attendees. The collaborator will develop reports (by substantive topic areas) that summarize the results of the literature review and the sessions that can be used by to develop toolkits to assist with prevention strategies.

150/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Complete targeted literature reviews covering ACEs and PCEs topics. A tentative list of potential topics, though the depth of coverage may vary according to prior knowledge of the existing robustness of evidence, includes:

- ACEs & PCEs
 - ACEs and expanded ACEs definitions
 - PCEs and expanded PCEs definitions
 - Adverse community environments
 - Overview of evidence base for existing ACEs and PCEs measures with considerations for key populations (e.g., adolescent; tribal communities)
 - Measurement of ACEs and PCEs (e.g., individual, cumulative, other methods)
 - Strength of evidence and magnitude of associations for individual ACEs and PCEs with adverse long-term outcomes, as well as toxic stress (i.e., what are the most impactful ACEs/PCEs)
 - Severity of ACEs
 - Chronicity and frequency of ACEs
 - Age of onset of ACEs
-
- Produce reports summarizing information from targeted literature review activities – including topics such as ACEs/PCEs definitions, and instruments or measures that have been used to collect ACEs/PCEs data. The report will also provide information about the evidence base for individual ACEs and PCEs with toxic stress and long-term health outcomes, and identify gaps for more inquiry.
 - Results will be used by the recipient to develop a white paper that provides uniform definitions for ACEs & PCEs as well as suggested measures (determined by the strength of evidence demonstrated through the literature review and information from the sessions) that will benefit the broad public health community.

Process Measures *

- Develop project timeline
- Number of criteria developed for literature review
- Number of topics identified for literature review
- Develop a process for tracking and organizing literature
- Number of completed literature reviews for identified topics
- Develop a report format/outline

- Number of summary reports produced

Outputs *

- Catalogue of literature reviewed (resulted from the tracking/organizing process)
- 8-10 reports synthesizing information derived from review of the literature:
 - ACEs and expanded ACEs definitions
 - PCEs and expanded PCEs definitions
 - Adverse community environments
 - Overview of evidence base for existing ACEs and PCEs measures with considerations for key populations (e.g., adolescent; tribal communities)
 - Measurement of ACEs and PCEs (e.g., individual, cumulative, other methods)
 - Strength of evidence and magnitude of associations for individual ACEs and PCEs with adverse long-term outcomes, as well as toxic stress (i.e., what are the most impactful ACEs/PCEs)
 - Severity of ACEs
 - Chronicity and frequency of ACEs
 - Age of onset of ACEs
- A white paper that provides uniform definitions for ACEs & PCEs, and suggested measures

Budget Period Outcomes *

This activity will increase communities' understanding of expanded ACEs/PCEs beyond those included in older studies and literature.

Outcome Measures *

% of persons in formal leadership roles of nonprofit, voluntary, and private entities reporting an increased understanding of expanded ACEs/PCEs.

Program Strategy: Data and Information Systems

Activities *

Convene a series of sessions (approximately 8-12 meetings) with approximately 8-12 individuals in each session with specific subject matter expertise, and relevant experiences, focused on specific topics in the

definition and measurement of ACEs and PCEs. Topics for convenings may include:

- ACEs and expanded ACEs definitions
- PCEs and expanded PCEs definitions
- Adverse community environments
- Overview of evidence base for existing ACEs and PCEs measures with considerations for key populations (e.g., adolescent; tribal communities)
- Measurement of ACEs and PCEs (e.g., individual, cumulative, other methods)
- Strength of Evidence and Magnitude of Associations for individual ACEs and PCEs with adverse long-term outcomes, as well as toxic stress (i.e., what are the most impactful ACEs/PCEs)
- Severity of ACEs
- Chronicity and frequency of ACEs
- Age of onset of ACEs

The experts will include non-governmental SMEs (e.g., academics, advocacy/nonprofit staff, community-based organizations), governmental and other potential stakeholders. An effort to incorporate feedback from diverse perspectives will be undertaken, by identifying individuals from relevant nonprofit, voluntary, or private entities, CBOs, advocacy groups, and academic institutions.

SMEs will be invited to provide their individual feedback in both the group meeting (conducted virtually or in-person) and via email correspondence (if unable to participate in a session). Given health concerns related to the pandemic, it is anticipated that the majority, if not all, of the sessions will be held virtually.

Process Measures *

- Identify an expert meeting facilitator with background and training in the facilitation of virtual meetings.
- Develop project timeline with expected outputs
- Number of topics identified to be included in each sessions
- Number of criteria finalized for inclusion for convening attendees
- Number of CVs/resumes compiled of potential attendees
- Number of potential attendees identified/listed
- Number of questions and probes finalized for meeting facilitator
- Number of sessions scheduled
- Send materials/topical questions to meeting attendees in advance of sessions
- Number of sessions convened

- Take notes, record and transcribe sessions (will not be provided to CDC)
- Draft summary reports (see outputs)
- Identify which convening participants are interested in participating in an additional review of white paper when it is drafted.

Outputs *

- Summary reports for each of the following topic areas:
 - ACEs and expanded ACEs definitions
 - PCEs and expanded PCEs definitions
 - Adverse community environments
 - Overview of evidence base for existing ACEs and PCEs measures with considerations for key populations (e.g., adolescent; tribal communities)
 - Measurement of ACEs and PCEs (e.g., individual, cumulative, other methods)
 - Strength of evidence and magnitude of associations for individual ACEs and PCEs with adverse long-term outcomes, as well as toxic stress (i.e., what are the most impactful ACEs/PCEs)
 - Severity of ACEs
 - Chronicity and frequency of ACEs
 - Age of onset of ACEs
- A white paper that provides uniform definitions for ACEs & PCEs, and suggested measures

Budget Period Outcomes *

This activity will improve data and surveillance of children and adults impacted by ACEs and PCEs.

Outcome Measures *

Number of recommendations developed and distributed to improve data and surveillance of children and adults impacted by ACEs and PCEs.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient organization must be a vital partner and demonstrated leader in addressing many public health issues and have partnered with governmental and nongovernmental agencies. The recipient organization must have leverage and a high standing in the health field to increase the buy in and commitment of required partners in this effort. The recipient organization must have demonstrated the capacity to lead, coordinate, and organize both literature reviews, as well as convenings, to address many public health issues, particularly in the field of violence prevention.

Recipient organization will compile the results of the literature reviews with a scope and format that is useful for knowledge increase. The recipient organization should have a working knowledge, expertise or capacity regarding the subject matter of adverse childhood experiences (see:

<https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>), positive childhood experiences, health equity, social determinants of health, and public health surveillance (e.g., local, state, and national). Recipient organization may partner with other organizations to provide expertise in the literature review.

155/200 words maximum

Program Experience

The recipient organization must have strong demonstrated experience developing and implementing a variety of public programs, must be a leader for public health programs, and must be an excellent collaborator. Prior experience in conducting literature reviews and convening experts for public health related meetings is required. The recipient organization should also have prior experience working on topics such as adverse childhood experiences, positive childhood experiences, other forms of violence, and health equity.

71/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Establish collaboration with primarily national organizations that represent both federal and non-federal entities in public health work.

The recipient organization is encouraged to reach out to CDC for technical assistance on identifying online databases, scope, direction, and conduct of literature reviews.

39/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Subcontract (s) may be required to carry out the proposed work. Subcontractors selected should possess knowledge in the area of work needed.

21/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Budget and total costs to conduct targeted literature reviews and convene expert panel meetings to inform the development of uniform definitions and measures for ACEs/PCEs is not to exceed \$600,000. Funds will be used to support recipient organization staff salary and fringe, equipment, travel for any in-person meetings, supplies, and indirect costs to directly support the work plan. Funds cannot be used to advocate for specific policies. The budget needs to reflect specific expertise in providing administration, oversight, and coordination for CDC-funded projects. Budget must incorporate costs for IT security requirements and expediting execution of contracts when necessary.

97/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

Continuation CIO Project Plans



FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Covid-19 Suicide & Aces Prevention For Local Health Departments- Part 2

Do not use all capital letters.

10/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category A

View Target Population Category
Descriptions

No

Target Population Description *

Local Health Departments and their executive leadership teams

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

6/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

900,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

This program is authorized under Section 301(a) of

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☐

Intermediate: Increased capability of public health systems to achieve nationally established standards

Yes ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to field a capacity assessment tool in a representative sample local health departments to assess capacity strengths, gaps and opportunities for bridging three priority public health areas (suicide, adverse childhood experiences (ACEs), and overdose prevention) during COVID-19.

43/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

The funded recipient is expected to:

- 1) Field a capacity assessment tool focused on suicide, adverse childhood experiences, and overdose prevention in a representative sample of small, medium and large local health departments across the United States.
- 2) Manage data.
- 3) Analyze data and create reports. and dissemination materials
- 4) Disseminate findings to stakeholders.
- 5) Make the tool available for future use in states/territories.

6) Provide technical assistance in both completion of the tool and use of the tool to advance public health action.

Process Measures *

Activity 1: National fielding of capacity assessment tool (CAT)

- Process measure 1.1. Identify a selection of local health departments to contact to pull a representative sample of small, medium and large health departments
- Process measure 1.2. Invite a representative sample of small, medium and large health departments to complete the CAT

Activity 2: Data management

- Process measure 2.1. Develop and implement data management plan
- Process measure 2.2. Develop and implement data sharing agreement

Activity 3: Analyze data and create reports and dissemination materials

- Process measure 3.1. Descriptive analyses will be planned highlighting responses from all sections of the tool
- Process measure 3.2. Two ideas for report format will be proposed/shared with CDC
- Process measure 3.3. At least two types of dissemination materials created (e.g. visualization/infographic, powerpoint)

Activity 4: Disseminate findings to stakeholders

- Process measure 4.1. A list of potential stakeholders will be created representing, state, territorial, and national partners
- Process measure 4.2. An accounting of stakeholder organizations targeted/reached will occur
- Process measure 4.3 At least two types of media (e.g., social media, webinar, email) will be used to reach stakeholders with dissemination materials

Activity 5: Tool available for future use

- Process measure 5.1. 1-2 options for where to host/link tool proposed

Activity 6: Technical assistance

- Process measure 6.1. At least one TA activity or guidance document planned for pre-administration support
- Process measure 6.2. At least 1-2 activities post administration carried out to support data to action (e.g. webinar, guidance, other)

Outputs *

Activity 1: National fielding of capacity assessment tool (CAT)

Output 1. Field CAT/Survey

Activity 2: Data management

Output 1. Data management plan

Output 2. Data sharing agreement

Activity 3: Analyze data and create report and dissemination materials

Output 1. Data analysis reports (in aggregate and jurisdiction-specific)

Output 2. Dissemination materials

Activity 4: Disseminate findings to stakeholders

Output 1. Communication plan

Activity 5: Tool available for future use

Output 1. Web hosting site

Activity 6: Technical assistance

Output. TA materials/activities (pre-administration)

Output 2. TA materials/activities (post-administration)

Budget Period Outcomes *

- Outcome 1: Participating local health departments will have increased awareness of their capacity gaps and opportunities related to the intersection of suicide, ACES, and overdoses.
- Outcome 2: Participating local health departments will increase their ability to use CAT data results for action.
- Outcome 3: Stakeholders for suicide, ACES, and overdose will have increased awareness about capacity strengths, gaps and opportunities (and other results) to address these topics in participating local health departments.

Outcome Measures *

At least 75% of participating local health departments complete the CAT

At least 50% of participating local health departments will take up TA for using data to action.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient must have the organizational capacity to facilitate collection of relevant information and sharing of ideas and experiences, create dialogue with outside organizations, articulate the needs of local public health organizations as it relates to relevant public health topics, and identify best practices in public health.

46/200 words maximum

Program Experience

The recipient must have past experience working with grants, contracts and cooperative agreements with federal agencies and providing support and technical assistance to local public health departments. The recipients must be able to help local health agencies develop and implement programs and policies in public health priority areas.

47/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient will work with CDC and a second funded recipient (to be named) to coordinate the above activities for local health departments.

23/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

There will be no subcontractual work conducted by the recipient for this funding opportunity.

13/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funding will support staffing to carry out program activities.

8/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Covid-19 Suicide & Aces Prevention For State Health Departments- Part 2

Do not use all capital letters.

