

Workforce Improvement Project (WIPs) Proposal Form

Through the APIH cooperative agreements, CIOs can fund projects that focus on improving population health while engaging the existing workforce and future health professionals in various areas of public health practice.

Examples of Workforce Improvement Projects (WIPs) include, but are not limited to:

- Developing a curriculum or training for the public health workforce
- Establishing academic/practice partnerships to impact population health
- Convening a national workshop and publishing a guideline or white paper

Note that WIPs will be advertised to the APIH partner organizations for competition. For a WIP that receives two or more applications, CSELS will host an objective review panel like the process used for a Notice of Funding Opportunity. Each WIP application received will be reviewed by three objective reviewers, discussed during the panel, and then scored and ranked to determine an awardee.

Submitted By: Leeks, Kimberly D. (CDC/DDPHSIS/CPR/OD)

CIO: CPR - Center for Preparedness and Response

APIH CIO Liaison Name	CIO Email	CIO Phone
Sophia Bell	INI6@cdc.gov	404-639-7359

Specify CIO if not listed above:

Division: Office of Applied Research

CIO Program Official: Monique Williams Jester

Phone: (404)718-8041

Email: kfj1@cdc.gov

Mailstop: MS H-21-6

Campus: Clifton

If other, specify campus:

Project Specifications

Project Title: Public Health Emergency Preparedness and Response Applied Research and Practice Training Program

National Public Health Workforce Strategy Priority Area:

['Increase the capability of the existing workforce', 'Strengthen systems and capacity to support the workforce']

Project Description

Project Statement: Natural disasters and manmade hazards that threaten the public's health and safety can happen anywhere and at any time in the US. In recent years the frequency and magnitude of disasters has increased. The Centers for Disease Control and Prevention (CDC)'s Center for Preparedness and Response (CPR) works to ensure that CDC and state, tribal, local and territory (STLT) public health departments are prepared to respond to public health threats wherever and whenever they occur. CDC plays a pivotal role in ensuring that state and local public health systems have the knowledge they need to prepare for, respond to and recover from any public health hazard or threat. However, successful prevention, mitigation, response and recovery activities often require a whole-community approach. This approach can easily be hampered by an unprepared workforce and more general public lack of understanding of public health's role and the science of public health emergency preparedness and response.

Formal training in public health occurs through the nation's college and university system, is often expensive and can only reach small portions of the population at any given time because of enrollment limitations. Informal training or targeted training on specific practices like PPE use or contact tracing has increased to respond to demands of the COVID-19 pandemic. An organized infrastructure is needed to rapidly expand opportunities for the general public to gain a better understanding of public health preparedness and response research and practice and to enhance the PHEPR research knowledge of already trained public health and related professionals.

Need for the project: The field of public health emergency preparedness and response (PHEPR) is vast, described in part through CDC's Public Health Emergency Preparedness (PHEP) capabilities, which focuses on the functional aspects of response, but also expanding beyond those capabilities to include understanding the root cause of disasters; how to prevent and mitigate disasters; and the impact of disasters on people and the broader social, ecological, and infrastructure context, are all crucial. Preparing the public and current and future workforce in the field of PHEPR is critical to build the capacity of communities to adequately respond to public health threats. Expanding community knowledge in PHEPR research and practice can support a culture of health in the communities they serve and impact the overall health of communities through effective systems and population health strategies.

Creating a structure around already available on-line, public courses is the first step towards ensuring appropriate knowledge is available for dissemination. Developing a certification training program as a next step can provide the education and preparation to help improve our nations understanding of PHEPR, perhaps leading to improved capacity to and engagement in response, and shaping the future of the workforce to support response. Finally, making the public aware of the need for and availability of these trainings, and supporting the tracking of their use, is the final step in creating an innovative approach via a publicly available, multi-certificate public health emergency preparedness and response training program to merge academia and practice.

Target population – if applicable (i.e. medical, nursing, public, health students; health departments; geographic area): The target population is the general public, public health practitioners, healthcare professionals, laboratorians, epidemiologists, veterinarians, first responders, educators, and students.

Key outcomes: The purpose of this task order is to leverage existing resources to expand public health training by rapidly creating a publicly, widely disseminated, multi-certificate public health emergency preparedness and response applied research and practice training program. This task order should result in a training program that is focused on PHEPR that can be packaged and tailored for multiple audiences, including the general public, public health practitioners, healthcare professionals, laboratorians, epidemiologists, veterinarians, first responders, educators, and students in other fields. The training program should include courses that can be used and applied in a local context and result in knowledge gained which advances the workforce in public health mitigation, preparedness, response, and recovery. The program should emphasize the science base of public health, describe scientific principals, and encourage further development of knowledge as a natural extension of public health practice. The goal of this task order is to (1) create a certification approach across several PHEPR areas that are amenable to self-learning; (2) develop a multi-certificate public health emergency preparedness and response applied research and practice curricula across several PHEPR areas; and (3) to disseminate the trainings and certifications to be used by stakeholders, partners, and the general public. The final products will be packaged and promoted on CDC, national partner and other websites so they can be accessed by the general public and used by the public health and other practitioners.

Contribution to the public health workforce: Expanding community knowledge in PHEPR research and practice can support a culture of health in the communities they serve and impact the overall health of communities through effective systems and population health strategies.

Project Focus Area

Center for Global Health (CGH)	
Center for Surveillance Epidemiology and Laboratory Services (CSELS)	

Center for State, Local, Tribal, and Territorial Support (CSTLTS)	
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)	
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