10/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category A

View Target Population Category
Descriptions

No

Target Population Description *

State and Territorial Health Departments and their executive leadership teams

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

10/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,100,000

Funding Appropriation *

75-21-0952

Funding Statutory Authority *

This program is authorized under Section 301(a) of

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems

Yes ☒

Intermediate: Increased capability of public health systems to achieve nationally established standards

Yes ☒

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to field a capacity assessment tool in state and territorial health departments to assess capacity strengths, gaps and opportunities for bridging three priority public health areas (suicide, adverse childhood experiences (ACEs), and overdose prevention) during COVID-19.

42/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

The funded recipient is expected to:

- 1) Field a capacity assessment tool focused on suicide, adverse childhood experiences, and overdose prevention in state (including District of Columbia) and territorial health departments across the United States.
- 2) Manage data.
- 3) Analyze data and create reports and dissemination materials.
- 4) Disseminate findings to stakeholders.
- 5) Make the tool available for future use in states/territories.

- 6) Provide technical assistance in both completion of the tool and use of the tool to advance public health action.
- 7) Coordinate activities with a second funded project that seeks to do the same range of activities focused on local health departments.

Process Measures *

Activity 1: National fielding of capacity assessment tool (CAT)

- Process measure 1.1. All state health departments and DC will be invited to complete the CAT
- Process measure 1.2. All territorial health departments will be invited to complete the CAT

Activity 2: Data management

- Process measure 2.1. Develop and implement data management plan.
- Process measure 2.2. Develop and implement data sharing agreement.

Activity 3: Analyze data and create reports and dissemination materials

- Process measure 3.1. Descriptive analyses will be planned highlighting responses from all sections of the tool
- Process measure 3.2. Two ideas for report formats will be proposed/shared with CDC
- Process measure 3.3. At least two types of dissemination materials created (e.g. visualization/infographic, powerpoint)

Activity 1: National fielding of capacity assessment tool (CAT)

- Process measure 1.1. All state health departments and DC will be invited to complete the CAT
- Process measure 1.2. All territorial health departments will be invited to complete the CAT

Activity 2: Data management

- Process measure 2.1. Develop and implement data management plan.
- Process measure 2.2. Develop and implement data sharing agreement.

Activity 3: Analyze data and create report and dissemination materials

- Process measure 3.1. Descriptive analyses will be planned highlighting responses from all sections of the tool
- Process measure 3.2. Two ideas for report format will be proposed/shared with CDC
- Process measure 3.3. At least two types of dissemination materials created (e.g. visualization/infographic, powerpoint)

Activity 4: Disseminate findings to stakeholders

- Process measure 4.1. A list of potential stakeholders will be created representing, state, territorial, and national partners
- Process measure 4.2. An accounting of stakeholder organizations targeted/reached will occur

- Process measure 4.3 At least two types of media (e.g., social media, webinar, email) will be used to reach stakeholders with dissemination materials

Activity 5: Tool available for future use

- Process measure 5.1. 1-2 options for where to host/link tool proposed

Activity 6: Technical assistance

- Process measure 6.1. At least one TA activity or guidance document planned for pre-administration support
- Process measure 7.2. At least 1-2 activities post administration carried out to support data to action (e.g. webinar, guidance, other)

Activity 7: Coordination of activities with second funded project

Process measure 7.1. Outreach within 2 weeks of funding to second funded organization

Process measure 7.2. Development and implementation of work/collaboration plan

Outputs *

Activity 1: National fielding of capacity assessment tool (CAT)

Output 1. Field CAT/Survey

Activity 2: Data management

Output 1. Data management plan

Output 2. Data sharing agreement

Activity 3: Analyze data and create report and dissemination materials

Output 1. Data analysis reports (in aggregate and jurisdiction-specific)

Output 2. Dissemination materials

Activity 4: Disseminate findings to stakeholders

Output 1. Communication plan

Activity 5: Tool available for future use

Output 1. Web hosting site

Activity 6: Technical assistance

Output. TA materials/activities (pre-administration)

Output 2. TA materials/activities (post-administration)

Activity 7: Coordination of activities with second funded project

Output 1. Workplan for ASTHO activities including project management/coordination

Output 2. Collaboration plan with second funded recipient.

Budget Period Outcomes *

Outcome 1: States, D.C., and territorial health departments will have increased awareness of their capacity gaps and opportunities related to the intersection of suicide, ACES, and overdoses.

Outcome 2: States, D.C., and territorial health departments will increase their ability to use CAT data results for action.

Outcome 3: Stakeholders for suicide, ACES, and overdose will have increased awareness about capacity strengths, gaps and opportunities (and other results) to address these topics in states/DC and territorial health departments.

Outcome Measures *

At least 75% of states, DC, and territorial health departments complete the CAT

At least 50% of participating states, DC, and territorial health departments will take up TA for using data to action.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient must have the organizational capacity to facilitate collection of relevant information and sharing of ideas and experiences, create dialogue with outside organizations, articulate the needs of state and territorial public health organizations as it relates to relevant public health topics, and identify best practices in public health.

48/200 words maximum

Program Experience

The recipient must have past experience working with grants, contracts and cooperative agreements with federal agencies and providing support and technical assistance to state and territorial public health departments. The recipients must be able to help state/territorial health agencies develop and implement programs and policies in public health priority areas.

49/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient will work with CDC and a second funded recipient (to be named) to coordinate the above activities for state/territorial health departments.

22/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

There will be no subcontractual work conducted by the recipient for this funding opportunity.

13/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funding will support staffing to carry out program activities.

8/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Increase Capacity Of LHDs To Assess Report, Prevent And Control Emerging Infectious Disease, Including
COVID-19 HAI Part 2

Do not use all capital letters.

17/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category A

View Target Population Category
Descriptions☐

No

Target Population Description *

Local Health Jurisdictions

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

5,000,000

Funding Appropriation *

75-2022-0943

Funding Statutory Authority *

6 NU38OT000306-02-08

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☐

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies No ☐

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Increase capacity of local health departments (LHD) to assess, report, prevent and control emerging infectious disease, including COVID-19 and healthcare- associated infections.

21/150 words maximum

Program Strategy: Data and Information Systems

Activities *

- Coordinate local infection assessment, prevention and control activities with local, state, and regional leaders, preparedness programs and leaders, and state and regional healthcare associated infection (HAI) programs
- Collect best practices and lessons learned from local health jurisdictions on implementation of infection assessment, prevention and control practices in healthcare facilities including dialysis centers, nursing homes, long term care facilities
- Implement CDC's COVID infection assessment, prevention, and control guidance at the **local level**, through local public health departments, state and regional coordinators, and partners

- Conduct remote or "tele" infection control assessments in coordination with state healthcare associated infection programs, state surveyors, regional public health and healthcare coalitions
- In coordination with HAI programs, healthcare coalitions, and healthcare systems, enhance reporting, understanding, and use of COVID and ILI and other infection data to respond to outbreaks, infection control and containment needs in healthcare facilities, dialysis centers and long term care facilities
- Ensure infection assessment, prevention and control educations and implementation best practices are disseminated to areas of the most need, based on available data, including, but not limited to rural areas

Process Measures *

- Number of local health departments that complete infection assesment
- Number of local health departments that share back lessons learned
- Number of infection control resouces developed for and distributed to local health departments
- Number of best practices disseminated

Outputs *

- Monthly engagement with an advisory board to inform process
- Virtual curriculum, accesible via an online training platform
- Virtual Community for community of practice with resources and materials to support efforts
- Community of practice calls for local health departments working with long term care facilities
- Complete report regarding collection of information
- Complete Infection Assessment, Prevention, and Control Toolkit for LHDs
- RFP Process to award scholarships/sub grants to local health departments (target 50)
- Contractual process with APIC consultants

Budget Period Outcomes *

- Enhanced capacity for local health jurisdictions to prevent and respond to emerging threats (acute respiratory, antibiotic resistant, etc)
- Enhanced local public health staffing and expertise for infection prevention and control programs and practices
- Expanded LHD expertise and capacity to work collaboratively with long term care facilities to address identified gaps in infection prevention programs in a sustainable manner
- Enhanced communication and coordination with local infection control partner organizations for effective and impactful local and regional response

Outcome Measures *

- % of LHDs reporting an increased capacity to prevent and respond to emerging threats
- % of LHD workforce reporting an increased awareness of infection prevention and control programs and practices
- % of LHDs reporting new partnerships with long term care facilities
- % of LHDs reporting enhanced communication and coordination with local infection control partner organizations

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Applicant must have the ability to:

- Coordinate and convene local health officials, public health information officers, and infectious disease leaders during public health emergencies
- Convene conference calls, trainings, and webinars with local health agency leadership
- Conduct rapid assessments
- Analyze and manage data from local departments leadership about the type of information assistance required to address the public health emergencies and needs for real-time information by stakeholders and the public
- Share findings and recommendations emerging from the rapid assessment

71/200 words maximum

Program Experience

The applicant must have an established history of training and providing technical assistance to local health department leadership during public health emergencies. Applicant must have experience with: conducting rapid-turn-around assessments; analyzing existing data; developing instruments, sampling frames, and respondent samples; and developing tools and resources related to timely communications in response to public health emergencies; knowledge of how public health messaging is developed and disseminated during times of high uncertainty and concern; extensive expertise and experience assisting local health agency leadership with effectively working with critical stakeholders and the public during public health emergencies; and demonstrated ability to identify best practices related to partnering with stakeholders and developing messaging that target different audiences.

112/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The applicant is expected to collaborate with the CDC and other critical organizations, as needed, to implement this project.

18/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Applicant can pursue subcontract work as needed with organizations or individuals that possess technical knowledge or capacity to assist with activities identified in this project plan. However, the recipient is expected to have the capacity to directly perform the majority of the strategies and activities.

44/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Technical Assistance For Local and State Communication During Public Health Emergencies- COVID-19 Part 2

Do not use all capital letters.

13/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category A

View Target Population Category Descriptions

☐

No

Target Population Description *

State health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

2,000,000

Funding Appropriation *

75-2024-0943 Cares Act

Funding Statutory Authority *

Coronavirus Response and Relief Supplement App

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No



Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No



Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No



Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Yes



CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively

Yes



No



Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

CDC is seeking technical assistance on public opinion to public health communicators at the state level following the recent cases of the novel coronavirus. Public opinion information includes public understanding/knowledge, values, attitudes and experiences with the novel coronavirus and the protection steps required to prevent the spread of infection and its potential after-effects. The information provided by the grantee will be used to help public health communicators and other officials appropriately respond to future novel coronavirus cases and outbreaks of other catastrophic infectious diseases through strategic health protection messaging for the general public and people who might be at risk. The dynamic nature of the coronavirus and the continuing uncertainties surrounding future outbreaks warrants the use of rapid turn-around assessments of the public knowledge, attitudes, and practices (KAP).

127/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

- Summarize existing public polling on novel coronavirus
- Determine whether additional data is needed
- If additional data is needed
- Develop instruments

- Conduct data collection
- Analyze data
- Provide summaries of findings to state communicators and partners
- Develop press releases
- Publish findings in peer-reviewed journals

Process Measures *

- Summary of existing polls on public reaction to the nCoV outbreak
- # of recommendations developed and shared for additional data collection needs
- # of state health department and other gov't communicators working on nCoV consulted for data gathering
- # of planned data collection activities
- # of appropriate data collection instruments developed that are scientifically sound and adhere to accepted practices for public opinion polling
- # of summaries of findings provided to state health communicators and other partners
- # of materials distributed to state health communicators and other partners with guidance on how to implement recommendations

Outputs *

- Summaries of existing public opinion assessment data related to novel coronavirus, especially findings pertaining to the general population of the U.S.
- Where the applicant determines additional data is needed, the recipient will develop instruments in accordance with accepted scientific practices
- Public opinion data collected using standard methodology
- Summaries of data ("toplines"), interpretation of results and recommendations for risk communication messaging to public health communicators at all levels of government as well as the public
- Press releases and media interviews with experts who can explain findings
- Published findings in influential public health journals, with CDC and other collaborators as appropriate

Budget Period Outcomes *

- Improved understanding among public health communicators of the recommendations to be used for refining current messages and identifying information gaps
- Increased availability of evidence-informed recommendations for improving the provision of nCoV-related health protection information

Outcome Measures *

- % of local and state public health communicators reporting increased confidence that they can provide public health protection messages that are likely to encourage effective health protection behaviors
- % of public health communicators and educators reporting increased access to resources for developing a messaging strategy

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

- Coordinate with CDC and state public health communicators during public health emergencies
- Convene conference calls with CDC emergency communication subject matter experts
- Solicit and manage input from state public health communicators about the type of public opinion assistance required to address the information needs of the public and affected groups
- Convene and coordinate conference calls to share findings and recommendations emerging from public opinion information with state public health communicators
- Demonstrate organizational connections to and collaboration with the target audience of state-level public health communicators
- Have extensive scientific knowledge about determining appropriate methods to provide information about how the public and specific risk groups have, are, or will likely respond to public health emergencies
- Have thorough knowledge of processes for developing public health emergency public opinion data collection tools that are appropriate to the specific audiences and threats
- A deep and thorough understanding of instrument development
- Substantial expertise and experience conducting public opinion polls adhering to national scientific standards of public opinion research in the public health context
- Collecting information from the public or affected groups using scientifically valid interview methods
- Analyzing public opinion data
- Providing public health communicators with actionable information and recommendations for health protection messages

186/200 words maximum

Program Experience

The applicant must have an established history of collaboration with state and federal (including CDC) communicators responding to large-scale public health emergencies; knowledge of how public health

messaging is developed and disseminated during times of high uncertainty and concern; extensive expertise and experience with public polling gap analysis and the conduct of rapid-turnaround public polling for public health emergencies.

59/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Given the technical complexity of parts of the project, CDC expects that the applicant may need to subcontract some of the activities, specifically those related to

- Analysis of existing public opinion data
 - Development of instruments, sampling frames, and respondent samples in accordance with standards developed by the American Association of Public Opinion Research
 - Collection, analysis, and storage of additional public opinion information
 - Expertise in explaining complex data to the public and the media
- Publishing findings in influential public health journals, as outlined in Applicant Organizational Capacity section

85/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Potential subcontractors must demonstrate extensive scientific expertise and experience reviewing, developing, implementing, and analyzing public opinion data to support risk communication messaging during public health emergencies using standards that are consistent with nationally accepted guidelines of public opinion research. Subcontractors must also have a proven ability to share findings with public health communicators across multiple levels of government and publishing results in influential public health journals. Qualified subcontractors meeting all the required criteria may be found, for example, in academic schools of public health.

83/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable



FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Building State Workplace Health Program Expertise And Capacity Using Cdc Tools And Resources - Part 2
Work@health

Do not use all capital letters.

16/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category B

View Target Population Category
Descriptions☐

No

Target Population Description *

Public health, health promotion, and/or wellness professionals working in chronic disease prevention programs
within state and local health departments.

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

18/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$ 60,000

Funding Appropriation *

TBD

Funding Statutory Authority *

TBD

Expected Project Length *

- ☐ The CIO will fund the project for one year
- ☒ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☐

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☐**PROJECT DETAILS**

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Increasing health care costs and health-related decreases in worker productivity are leading American businesses to examine strategies to improve employee health and contain health costs that are largely driven by chronic diseases and related lifestyle choices. Employers are recognizing the role they can play in creating a healthy work environment and providing their employees with opportunities for healthy lifestyle choices. Workplace health programs not only benefit individual employees but make good business sense.

The approach that has proven most effective is to implement an evidence-based comprehensive health promotion program that includes individual risk reduction programs, coupled with environmental supports for healthy behaviors and is coordinated and integrated with other wellness activities.

The goal of this effort is utilize CDC workplace health tools and resources specifically Work@Health to compliment, amplify, and/or expand state-based efforts to build effective, comprehensive evidence-based workplace health programs in private and public employers in states.

144/150 words maximum

Program Strategy: Programs and Services**Activities ***

The recipient will support employers in building workplace health programs using CDC tools and resources. The recipient will:

- Train and certify a cadres of state public health professionals in the **Work@Health** program using the

train-the-trainer curricula with the intent to train additional employers in their states and communities. The training will build capacity and workplace health expertise within state and local health departments while raising awareness, knowledge, and skills level of employers in these same communities for developing and sustaining effective evidenced-based workplace health programs. Additional capacity and sustainability of efforts would entail certifying master trainers within states who are able to train and certify additional **Work@Health** trainers. Per the training program protocol, train-the-trainer candidates are certified (i.e., graduates) and are able to independently train employers after they complete the curricula and a live practice training involving 5 local area employers. The recipient identify and recruit training candidates and local area employers, schedule and host live trainings expanding the program reach and impact by adding certified trainers and offering additional employer training over time.

- Assist participating employers in completing a CDC Worksite Health ScoreCard online assessment and using the results to create a program action plan.
- Support employers in implementing selected strategies from their workplace health action plans.
- Support a training and technical assistance portal/platform available to certified trainers and employer trainees to facilitate and accelerate **Work@Health** training.
- Gather feedback on the CDC support tools from participating employers.
- Using the approved, evidence-based **Work@Health** program curricula and evaluation protocol, the grantee will be able to measure changes in trainee motivation and confidence, knowledge, and attitudes related to core workplace health program strategies and principles. Employers who are trained by certified trainers can measure organizational practice changes identified in the CDC Worksite Health ScoreCard.
- Provide technical assistance throughout the project to assist employers in completing all activities. This may involve customized training or technical assistance to promote state-based efforts and opportunities.
- Prioritize state and localities who are actively implementing evidence-based interventions that can be readily adapted for the worksite setting (e.g., Diabetes Prevention Program, Walk with Ease).

Process Measures *

1. Maintain and update training tools and resources available to trainers and employers.
2. Maintain and update training and technical assistance platform
3. Engage and conduct employers and states to be candidates for **Work@Health** training.

Outputs *

The recipient will develop partnerships with employers and/or employer groups, produce reports, draft

communications tailored to their audience, developed trained staff and tailored technical assistance activities.

Budget Period Outcomes *

1. Increased availability and accessibility of continuing education and training, tools and resources focused on public health competencies and new skills
2. Increased implementation of evidence-based public health programs, policies, and services
3. Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions.
4. Improved quality, availability, and accessibility of public health education materials, training, and implementation and evaluation tools and resources

Outcome Measures *

1. Increased availability and accessibility of continuing education and training, tools and resources focused on public health competencies and new skills
2. Increased implementation of evidence-based public health programs, policies, and services
3. Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions.
4. Improved quality, availability, and accessibility of public health education materials, training, and implementation and evaluation tools and resources

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Applicant should have organizational capacity to work with State Health Officials, State Health Departments, Local Health Departments, particularly chronic disease units as well as private non-profit organization. The applicant should have organizational capacity to provide outreach to and engagement with public and private employers in states. The applicant should also have technological capacity and infrastructure to offer training and technical assistance using multiple modalities (online, in-person, and blended approaches).

68/200 words maximum

Program Experience

Applicant should have experience in public health, behavioral science, social marketing, health

communications, program and policy development, and program evaluation. Applicant should have ability to reach into and engage the business community. Applicant should have a strong desire and commitment to build workplace health knowledge and capacity within the organization. It is desirable, but not necessary that applicant have experience in workplace health protection and promotion theory and practice, organizational change, evidence-based models and best practices, and industry trends.

78/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The activities will be carried out in close collaboration with the CDC Workplace Health Program, and partnership calls will be held at least monthly to discuss progress.

26/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The budget should adhere to CSTLTS and OFR requirements per the funding announcement. The organization should provide a qualified individual dedicated to lead this project. Cost will include staffing support, printing, mailing or other trainee and participant outreach, webinar hosting, evaluation data collection and analysis, training logistic support, travel.

48/200 words maximum



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Covid-19 Messaging For Chronic Disease Directors - Part 2

Do not use all capital letters.

8/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category B

View Target Population Category
Descriptions

No

Target Population Description *

State, territorial, and local public health chronic disease directors

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

8/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

3,000,000

Funding Appropriation *

COVID money

Funding Statutory Authority *

COVID money

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

This project will support a national education effort to educate persons with chronic diseases and those disproportionately impacted by COVID-19 on how to manage and prevent chronic diseases while safely navigating COVID-19 precautions and protocols. The need to manage one's chronic disease in collaboration with their health care provider during the COVID-19 pandemic, as well as post epidemic, will be the focus of the educational outreach strategy designed to support state chronic disease units. Educational outreach tools will be developed in both English and Spanish and will communicate the importance of continuing to manage and prevent chronic diseases through culturally relevant and contextually representative formats.

104/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

- Expand dissemination of messages through various channels including social media campaigns and local newscasters, movie theaters, and media network to reach inside physician offices and hospitals;
- Develop/enhance custom microsite that will serve as a universal call-to-action destination, feature additional disease prevention and management education and tools, and will accompany all messages;
- Provide technical assistance and training to state health departments on message amplification and how to independently place message assets; and
- Continuously monitor and evaluate the outreach strategies to make improvements and adjustments.

Process Measures *

- Increased dissemination of educational outreach tools/assets
- Increased "hits" on microsite to serve as a Call-To-Action for the messaging strategy
- Expanded/enhanced and/or communication new partnerships
- Targeted technical assistance with Chronic Disease Departments on utilization of assets
- Continuously monitor the effectiveness of educational outreach through Gallup polling

Outputs *

- Dissemination of messaging to all 50 states and territories, with an emphasis on populations and geographies disproportionately impacted by COVID-19.
- Develop and disseminate digital assets for use on local television, radio, social media, etc.
- Customizable social media toolkit assets, that reflect culturally representative imagery and designs reflective of high-risk populations.
- Print or electronic promotion materials that are culturally sensitive and reflect the target audience.
- Website/microsite developed
- Expanded/enhanced and/or communication new partnerships
- Targeted technical assistance with Chronic Disease Departments on utilization of assets

Budget Period Outcomes *

- Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health and disease prevention.
- Technical assistance delivered
- Increased partnerships resulting in leveraged websites and local newscasters for social media campaigns.
- New modes/targets for dissemination (Satellite Media Tour, movie theaters, physical offices, and hospitals)

Outcome Measures *

- Standard broadcast and digital metrics (impressions, target market reach, unique website visitors, video views, etc)

Program Strategy: Partnerships**Activities ***

- (1) Work with project partners to develop and disseminate educational outreach messages that specifically include the importance of safe physician visits, preventative self-care (including physical activity, healthy eating, and coping with stress), oral and vision care, disease screenings, smoking cessation, and vaccinations that resonate with target audiences;
- (2) Engage media and public relations networks to further reach at-risk communities through broadcast PSAs, radio interviews, social media, print, and earned media;

Process Measures *

- Increased number of communication partnerships or expand reach of existing communication partnerships

Outputs *

- Build or strengthen partnerships with at-risk and vulnerable population organizations that have been disproportionately impacted by COVID-19.
-

Budget Period Outcomes *

- Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health and disease prevention.

Outcome Measures *

- Strengthened dissemination partners engaged in educational messaging strategy.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

- Ability to reach target audience of state, local, and territorial chronic disease directors
- Experience in developing strategy and providing technical assistance to address persons with chronic disease, especially those at increased risk for poorer outcomes from COVID-19.
- Ability to strengthen and/or expand with existing partnerships with media/broadcast partners.
- Ability to monitor and evaluate project through various sources, including viewer ratings, google analytics, and survey data.

60/200 words maximum

Program Experience

- Program experience working CDC and chronic disease directors/units at the state, local, and territorial level is critical.
- Extremely knowledgeable in programs, policies, and strategies that are implemented at the national, state, local, and territorial levels to address chronic disease and associated risk factors at the population level.

45/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Collaboration with CDC's National Center for Chronic Disease Prevention and Health Promotion, media partners, and survey partners is expected. Collaboration with partners that can help reach target populations that are at increased risk for poorer health outcomes from COVID-19 is also expected.

41/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

It is expected that the recipient will continue to sub-contract work to continue to 2nd part of this project. The recipient has the flexibility to identify new sub-contractors in order to achieve the expected program outcomes. Recipient should ensure that the following information is available for each sub-contract: name of contractor, method of selection, period of performance, scope of work, method of accountability, and itemized budget and justification.

67/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

n/a

0/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

Project Plan Round

Admin Update

☐ Funded ☐ Unfunded



FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Expanding Capacity To Investigate Unexplained Respiratory Deaths Outside The Health-care Setting During A Pandemic Part 2

Do not use all capital letters.

15/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category B

View Target Population Category Descriptions

☐

No

Target Population Description *

Epidemiologists in State, local, and territorial health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

7/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

1,500,000

Funding Appropriation *

Coronavirus Aid, Relief, and Economic Security (C/

Funding Statutory Authority *

Consolidated Appropriations Act and the Coronavir

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems Yes ☒

Intermediate: Increased capability of public health systems to achieve nationally established standards No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Yes ☒

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

COVID-19 out-of-hospital deaths might represent fulminant presentations of COVID-19 or might be occurring in populations with limited health-care access or other factors leading to delays in seeking care. Deaths in this setting often fall under medical examiner/coroner (ME/C) jurisdiction. Facilitating partnerships between

epidemiologists and ME/C will support access to postmortem COVID-19 testing for unexplained deaths occurring in this setting. Access to this data could improve case detection and accuracy in death certification and ability to characterize clinical and epidemiologic factors associated with out-of-hospital deaths, which could inform prevention messages. To enhance capacity for the identification and investigation of unexplained out-of-hospital respiratory deaths this project seeks to fund a partner who will identify 6 jurisdictions to develop and implement protocols to identify and investigate unexplained out-of-hospital respiratory deaths.

126/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

- Developing protocols for unexplained respiratory death surveillance in collaboration with medical examiners or coroners
- Developing case ascertainment processes, report forms, data management systems, specimen collection guidelines, and laboratory testing criteria and capacity

Process Measures *

- Maintain development and optimization of 6 jurisdiction specific protocols and processes through maintaining at least monthly all-site project calls

Outputs *

- Development of 6 jurisdiction specific protocols and processes

Budget Period Outcomes *

- Develop a best practice report based on jurisdiction-specific protocols and processes

Outcome Measures *

- All jurisdictions document increased capacity to identify and perform laboratory testing on unexplained out of hospital respiratory deaths

Program Strategy: Data and Information Systems**Activities ***

- Establish linkages between data collected through this surveillance effort with existing medical examiner/coroner information systems, public health respiratory disease and COVID-19 surveillance platforms and vital records systems
- Reporting core data elements to CDC to enable cross-jurisdiction summary reports, presentations and publications

Process Measures *

- Document an increase in the number of jurisdictions with documented linkages between medical examiner/coroner information systems, other public health surveillance platforms and vital records systems.
- Maintain the number of jurisdictions sending frequent datasets to CDC for aggregate cross-jurisdiction analyses

Outputs *

- Development of 6 jurisdiction specific mechanisms to share information among public health, medical examiner/coroners, vital records, and CDC partners

Budget Period Outcomes *

- Develop a best practice report documenting achievements and lessons learned from developing jurisdiction-specific information sharing mechanisms
- Facilitate drafting a summary publication/presentation/report describing outcomes/findings

Outcome Measures *

- A 100% increase in the number of jurisdictions with documented processes regarding information sharing between public health, medical examiner/coroners, vital records, and CDC partners

Program Strategy: Partnerships**Activities ***

- Developing protocols for unexplained respiratory death surveillance in collaboration with public health partners and medical examiners or coroners
- Establish linkages between data collected through this surveillance effort with existing medical examiner/coroner information systems, public health respiratory disease and COVID-19 surveillance platforms and vital records systems

Process Measures *

- Jurisdictions document a 50% increase in the number of collaborative meetings between public health and medical examiner/coroner partners involved in the project
- All jurisdictions document an increase in the number of partners with which they are electronically sharing information regarding unexplained respiratory deaths

Outputs *

- Development of 6 jurisdiction specific mechanisms to share information among public health, medical examiner/coroners, vital records, and CDC partners

Budget Period Outcomes *

- Develop a best practice report based on jurisdiction-specific protocols and processes

Outcome Measures *

- All jurisdictions document an increase in collaboration among medical examiner/coroner, public health, and vital records partners

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Recipient should have demonstrated leadership, budgetary and coordination skills and expertise, to build collaborative relationships with and effectively disburse awarded funds to selected jurisdictions for the work identified above. The organization should have experience in establishing multi-site surveillance and other project efforts.

41/200 words maximum

Program Experience

Recipient should have demonstrated expertise in surveillance, epidemiology, public health capacity building, and a recognized leadership role with public health partner agencies and building capacity across public health workforce segments (e.g., epidemiology, surveillance, vital statistics).

34/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient should collaborate with awarded jurisdictions and CDC to develop protocols for unexplained respiratory death surveillance in collaboration with medical examiners or coroners and draft a best practice report describing project outcomes.

32/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

6/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

15/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

132,585

Funding Appropriation *

75-21-0950

Funding Statutory Authority *

Section 318(b-c) of the Public Health Service Act (4

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No

☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No

☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No

☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No

☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No

☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No

☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes

☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☐

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☐**PROJECT DETAILS**

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

To successfully implement HIV cluster and outbreak detection and response, health departments and prevention partners need a large and robust knowledge base of proven strategies for effective response to HIV clusters and outbreaks. This project will help to compile the knowledge base essential to informing scale-up of cluster and outbreak response under the *Ending the HIV Epidemic* (EHE) initiative. The goal of this project is to convene key informants who have been directly engaged in HIV cluster response efforts to identify best practices and lessons learned from their efforts and to distill, synthesize, and disseminate that information. The project activities will be implemented in close collaboration with CDC as part of a cooperative agreement.

113/150 words maximum

Program Strategy: Programs and Services**Activities ***

The recipient will work in close collaboration with CDC to conduct the following activities:

- Plan a summit to convene key informants who have been directly engaged in HIV cluster response efforts. Depending on circumstances at the time of award, including COVID-19 epidemiology and federal and organizational travel policies, CDC will work with the recipient to determine whether this meeting should be completely virtual in format, or a blended format allowing for an in-person meeting component.

- Work with CDC to identify health departments and community partners with relevant experience with cluster and outbreak response.
- Extend invitations to a CDC-approved list of attendees and follow up to confirm participation.
- Work with CDC to develop summit format, including agenda and speakers
- Determine venue, logistics, and transportation (if applicable).
- Identify high-quality platforms for virtual participation and collaboration to ensure virtual participants are able to engage in a meaningful way with dialogue and contribute to the outputs of the meeting.
- Establish a small steering committee of 12-15 experts from health departments and partner organizations with diverse backgrounds and skillsets whom are opinion leaders in their field.
- Engage steering committee during pre-meeting preparation to plan summit agenda, objectives, and outputs.
- Prepare a pre-meeting package to include a framing letter accompanied by a compilation of existing publications, toolkits, standing webinars/calls, and other resources for cluster and outbreak response identified by invitees.
- If appropriate for meeting format, conduct pre-meeting assessment or information-gathering with attendees.
- Work with CDC to host summit, including serving as a contact for speakers and attendees, liaising with space or virtual platform organization contacts, and all necessary logistic support to execute the summit. CDC will work with the recipient to determine details of the optimal format. For example, if it is possible to host an in-person component of the summit, attendance may be limited to the steering committee, recipient staff, and federal staff. A parallel virtual component of the summit would allow other stakeholders to observe and/or participate in the proceedings of the in-person meeting. Steering committee members and other invitees to the in-person meeting may opt for virtual participation.
- Use expert facilitators to assist with all potential components of the summit, including small in-person steering committee meeting, virtual meeting sessions, and virtual small group breakout sessions.
- Coordinate post-meeting communication, including evaluation, follow-up discussions, or dissemination of content related to summit proceedings.
- Distill and synthesize information shared at meeting into a suite of materials and to be disseminated jointly by CDC and recipient, including:
 - Notes from the summit;
 - Summaries of successful cluster response efforts, best practices, challenges, and collaboration strategies across partners; this may include best practices related to public health systems infrastructure, leadership and workforce, data and information systems, partnerships, and laws and policy, among other areas;
 - Description of priorities, gaps, and next steps identified by attendees; and
 - Description and findings of the summit via a white paper or other format for use by health departments and others involved in cluster response.

- Engage steering committee after the summit for their review and contributions to meeting outputs.
- NOTE: All materials will require review and clearance by CDC technical monitor. Some materials (e.g., white paper) may require CDC clearance before dissemination. CDC will lead the dissemination of these products in collaboration with the recipient.

Process Measures *

- Establishment of steering committee.
- Pre-meeting package materials developed in partnership with CDC in preparation for summit.
- Summit convened.
- At least 70% of invited organizations (e.g., health departments and community partners) will attend the summit.

Outputs *

- Virtual summit sessions recorded, edited, and made available as online resources.
- Development of a suite of materials, including summit notes and white paper, based on discussions and resources shared at the summit (see above).

NOTE: These materials will be drafted by the recipient but reviewed and revised by CDC technical monitor and subject matter experts; some materials may require CDC clearance before dissemination.

Budget Period Outcomes *

- Summit hosted to synthesize best practices and lessons learned from key stakeholders in HIV cluster detection and response.
- Summit participants improve capacity to identify and implement best practices for HIV cluster response through preparation and participation in the summit
- CDC-funded health departments increase knowledge of best practices for HIV cluster response through dissemination of summit findings webinar and development of reports for dissemination

Outcome Measures *

- At least 75% of summit participants report learning new best practices for HIV cluster response after participation in the summit.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Applicants should demonstrate capacity to support infectious disease workforces in health departments (state, tribal, local, or territorial) and to engage with community partners engaged in HIV prevention. Applicants should demonstrate capacity and infrastructure to organize and host an in-person or virtual meeting with national stakeholders. Expert facilitators do not necessarily need to have HIV subject matter expertise but should be familiar with and conversant in public health. Applicants should have access to appropriate technology platforms to host an interactive virtual meeting with national stakeholders.

83/200 words maximum

Program Experience

Applicants should describe their experience working with infectious disease workforces in health departments (state, tribal, local, or territorial), specifically with HIV program activities. Applicants should demonstrate experience in the following:

- building the capacity of infectious disease workforces in health departments (state, tribal, local, or territorial);
- collaborating with health departments and community partners to implement HIV programs, including HIV cluster and outbreak response, HIV prevention, care, and treatment;
- convening diverse HIV program stakeholders through in-person and virtual meetings;
- using technology platforms and tools to host interactive virtual meetings and promote creative interaction; and
- synthesizing and disseminating scientific evidence and best practices.

94/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

In preparing and hosting the summit, the recipient will be expected to collaborate extensively with CDC, as well as with health department staff (HIV prevention, surveillance, partner services, and HIV care), other HIV partners (e.g., health care providers, community-based organizations), and potentially other federal partners, including representatives from the HRSA and SAMHSA.

51/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Subcontractual work is not expected, but may be allowable pending CDC approval.

11/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The budget should include personnel for meeting coordination and in-person meeting venue costs. The budget should include travel for the steering committee members (i.e., 12-15 representatives from health departments or community partners).

Note: The proposed project funding amount is intended for hosting a blended format summit, including a small in-person meeting with a parallel virtual meeting. At the time of the award, if a completely virtual meeting format is more appropriate given circumstances (e.g., restrictions on travel and/or the size of in-person gatherings), the proposed funding amount may change.

87/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.



FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Mat-link2: Expansion Of Maternal And Infant Network - Part 2

Do not use all capital letters.

9/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category B

View Target Population Category
Descriptions

No

Target Population Description *

Public health informaticians in STLT health departments with access to data on pregnant and postpartum persons receiving medication-assisted treatment for opioid use disorder

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

21/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

2,211,403

Funding Appropriation *

To be confirmed

Funding Statutory Authority *

To be confirmed

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance Yes ☒

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies No ☐

Yes ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of MAT-LINK is to assess clinical practice patterns and improve knowledge of risk factors and health outcomes among people receiving OUD treatment during pregnancy and their infants. Four sites are currently collecting data; this will expand the existing MAT-LINK surveillance system to 2-3 additional sites.

The project objectives to expand MAT-LINK include:

1. Increase diversity of MAT-LINK network through expanded geographic representation and greater representation of racial and ethnic minority populations;
2. Extend follow-up of children from two years to six years of age to assess cognitive and motor development;
3. Improve knowledge about maternal, infant, and child outcomes, including NAS, and enhance clinical care of pregnant people with OUD and infants with prenatal opioid exposure; and
4. Participate in a maternal health collaborative that will inform national data standards and further collaborate with other federal agencies to provide subject matter expertise and coordinate programmatic efforts

138/150 words maximum

Program Strategy: Data and Information Systems**Activities ***

1. Develop collaborations with clinical sites to provide data to a shared patient-provider decision-making model
2. Work with clinical sites to adopt a core set of variables for surveillance of OUD during pregnancy
3. Adapt secure data entry system with new clinical sites

Process Measures *

1. Collaborations process measures:
 - Application process
 - Technical reviews
2. Abstraction/data collection:
 - Validate child follow-up variables with comments and input from sites
 - Training on data collection
3. Piloting data entry system process measures:
 - Data quality checks
 - Reabstractions
 - Quarterly data reports

Outputs *

1. Collaborations output:
 - Award notification to subawardees
 - Site orientation
 - Site visits
2. Abstraction/data collection outputs:
 - Final data collection/abstraction tools
 - Report describing data infrastructure including mother/child dyad linkage process
3. Data entry system outputs:
 - Database on a secure server with log-in information for each site

Budget Period Outcomes *

Expand the first multi-site surveillance network capturing standardized data about maternal, infant, and child outcomes following OUD treatment in pregnancy to 2-3 additional clinical sites and extend child follow-up to six years of age.

Outcome Measures *

- Improved epidemiological capacity for surveillance of OUD during pregnancy
- Translation of data to inform policies, clinical practice recommendations, and clinical care decisions

Program Strategy: Communication and Information Technology**Activities ***

1. Provide a proposal mechanism for accessing results to encourage additional public health recommendations
2. Perform data analyses and synthesize results based on a planned data research plan
3. Disseminate results and conclusions

Process Measures *

1. Process developed for data availability via proposal
2. Completed table shells with data
3. Dissemination plan

Outputs *

1. Proposal process established and publicized
2. Reports drafted in collaboration with CDC
3. Present at conferences and professional meetings, communication across HHS operating divisions, public channels, and media outlets

Budget Period Outcomes *

Improved understanding of timing of opioid or polysubstance exposure, OUD treatment initiation, and

maternal co-morbidities on maternal, infant, and child outcomes

Outcome Measures *

- Improved knowledge and awareness of the impact of mediating and moderating factors that contribute to treatment compliance and success
- Informed recommendations for treatment and early intervention for infants and children born to people with OUD

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

CDC will collaborate with a partner organization with the capability to identify clinical sites and manage high quality timely data. The partner will have national recognition, experience with similar projects, and a demonstrated ability to work with clinical sites, including healthcare providers, treatment facilities, and hospital systems that treat pregnant persons and children impacted by OUD.

The recipient will provide informatics expertise that is comprised of personnel with experience with business analytics, data management and analysis, data acquisition, and enterprise architecture. The partner will support CDC's efforts to develop and maintain standard operating procedures as well as adjust data acquisition approaches to meet the existing technical infrastructures of each of the awarded sites. As informatics experts, the partner will have technical knowledge of semantic standards for data capture, data transfer protocols, relational databases, data security, and data analysis and visualization tools and approaches. Efforts will focus on executing the core data management activities of data collection, data transfer, data compiling, data quality control, data storage, and making data available for analysis in partnerships and collaboration with all stakeholders (e.g., clinical sites) to support common goals and objectives around maternal-child longitudinal surveillance for opioid use exposure.

194/200 words maximum

Program Experience

The partner will have experience working with clinical and public health entities, surveillance expertise, and understanding of maternal and child health issues. The partner will also demonstrate considerable informatics

capabilities. The partner will also have experience managing sub-awards. The partner is required to have experience working across multiple IT infrastructures/platforms and bringing that knowledge to this collaborative effort.

58/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The partner will collaborate with CDC and clinical sites.

The partner will work with potential clinical sites and CDC to define inclusion and exclusion criteria and orient sites on medical record abstraction. As sub-awardees of the partner, sites will have technical knowledge of and access to relevant data sources.

The partner will identify and sub-award to 2-3 clinical sites. Funding by site will vary depending upon the number of cases per year and resources needed to facilitate data collection. Sites may include healthcare providers, treatment facilities, and hospital systems that treat pregnant persons and children impacted by OUD. Site criteria may include:

- Location in geographically diverse region not currently represented in MAT-LINK;
- Serve a diverse patient population;
- Ability to collect data on different treatment regimens;
- Ability to provide follow-up data on children up to age six years;
- Ability to quickly adapt existing data system to collect data through MAT-LINK's IT infrastructure; and
- Data availability between 2014 and present.

Collaboration with sites will enable accurate data reporting as well as participation in the dissemination of project analyses through manuscripts and presentations.

170/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Cooperative Agreement recipients must obtain written approval from CDC prior to establishing a third-party contract to perform program activities. Approval by CDC to utilize funds and initiate program activities through the services of a contractor requires the submission of the following information for each contract to CDC:

1. Name of Contractor
2. Method of Selection
3. Period of Performance
4. Scope of Work

- 5. Method of Accountability
- 6. Itemized Budget and Justification

59/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funding allocated will be used to support the partner team, required organizational indirect costs, travel (if applicable), supplies, and the management of the sub-awards. Funds will allow the partner to set up information systems to capture surveillance data. The selected sites will be expected to allocate their funds across the project period. If funding is limited, proposed work plan and budget should be scalable.

64/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐

Set to Yes to allow changes to the CIO.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

10/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

21/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

2,300,000

Funding Appropriation *

75-2024-0943 CARES Act

Funding Statutory Authority *

Consolidated Appropriations Act and the Coronavir

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively Yes ☒

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions Yes ☒

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health Yes ☒

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The goal of this project is to increase the capacity of Latino/Latinx communities at high risk for COVID-19 to effectively respond through the engagement of trusted community-based organizations, tailored communications, and the mobilization of Promotoras trained to deliver COVID-19 prevention messages and community mitigation strategies.

44/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

Activity #1: Providing CBA on using local health data (e.g. medical records, clinic data) and social determinants of health data to:

- a) prioritize communities and subgroups for interventions (herein after referred to as priority population)
These communities or subgroups may include worksites, neighborhoods, faith-based and civic organizations with concentrated populations of Latinos/Latinx.
- b) document gaps in disaggregated data available for decision making among Latino/Latinx communities.

Activity #2: Providing CBA on using rapid community needs assessments to determine a) the barriers to and enablers of community mitigation practices to prevent COVID-19 and b) use of community mitigation practices. Barriers might include:

- lack of in-language COVID-19 information available in suitable modalities,
- lack of trained Promotoras/es working in prioritized subgroup communities,
- lack of appropriate COVID-19 toolkits for Promotoras/es,
- inability to socially-distance in a multi-generational home,
- rumours and misinformation about COVID-19.

Process Measures *

Process Measure (PM) #1: Recipient provided CBA (#/type) to partners on using disaggregated health data and social determinants of health evidence to prioritize communities or subgroups for intervention.

Process Measure (PM) #2: Recipient provided CBA (#/type) to partners on carrying out rapid community needs assessments in priority populations to ascertain a) use of and b) barriers to community mitigation practices to prevent the spread of COVID-19 and promote vaccine protection.

Outputs *

Output #1a: Description of subgroups (#/type) prioritized using local COVID-19 health data/SDOH evidence.

Output #1b: List of gaps (#/type) in local COVID-19 health data and SDOH evidence for priority populations.

Output #2: Summary of findings from rapid community needs assessment, including barriers to (##/type), enablers of (##/type), and use of COVID-19 mitigation practices in priority populations.

Budget Period Outcomes *

Budget Period Outcome #1a: (##/%) of partners who priority populations for intervention using local health data and social determinants of health data

Budget Period Outcome #1b: (##/%) of partners who documented gaps in disaggregated data available for Latino/Latinx subgroups.

Budget Period Outcome #2: (##/%) of partners who implemented rapid community needs assessments.

Outcome Measures *

Outcome Measure (OM) #1a: Partners (##/%) who priority populations for intervention using local health data and social determinants of health data.

Outcome Measure (OM) #1b: Partners (##/%) who documented gaps in disaggregated data available for Latino/Latinx subgroups.

Outcome Measure (OM) #2: Partners (##/%) who implemented rapid community needs assessments.

Program Strategy: Partnerships

Activities *

Activity #1: Identify and forge partnerships with national and trusted local organizations and local leaders serving populations at high-risk for COVID-19 and related harm.

Activity #2: Provide CBA to partners on identifying, engaging, and collaborating with trusted local leaders and community members in priority populations in all phases of implementing mitigation strategies to prevent the spread of COVID-19 and promote vaccine protection.

Process Measures *

Process Measure (PM) #1: (##/type) of partnerships established and sustained with national and trusted local organizations and local leaders serving populations at high-risk for COVID-19 and related harm.

Process Measure (PM) #2: CBA (#/type) provided to partners on identifying, engaging, and collaborating with trusted local organizations, local leaders, and community members in prioritized subgroup communities in all phases of implementing mitigation strategies to prevent the spread of COVID-19 and promote vaccine protection.

Outputs *

Output #1: Description of partners (i.e. subcontractors) (#/organization type/priority population served).

Output #2: Description of subcontractors' community consultants (#/organization type/priority population served).

Budget Period Outcomes *

Budget Period Outcome: Partners (i.e. subcontractors) collaborating with trusted local organizations and local leaders serving populations at high-risk for COVID-19 and related harm.

Outcome Measures *

Outcome Measure (PM): (#/%) of partners collaborating with trusted local organizations and local leaders serving populations at high-risk for COVID-19 and related harm.

Program Strategy: Programs and Services

Activities *

Activity #1: Provide CBA to partners on designing and implementing tailored mitigation strategies (with community engagement) aiming to a) reduce barriers to and b) increase use of community mitigation practices to prevent the spread of COVID-19 and promote vaccine protection in priority populations. COVID-19 mitigation strategies should be directly linked to the barriers and enablers identified by the rapid community needs assessment, strategies might include:

- Creation and dissemination of culturally and linguistically tailored information focused on preventing the spread of COVID-19 and promoting vaccine protection of Latino/Latinx communities via multiple

modalities (e.g., radio talk shows; faith-based organizations, labor unions etc.)

- Training and mobilizing Promotoras/es to serve priority populations,
- Creation of appropriate COVID-19 toolkits

Activity #2: Recipient develops an evaluation plan with valid indicators and measures to assess intended effects of mitigation strategies implemented to prevent the spread of COVID-19 and promote vaccine protection and impact. CBA provided to partners on developing evaluation plans with valid indicators and measures to assess whether interventions had their intended effects (e.g., increase in knowledge, attitude, and behavior) and impact (i.e., decrease in COVID-19 infection, hospitalization, and death).

Activity #3: Expand the cadre of trained Promotoras/es in partner (i.e., subcontractors) and community consultants in Latino/Latinx communities to prevent the spread of COVID-19 and promote vaccine protection.

Process Measures *

Process Measure (PM) #1: (#/type) of CBA provided to partners on designing and implementing tailored mitigation strategies in priority populations.

Process Measure (PM)#2 : Recipient's evaluation plan includes (#/type/data sources) of valid indicators and measures to assess the effectiveness and impact of mitigation strategies implemented to prevent the spread of COVID-19 and promote vaccine protection.

Process Measure (PM)#3: (#) of Promotoras/es trained to provide culturally responsive and situationally sensitive COVID-19 mitigation advice to Latino/Latinx communities.

Outputs *

Output #1: Summary of CBA provided to partners on designing and implementing tailored mitigation strategies in priority populations

Output #2: Report of evaluation results to track the effectiveness and impact of mitigation strategies implemented to prevent the spread of COVID-19 and promote vaccine protection

Output #3: Documentation of Promotoras/es training-of-trainers culturally and situationally responsive curriculum addressing COVID-19 mitigation strategies.

Budget Period Outcomes *

Budget Period Outcome #1: (#/%) of partners who implemented tailored COVID-19 mitigation strategies.

Budget Period Outcome #2: Recipient submit program evaluation findings for (#) of partners (i.e., subcontractors) and (#) of community consultants in Latino/Latinx communities-- including programmatic challenges, lessons learned, and promising practices.

Budget Period Outcome #3: (#) of trained Promotoras/es providing culturally responsive and situationally sensitive mitigation strategies to prevent the spread of COVID-19 and promote vaccine protection.

Outcome Measures *

Outcome Measure (OM) #1: (#/%) of partners (i.e., subcontractors) who implemented CBA provided to design and implement tailored mitigation strategies in priority populations.

Outcome Measure (OM) #2: (#/description) of the recipient's evaluation plan: outcomes, programmatic challenges, lessons learned, and promising practices.

Outcome Measure (OM) #3: (#) of Latino/Latinx community members reached by trained Promotoras/es providing culturally responsive and situationally sensitive mitigation strategies to prevent the spread of COVID-19 and promote vaccine protection.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient may be a racial and ethnic minority serving organization with an established history of providing responsive capacity building services to Latino/Latinx communities and organizations.

25/200 words maximum

Program Experience

The recipient program experience may include their capacity to work with various sectors with solid administrative and programmatic infrastructure with subject matter expertise in social determinants of health, health disparities, COVID-19 mitigation strategies, and advancing health equity approaches in Latino/Latinx communities.

40/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient is expected to collaborate with various national and local organizations that serve Latino/Latinx communities in multiple states. The recipient will establish and sustain formal partnerships with Latino/Latinx serving community-based organizations. The recipient will convene a committee of trusted partners, community, and subject matters experts.

46/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The recipient is expected to subcontract with national and local organizations that serve Latino/Latinx communities in multiple states.

17/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Not Applicable



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Do not use all capital letters.

12/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *View Target Population Category
Descriptions☐

No

Target Population Description *

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

18/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

500,000

Funding Appropriation *

75-2024-0943, CARES Act

Funding Statutory Authority *

The Coronavirus Aid, Relief, and Economic Security Act

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No



Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No



Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Yes



CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

Yes



Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Yes



No



Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

This project is comprised of 3 components (1) baseline data collection via redcap from 12 different hospitals (2) continuation of a previously CDC approved surveillance project that will capture results from clinically ordered doppler imaging scans and blood draws as part of COVID related care and (2) the development of web content for a consumer webpage with emphasis on disparities. For component # 2, based on the complexity of VTE in the COVID patient, doppler imaging will be clinically used to detect asymptomatic deep vein thrombosis in order to attempt to prevent pulmonary embolism, a frequently lethal complication and to ensure clot resolution when clinically indicated. The patients will also be clinically monitored by blood draws for indication of blood clot formation and inflammation.

122/150 words maximum

Program Strategy: Data and Information Systems

Activities *

DATA REPOSITORY

- Developing an online data repository to gather and analyze information regarding prevalence of venous and arterial thromboembolic events in adult and pediatric hospitalized, ICU and post-discharge settings

- Planning and hosting a survey of best practices regarding a) thromboprophylaxis strategies for hospitalized patients with COVID-19, b) thromboprophylaxis strategies for patients admitted to intensive care units c) thromboprophylaxis strategies for adult and pediatric patients discharged after hospitalization for COVID-19.
- Developing a narrative and/or systematic review that analyzes and interprets data from the surveys mentioned above as well as includes input from patients and patient advocates to educate health care professionals regarding COVID-19-related coagulopathy prevalence, incidence and anticoagulant best practices.
- Create and disseminate educational materials explaining the association between COVID-19 and coagulopathy and the pronounced incidence of VTE being reported in COVID-19 patients.

Materials Development: Prioritize materials development and distribution in four phases:

- **Phase I** – Create core educational tools (e.g., FAQs, glossary of terms) to address immediate information needs, including thrombotic complications of COVID-19. Conduct online survey and/or focus groups to gauge patient perspectives and inform Phase II content development.
- **Phase II** – Expand core content to include more in-depth background information and MASAB guidance specific to a) people with thrombophilia and their caregivers b) people prescribed anticoagulation therapies and c) other subpopulations at increased risk for VTE. Include downloadable content, such as fact sheets, that individuals can discuss with their healthcare providers.
- **Phase III** – Collect, compile and document important insights derived from data analysis/evaluation, including demographics and social determinants of health, related to COVID 19 and VTE. Share with HCPs and the public/patients, when available/as appropriate. Also, quarterly updates and expansion of content based on evolving information needs and emerging new evidence/science associated with COVID-19 and VTE.
- **Phase IV** (Post-performance period, process extension) – Ongoing updates for patients and HCPs based on emerging science and new clinical information. Could include updates or additional information added to an existing online VTE curriculum for HCPs as its updating begins later in 2021 for required renewal of CEs.

Enduring Access Point for Content. Disseminate content via a dedicated COVID-19 and VTE web page, or dedicated COVID-19 portfolio of related resources on an existing national organization's website (e.g., www.stoptheclot.org). This dedicated web resource also will link to credible resources shared by KOLs in this space, including, for example, existing resources from CDC, a national organization focused on hematology, and other institutions with high outbreak and related resources such as healthcare agencies serving populations of color

- Dissemination and Health Promotion
- Expand Information Access/Distribution for HCPs

- Undertake surveillance of electronic health records, hospital discharge data, and death records from 13 hospitals in Oklahoma County, OK using case definitions and a surveillance strategy developed in a previous CDC-funded VTE surveillance program.

Continue to conduct prospective surveillance of VTE patients that will include new COVID patients in the hospital at OU Medicine. As previously done for the approved CDC surveillance, cases will be identified by routine case finding using ultrasound of the legs and the appropriate clinical testing in patients who develop symptomatic clinically suspected VTE.

Process Measures *

Ongoing dissemination and health promotion activities increases uptake of project educational tools and resources, as well as awareness of content created relative to COVID-19 and VTE.

Number of educational materials developed and disseminated

Number of hospitals included in surveillance of VTE in Oklahoma County, OK

Number of individuals with Covid-19 infection participating in surveillance

Outputs *

- Web-based educational content, including: FAQs, fact sheets, web-based background information. Patient survey data to expand understanding of patient information needs/perspectives. Patient-centric information with downloadable content for sharing/discussion with HCPs. Ongoing updates.
- Webinar(s), publication(s), podium presentations targeting HCPs, as appropriate.
- Abstract of preliminary findings of each of the activities for the 2021 national annual meeting focused on thrombosis and haemostasis (submit January 2021).
- One manuscript from each of the two main activities to be submitted to peer-reviewed journals.
- An abstract from each of the two activities for a 2021 national annual meeting focusing on heart health or hematology.

Budget Period Outcomes *

- Increased collaboration of health professionals working together to understand and track the provision of essential health services for individuals with bloods disorders who have been affected by a severe complication of COVID-19.
- Improved capacity to conduct clinical-translational science investigation of Covid-19 patients.

- Improved knowledge of how coagulopathy and VTE influence the health outcome of patients with Covid-19 infection, and how the complication of VTE contributes to mortality, morbidity and disability in these patients.

Outcome Measures *

- % of HCPs and other health professionals reporting an increased awareness and basic understanding about the association between COVID-19 and VTE and/or prescribed blood thinners.
- # of hospitals reporting an improved capacity to conduct clinical-translational science investigation of Covid-19 patients.
- % of patients reporting an increased awareness of patient-centric information about COVID-19 and VTE, particularly among subpopulations at increased risk for VTE.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Should have the capacity to advance policies and practices that improve the health, education, social, and economic well-being of all people with developmental and other disabilities, their families, and their communities. o connect public health partners for systems change efforts as a multidisciplinary network of university-based training and service centers and programs.

50/200 words maximum

Program Experience

Has experience working on Venous thromboembolism (VTE) projects, including both deep vein thrombosis (DVT) and pulmonary embolism (PE), as this an important and growing public health issue which contributes to disability. Prior experience and collaboration with prevalence methodologies, surveillance strategies, and quality of life issues for living well with a blood disorder have been explored.

50/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Ability to work collaboratively with CDC staff on determining appropriate work plan methodology and other

project implementation methods, including development of manuscripts and presentations. CDC staff will also participate in meetings relevant to performance measure exploration. All findings and associated presentations, abstracts, reports and manuscripts will include relevant CDC staff.

48/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

If subcontractors are needed, ensure they have the necessary qualifications and experience to complete the designated task(s).

16/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

- Funds may not be used for capital expenditures, such as construction and renovations or for clinical care.
- Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs.
- Funds for conducting conferences and workshops such as registration, travel, per diem, room rental, audio-visual and related expenses are allowed.
- Except for travel related per diem expenses of grantee, consultants, contracts, and subcontracts/subawardees, funds may not be used for other food and beverage expenses.
- Funds may not be used for the provision of clinical services (e.g., blood draws).

92/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Forging Asian and Pacific Islander Community Partnerships for Rapid Response to COVID19 Part 2

Do not use all capital letters.

13/10 words maximum

CIO

Division *

Other Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

CBOs serving racial/ethnic minority communities

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

4/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

3,000,000

Funding Appropriation *

75-2024-0943 CARES Act

Funding Statutory Authority *

Consolidated Appropriations Act and the Coronavir

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems Yes ☐

Intermediate: Increased capability of public health systems to achieve nationally established standards Yes ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Yes ☐

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

To leverage national partnerships between community organizations serving Asian Pacific Islander communities to reach APIHN communities with tailored, culturally appropriate health messages to influence change in behaviors, attitudes, and knowledge of COVID19 mitigation strategies.

33/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

1. Collaborate with community-based partners with community-level networks to enhance ability to support AANHPI communities at high risk for COVID-19
2. Identify community organizations with networks of AANHPI communities at high risk for COVID-19 infection, hospitalization and death
3. Ensure availability of disaggregated data by AANHPI subgroups for prevention efforts and health equity assessments.
4. Ensure communities conduct rapid assessment of COVID-19 in identified sub-groups by utilizing community resources informed from input by identified subgroups
5. Support culturally appropriate education and communication materials specific to each AANHPI subgroup that support health advancing behavior related to COVID mitigation at the community-level
6. Work with community members and community-based organizations to identify, develop, adapt and disseminate appropriate COVID-19 prevention and treatment strategies.
7. Develop a report of lessons learned and promising practices on community-level strategies for addressing COVID-19 on the ground of AANHPI communities.

Process Measures *

1. Identify and prioritize communities for intervention
2. Use community needs-assessment data to design programs and services that address emerging or real-time COVID19 health needs
3. Identify and adopt evidence-based interventions that address the communities' COVID19 health related needs that are culturally sensitive and adapted to each identified sub-population
4. Engage stakeholders and community members in identifying and addressing COVID19 health issues through collaborative processes

Outputs *

- Description of subgroups (#/type) prioritized using local COVID-19 health data/SDOH evidence.
- Summary of findings from rapid community needs assessment, including barriers to (#/type), enablers of (#/type), and use of COVID-19 mitigation practices in prioritized subgroups.

Budget Period Outcomes *

- 100% of partners implemented evidence-based interventions.
- 100% of trained trusted community members or community health workers provided culturally responsive and situationally sensitive COVID-19 mitigation advice.
- 100% of partners completed program evaluation.

- 100% of partners shared programmatic challenges, promising practices, and lessons learned with community and funding stakeholders.

Outcome Measures *

- Report of lessons learned and promising practices of culturally and linguistically specific community informed COVID19 mitigation strategies.

Program Strategy: Partnerships

Activities *

1. Collaborate with community-based partners with community-level networks to enhance ability to support AANHPI communities at high risk for COVID-19
2. Identify community organizations with networks of AANHPI communities at high risk for COVID-19 infection, hospitalization and death
3. Ensure availability of disaggregated data by AANHPI subgroups for prevention efforts and health equity assessments.
4. Ensure communities conduct rapid assessment of COVID-19 in identified sub-groups by utilizing community resources informed from input by identified subgroups
5. Support culturally appropriate education and communication materials specific to each AANHPI subgroup that support health advancing behavior related to COVID mitigation at the community-level
6. Work with community members and community-based organizations to identify, develop, adapt and disseminate appropriate COVID-19 prevention and treatment strategies.
7. Develop a report of lessons learned and promising practices on community-level strategies for addressing COVID-19 on the ground of AANHPI communities.

Process Measures *

1. Identify and prioritize communities for intervention
2. Use community needs-assessment data to design programs and services that address emerging or real-time COVID19 health needs
3. Identify and adopt evidence-based interventions that address the communities' COVID19 health related needs that are culturally sensitive and adapted to each identified sub-population
4. Engage stakeholders and community members in identifying and addressing COVID19 health issues through collaborative processes

Outputs *

- Description of partners (#/type/subgroups served) identified and contracted.
- Description of community participation (# of community members, type of engagement process, demographic description of communities engaged).

Budget Period Outcomes *

- 100% partners who collaborated with trusted local leaders and community members in prioritized subgroups in all phases of intervention design, piloting, and implementation.

Outcome Measures *

- AANHPI communities receive community informed COVID19 mitigation interventions
- Knowledge, attitude, and behavior change of community members because of COVID19 mitigation interventions

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient must demonstrate capacity to partner with community health organizations (serving at least 3 states), and at least six community health centers with concentrated populations of Asian and Pacific Islanders. The recipient must leverage critical national and local API partners with the requisite experience, expertise, and access to the targeted communities to implement this community-based program. The recipient should show evidence of capacity to convene an Advisory Committee of trusted partners to refine the project design and implementation. The recipient will demonstrate capacity to locate and use state, local, and community health

clinic data.

92/200 words maximum

Program Experience

The recipient must demonstrate experience in providing capacity building assistance to AAPIHN serving organizations and assist partners so they may:

- Identify and prioritize communities for intervention
- Conduct rapid community needs-assessment
- data to design programs and services that address emerging or real-time health needs
- adopt evidence-based interventions
- Engage stakeholders through collaborative processes

45/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

No requirements for collaborative work

4/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

No requirements for subcontracts

3/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Please refer to instructions in supplemental NOFO



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Living Learning Network To Facilitate Information Sharing Among Covid-19 Critical Care Providers Part 2

Do not use all capital letters.

13/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

US Hospitals and health systems with critical care providers

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

8/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

500,000

Funding Appropriation *

Probably 75-2022-0943

Funding Statutory Authority *

TBD

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance No ☐

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☒

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

No ☐

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The project purpose is to *improve scientific and clinical information sharing among clinical care clinicians providing care to COVID-19 patients to help improve clinical management of disease.*

25/150 words maximum

Program Strategy: Data and Information Systems

Activities *

The emergence of the novel SARS-CoV-2 virus has been met with substantial mobilization of research efforts to better understand the virus, COVID-19, and best practices for clinical management of disease. The stream of new data and the reality of real-time learning among healthcare providers underscores the importance of sharing the best, most up-to-date medical and scientific evidence with frontline healthcare providers who are caring for patients with COVID-19. Information-sharing among healthcare providers will make it easier to identify trends in symptoms, recovery times, experimental treatment efficacy, etc. across different hospitals and geographic locations.

CDC is proposing engage with an recipient to develop a platform to serve frontline hospital- and emergency department (ED)-based providers to improve situational awareness and the ability to manage severely ill patients with COVID-19. Coordination with professional societies with organizational capacity and broad reach to clinicians in the fields of intensive care, hospitalized medicine, and emergency medicine should be prioritized. Efforts should also be made to reach advance practice providers, respiratory therapists, nurses, and others who work alongside the targeted providers.

Proposed elements of the platform:

- Facilitate peer-to-peer information sharing
- Host learning networks
- Host and manage real-time information dissemination through online discussion forums or other means
- Help to rapidly disseminate CDC guidelines, job aides, and tools
- Inform clinicians of relevant CDC educational offerings
- Provide clinical input to CDC for the development and refinement of tools

All activities and educational offerings funded through this initiative should be made freely available, and access should not be restricted to only members.

Process Measures *

of educational offerings/tools

Outputs *

- Within one month of award, recipient establishes a web platform to facilitate peer-to-peer information sharing, disseminate CDC guidelines, job aides, and tools, and hosts and manages real-time information dissemination through online discussion forums or other means.
- Within three months of the award, recipient web platform can host learning networks and is able to provide clinical input to CDC for the development and refinement of tools.
- Clinical Care Clinicians who are caring for patients with COVID-19 are able to access and share up-to-date medical and scientific evidence to better enable the identification of symptoms, recovery times,

experimental treatment efficacy, and other clinically relevant information across different hospitals and geographic locations.

Budget Period Outcomes *

- Improved information sharing among critical care clinicians providing care to COVID-19 patients to help improve clinical management of disease.
- Activities and education offerings funded through with initiative should be freely available and not limited based on society membership

Outcome Measures *

of learning networks

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient will have the capacity to identify model programs and services, distill scalable elements of these models, and translate those model elements into strategies and tools that can be disseminated and implemented at scale while allowing for customization for the target population and other stakeholders. The recipient must demonstrate capacity to oversee and manage all aspects of the project to ensure that subject matter experts and CDC-recommended stakeholders are engaged, appropriate communication modes are used to disseminate developed tools, and the developed tools are available and useful to the target population and other healthcare stakeholders.

96/200 words maximum

Program Experience

The recipient must have experience translating clinical recommendations for execution in healthcare systems and other healthcare settings. Demonstrate experience working directly with healthcare systems, hospitals, or

other healthcare settings to build internal capacity, particularly for emergency preparedness and response needs. Tools will be produced that can be adapted to the local context, but maintain fidelity to CDC's recommendations. The recipient must have documented experience in the context of public health emergency preparedness and response: translating clinical recommendations for execution in healthcare settings (e.g., hospitals, health systems, community health clinics), working directly with healthcare providers and settings to build internal capacity, and developing tools for healthcare settings and/or providers to translate clinical recommendations to practice.

113/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas

.

19/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The successful applicant is expected to play a substantial role in implementing project activities.
Subcontracting is permitted, as needed, to address specific technical needs associated with project activities.

27/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Recipient will be permitted to expend funds for project-related costs (personnel, fringe, supplies, etc.) in accordance with general terms and conditions for non-research cooperative agreement. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Living Learning Network To Facilitate Information Sharing During Covid19 Among Healthcare Systems And Their Members Part 2

Do not use all capital letters.

16/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category C

View Target Population Category Descriptions

☐

No

Target Population Description *

US hospitals and health systems

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

4/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

500,000

Funding Appropriation *

75-2022-0943

Funding Statutory Authority *

-TBD

Expected Project Length *



The CIO will fund the project for one year



The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance

No ☐

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies

Yes ☐

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs No ☐

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Goal: Partner with AHA's recipients to help improve information sharing of best practices among healthcare administrators of facilities, providing expertise, resources, and reach to support COVID-19 response and prevention within hospitals and health systems.

33/150 words maximum

Program Strategy: Data and Information Systems

Activities *

The emergence of the novel SARS-CoV-2 virus has been met with substantial mobilization of research efforts to better understand the virus, COVID-19, and best practices to ensure hospitals and health

systems have the most up-to-date information, resources, and support to reduce further spread of infectious disease and promote prevention practices. The stream of new data and the reality of real-time learning among administrators and healthcare providers underscores the importance of sharing the best, most up-to-date medical and scientific evidence. Information-sharing among healthcare administrators will ensure awareness and adoption of CDC COVID-19 guidelines, an increase capability to use data to inform decision-making and support evidence-based practices and policies.

CDC is proposing to engage with a recipient to develop a platform to serve acute care healthcare administrators. This platform will disseminate technical, logistical, and clinical information with technical assistance support as COVID-19 recommendations emerge and change, protect healthcare workers by ensuring they have the training and support needed, and improve leadership capacity and decision making skills during a time of crisis.

Proposed elements of the platform:

- Facilitate peer-to-peer information sharing
- Host learning networks
- Host and manage real-time information dissemination through online discussion forums or other means
- Help to rapidly disseminate guidelines, job aides, and tools
- Inform healthcare facility administrators of relevant educational offerings for themselves, clinicians and healthcare workers
- Gather healthcare systems input to development and refinement of tools

All activities and educational offerings funded through this initiative should be made freely available, and access should not be restricted to only members.

Process Measures *

of facilitated/host events

of educational offerings

of disseminated resources (guidance, job aides, and tools)

Provide suggestions to develop and refine tools through healthcare systems input

Outputs *

- Within one month of award, the recipient will establish a web platform to facilitate peer-to-peer information sharing, disseminate guidelines, job aides, and tools, and hosts and manages real-time information dissemination through online discussion forums or other means.
- Within three months of the award, web platform can host learning networks and is able to provide input for the development and refinement of tools.
- Acute care administrators serving patients with COVID-19 are able to access and share up-to-date medical and scientific evidence to better enable system capacity building, expertise, resources, and reach to support COVID-19 response and prevention within hospitals and health systems.

Budget Period Outcomes *

- Improved information sharing among hospitals and healthcare systems providing care to COVID-19 patients to help improve capacity and expertise and to better manage resources in the systems.
- Activities and education offerings funded through with initiative should be freely available and not limited based on society membership

Outcome Measures *

of facilitated/host events

of educational offerings

of disseminated resources (guidance, job aides, and tools)

Suggestions to develop and refine tools through healthcare systems input

Program Strategy: Programs and Services

Activities *

CDC is proposing to engage with a recipient to develop a platform to serve acute care healthcare administrators. This platform will disseminate technical, logistical, and clinical information with technical assistance support as COVID-19 recommendations emerge and change, protect healthcare workers by ensuring they have the training and support needed, and improve leadership capacity and decision making skills during a time of crisis.

Proposed elements of the platform:

- Facilitate peer-to-peer information sharing
- Host learning networks
- Host and manage real-time information dissemination through online discussion forums or other means

- Help to rapidly disseminate guidelines, job aides, and tools
- Inform healthcare facility administrators of relevant educational offerings for themselves, clinicians and healthcare workers
- Provide healthcare systems input to development and refinement of tools

Process Measures *

The enhance the platform to serve healthcare administrators

of educational offerings

of disseminated resources (guidance, job aides, and tools)

Outputs *

- Within one month of award, the recipient will establishes a web platform to facilitate peer-to-peer information sharing, disseminate CDC guidelines, job aides, and tools, and hosts and manages real-time information dissemination through online discussion forums or other means.
- Within three months of the award, web platform can host learning networks and is able to provide input to development and refinement of tools.
- Acute care administrators serving patients with COVID-19 are able to access and share up-to-date medical and scientific evidence to better enable system capacity building, expertise, resources, and reach to support COVID-19 response and prevention within hospitals and health systems.

Budget Period Outcomes *

- Improved information sharing among hospitals and healthcare systems providing care to COVID-19 patients to help improve capacity and expertise and to better manage resources in the systems.
- Activities and education offerings funded through with initiative should be freely available and not limited based on society membership

Outcome Measures *

- An enhanced platform to serve healthcare administrators
- The platform will have resources, educational offerings, and opportunity to receive feedback to improve and refine tools.
- Other outcomes TBD

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

The recipient will have the capacity to identify model programs and services, distill scalable elements of these models, and translate those model elements into strategies and tools that can be disseminated and implemented at scale while allowing for customization for the target population and other stakeholders. The recipient must demonstrate capacity to oversee and manage all aspects of the project to ensure that subject matter experts and recommended stakeholders are engaged, appropriate communication modes are used to disseminate developed tools, and the developed tools are available and useful to the target population and other healthcare stakeholders.

96/200 words maximum

Program Experience

The recipient must have experience translating clinical recommendations for execution in healthcare systems and other healthcare settings. Demonstrate experience working directly with healthcare systems, hospitals, or other healthcare settings to build internal capacity, particularly for emergency preparedness and response needs. Tools will be produced that can be adapted to the local context, but will align with CDC's recommendations. The recipient must have documented experience in the context of public health emergency preparedness and response: translating clinical recommendations for execution in healthcare settings (e.g., hospitals, health systems, community health clinics), working directly with healthcare providers and settings to build internal capacity, and developing tools for healthcare settings and/or providers to translate clinical recommendations to practice.

113/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas .

19/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The successful applicant is expected to play a substantial role in implementing project activities.

Subcontracting is permitted, as needed, to address specific technical needs associated with project activities.

27/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Recipient will be permitted to expend funds for project-related costs (personnel, fringe, supplies, etc.) in accordance with general terms and conditions for non-research cooperative agreement. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.

51/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.

ADMINISTRATIVE

Funding Decision

☐ Funded ☐ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Update CIO

No ☐



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Novel Harm Reduction And Treatment Strategies To Support Individuals With Opioid Use Disorder Part 2

Do not use all capital letters.

14/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Community behavioral health organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

3/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

750,000

Funding Appropriation *

TBD

Funding Statutory Authority *

TBD

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention

No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

No ☐

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

No ☐

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☐

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☒**PROJECT DETAILS**

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to 1) build capacity of harm reduction organizations and treatment providers to implement innovative strategies that are helping to increase access to services during COVID-19, 2) develop new technical assistance tools to promote the uptake of innovative harm reduction strategies in other jurisdictions, and 3) enhance the evaluation component of this funding opportunity.

56/150 words maximum

Program Strategy: Programs and Services**Activities ***

(1) Build capacity of harm reduction organizations and treatment providers to implement innovative strategies that are helping to increase access to services during COVID-19. CDC will work with the funded recipient to identify and prioritize those innovations that are benefitting or could benefit from additional funds to expand their scope and reach. Some innovations could include:

- preparing infrastructure to move from a 1:1 exchange model to providing clients with two weeks' worth of supplies to decrease the need for frequent visits to the program in response to new SAMHSA guidelines indicating that methadone clinics should offer home delivery
- collaborating with buprenorphine prescribers and opioid treatment programs to facilitate enhanced, proactive follow-up of patients on buprenorphine/methadone and support SAMHSA's recently developed guidance on how MAT could be delivered to patients unable to leave their homes

- collaborating with primary care/addiction medicine clinics to conduct telephone outreach and check-ins
- working with community-based organizations to ensure that behavioral health care is ongoing and easily accessible in these times when the potential for support to be disrupted is greater
- going beyond simple warm hand-off by helping to schedule telemedicine visits on an ongoing basis to combat feelings of isolation/loneliness
- working closely with emergency departments to ensure people presenting with a drug overdose are being linked to treatment and community supports

Up to 21 organizations could be funded in Year 3, including up to 16 organizations that were funded in Year 2, in addition to up to five new organizations that are selected in Year 3 through a competitive RFA.

(2) Develop 2-3 new technical assistance tools to promote the uptake of these strategies in other jurisdictions. Use findings from Year 2 around novel, innovative, and emerging harm reduction practices implemented as a result of the COVID-19 pandemic to inform the creation of two to three new tools in Year 3.

(3) Enhance the evaluation component of this funding opportunity. Year 3 funding would support continued evaluation and development of a more robust evaluation plan. Further, evaluation of the up to five newly funded harm reduction organizations and treatment providers in Year 3 would be needed.

Process Measures *

- Two to three new technical assistance tools developed and produced
- Competitive RFA to support implementation of innovative harm reduction strategies developed and released for organization response
- Harm reduction organizations recruited to apply to RFA
- Up to 5 new organizations selected to receive funding to support innovative harm reduction strategies
- Enhanced evaluation plan developed

Outputs *

- Development and production of two to three new technical assistance tools to disseminate best and promising practices informed by the environmental scan conducted in Year 2

- Competitive RFA developed and released for organization response
- Eligibility criteria for selecting harm reduction organizations and providers (if different from Year 2)
- Financial support provided to the 16 organizations funded in Year 2 to continue innovative implementation efforts around harm reduction;
- Financial support provided to up to 5 new organizations to support innovative implementation efforts around harm reduction
- Enhanced evaluation plan that extends the current timeline into Year 3 and involves more stakeholders

Budget Period Outcomes *

- Increased understanding of novel harm reduction strategies
- Increased implementation of novel harm reduction strategies by harm reduction organizations and treatment providers.

Outcome Measures *

- Increased linkage to treatment and services for opioid use disorder
- Increased coordination between health care systems and community organizations
- Increased access to treatment for opioid use disorder
- Decreases in opioid-involved overdoses

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Must have adequate staffing and organizational capacity to identify evidence-based strategies, work in public health settings, work in communities and with partners, develop tools and resources.

25/200 words maximum

Program Experience

Applicant should have experience identifying, developing and/or implementing evidence-based and promising public health strategies to prevent opioid overdose. Extensive experience working in community settings with public health, behavioral health, and public safety partners. Experience implementing technical assistance in communities and developing fact sheets, tools and resources to support the implementation of evidence-based and promising strategies to prevent opioid overdose.

58/200 words maximum

COLLABORATIVE WORK**Expectations for Collaboration, as applicable**

The applicant must collaborate with CDC on the establishment of criteria for selecting subcontractors.

13/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The applicant should subcontract or partner with harm reduction organizations or treatment providers with experience implementing innovative harm reduction strategies during COVID-19.

21/200 words maximum

BUDGET INSTRUCTIONS**General Instructions for Use of Funds, as applicable**

N/A



Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY21 CIO Project Plan

CDC-RFA-OT18-1802

**Strengthening Public Health Systems and Services through National Partnerships
to Improve and Protect the Nation's Health****GENERAL INFORMATION**

Project Title *

Southern Alliance Part 2

Do not use all capital letters.

3/10 words maximum

CIO

Division *

CIO Point of Contact (POC) Name *

CIO POC Email Address *

CIO POC Phone *

Target Population Category to Receive Capacity-Building
Assistance (CBA) *

Category C

View Target Population Category
Descriptions

No

Target Population Description *

Community Based Organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2021 – July 31, 2022

Proposed Project Funding for FY21 Activities *

\$

2,300,000

Funding Appropriation *

75-2024-0943 CARES Act

Funding Statutory Authority *

Consolidated Appropriations Act and the Coronavir

Expected Project Length *

- ☒ The CIO will fund the project for one year
- ☐ The CIO will award new funding each budget period for more than one year

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement No ☐

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention No ☐

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance No ☐

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies Yes ☒

No ☐

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

No ☐

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically

Yes ☒

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

No ☐

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

Yes ☒

CBA Program Outcomes (Check one or more)*

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Yes ☒

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Yes ☒

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The goal of this project is to enlist established and trusted organizations and institutions in mobilizing African American and non-Hispanic Black communities at high risk for COVID-19 morbidity and mortality to adopt and sustain COVID-19 preventive and community mitigation strategies, including, but not limited to improving chronic disease management, COVID-19 testing, facilitating contact tracing, promoting face covering and social distancing, and identifying mental health and social stressor issues associated with COVID-19. Over

time, this broad-based community engagement and collaboration should enable more equitable distribution of the current treatment, future treatments, and ultimately, the COVID-19 vaccine. Achieving the aims of this project will involve implementation of culturally responsive behavior change models, along with policy, systems and environmental change strategies and approaches.

119/150 words maximum

Program Strategy: Data and Information Systems

Activities *

Activity #1: Providing CBA on using local health data (e.g. medical records, clinic data) and social determinants of health data to:

- a) prioritize communities and subgroups for interventions (herein after referred to as prioritized subgroups);
- b) assess changes in COVID-19 health disparities of communities and subgroups receiving intervention, and;
- c) document gaps in disaggregated data available for decision making among non-Hispanic Black and/or African American communities.

Activity #2: Providing CBA on using rapid community needs assessments to determine a) the barriers to and enablers of community mitigation practices to prevent COVID-19 and b) use of community mitigation practices. Barriers might include:

- § *lack of access to masks,*
- § *lack of transportation to get to testing and care sites,*
- § *lack of a campus contact tracing program,*
- § *lack of trusted community health workers or COVID-19 messengers,*
- § *lack of local vaccination sites,*
- § *historical distrust of medical or higher education institutions,*
- § *elevated vaccine hesitancy.*

Process Measures *

Process Measure (PM) #1: Recipient provided CBA (#/type) to partners on using disaggregated health data and social determinants of health evidence to prioritize communities or subgroups for intervention.

Process Measure (PM) #2: Recipient provided CBA (#/type) to partners on carrying out rapid community

needs assessments in prioritized subgroups to ascertain a) use of and b) barriers to and enablers of community mitigation practices to prevent COVID-19. Assessments of needs may also include mental health issues and social stresses associated with COVID-19.

Outputs *

Output #1a: Description of subgroups (#/type) prioritized using local COVID-19 health data/SDOH evidence.

Output #1b: List of gaps (#/type) in local COVID-19 health data and SDOH evidence for prioritized subgroups.

Output #2: Summary of findings from rapid community needs assessment, including barriers to (#/type), enablers of (#/type), and use of COVID-19 mitigation practices in prioritized subgroups.

Budget Period Outcomes *

Budget Period Outcome #1a: 100% of partners have prioritized subgroups for intervention using local health data and social determinants of health data

Budget Period Outcome #1b: 100% of partners have documented gaps in disaggregated data available for non-Hispanic Black and/or African American subgroups.

Budget Period Outcome #2: 100% of partners have implemented rapid community needs assessments.

Outcome Measures *

Outcome Measure (OM) #1a: Partners (#/%) who prioritized subgroups for intervention using local health data and social determinants of health data.

Outcome Measure (OM) #1b: Partners (#/%) who documented gaps in disaggregated data available for non-Hispanic Black and/or African American subgroups.

Outcome Measure (OM) #2: Partners (#/%) who implemented rapid community needs assessments.

Program Strategy: Partnerships

Activities *

Activity #3a: Identifying and forging partnerships with national and local organizations (e.g. historically black universities and colleges, aka HBCUs) serving populations at high-risk for COVID-19 and related harm.

Activity #3b: Providing CBA to partners on identifying, engaging, and collaborating with trusted local leaders and community members in prioritized subgroups in all phases of intervention design, piloting, and implementation.

Process Measures *

Process Measure (PM) #3b: CBA (#/type) provided to partners on identifying, engaging, and collaborating with trusted local leaders and community members in prioritized subgroups in all phases of intervention design, piloting, and implementation.

Outputs *

Output #3a: Description of partners (#/type/subgroups served) identified and contracted.

Output #3b: Description of community participation (# of community members/process/level of participation).

Budget Period Outcomes *

Budget Period Outcome #3b: 100% partners have collaborated with trusted local leaders and community members in prioritized subgroups.

Outcome Measures *

Outcome Measure (PM) #3b: Partners (#/%) who collaborated with trusted local leaders and community members in prioritized subgroups.

Program Strategy: Programs and Services

Activities *

Activity #4: Providing CBA on designing, piloting, and running tailored interventions (with community participation). COVID-19 interventions should be directly linked to the barriers and enablers identified by the rapid community needs assessment (Activity #2). Interventions therefore might include:

§ *expanding health education venues to increase knowledge of risk factors for COVID-19 infection; symptoms and when to seek health care; and how to safely quarantine*

§ *collaborating with state and local health departments, federally qualified community health centers, and other community organizations to strengthen and coordinate services that support chronic disease management and minimize underlying health conditions that increase risk for COVID-19;*

§ *increasing awareness of emerging clinical interventions and vaccine trials; increase understanding of benefits and risks, and how or whether (based on their medical needs) to enroll in clinical and vaccine trials;*

§ *promoting COVID-19 testing; explain and foster support for contact tracing, social distancing, and wearing face coverings without fear of backlash or discrimination;*

§ *providing transportation to testing and care sites,*

§ *establishing a contact tracing program on campus,*

§ *training trusted community members or community health workers to promote COVID-19 mitigation practices in prioritized subgroups,*

§ *building relationships with communities to counter historical distrust of medical institutions,*

§ *aiding partner organizations in becoming local or mobile vaccination sites*

Activity #5: Recipient provided CBA (#/type) to partners on developing evaluation plans with valid indicators and measures to assess whether interventions had their intended effects (e.g. increase in knowledge, attitude, and behavior) and impact (i.e. decrease in COVID-19 infection, hospitalization and death).

Process Measures *

Process Measure (PM) #4a: Recipient provided CBA (#/type) to partners and their community

stakeholders in designing, piloting, and implementing tailored interventions in prioritized subgroups.

Process Measure (PM) #4b: Trusted community members or community health workers (#) trained in providing culturally responsive and situationally sensitive COVID-19 mitigation advice to prioritized subgroups.

Process Measure (PM) #5: Recipient provided CBA (#/type) to partners on developing evaluation plans with valid indicators and measures to assess the effectiveness and impact of interventions.

Outputs *

Output #4a: Summary of how the results of the rapid community needs assessments were used to guide design of interventions.

Output #4b: Training modules developed to give COVID-19 advice that is culturally and situationally responsive.

Output #5: Report of evaluation results to track effects of COVID-19 interventions, including programmatic challenges, lessons learned, and promising practices.

Budget Period Outcomes *

Budget Period Outcome #4a: 100% of partners implemented evidence-based interventions.

Budget Period Outcome #4b: 100% of trained trusted community members or community health workers provided culturally responsive and situationally sensitive COVID-19 mitigation advice.

Budget Period Outcome #5: 100% of partners completed program evaluation.

Budget Period Outcome #6: 100% of partners shared programmatic challenges, promising practices, and lessons learned with community and funding stakeholders.

Outcome Measures *

Outcome Measure (OM) #4a: Partners (#/%) who implemented evidence-based interventions.

Outcome Measure (OM) #4b: Trained trusted community members or community health workers (#/%) who provided culturally responsive and situationally sensitive COVID-19 mitigation advice.

Outcome Measure (OM) #5: Partners (#/%) who completed program evaluation.

Outcome Measure (OM) #6: Partners (#/%) who shared programmatic challenges, promising practices, and lessons learned with community and funding stakeholders.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Organizational Capacity

Capacity to engage local communities in projects to address ongoing and emerging COVID-19 needs.

13/200 words maximum

Program Experience

N/A

0/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Three cities, New Orleans, LA (53.9% COVID associated death among African Americans, 38.1% of general population are African Americans), Albany, GA (49.6% death, 40.3% AA), and Jackson, MS (58.5% death, 41.9% AA) in states where disproportionate percentage of African Americans are dying of COVID-19. Recipient directly collaborates with five academic institutions with strong, documented community/academic

partnerships with the African American community in their localities, who leverage their influence, expertise and access in collaboration with community organizations and leaders to implement the projects. Participating academic institutions have created a 3-state consortium inclusive of community partners to share strategies, tackle barriers, and craft lessons learned that can be replicated across the southeastern region.

104/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

N/A

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

N/A

0/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Form Status

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button.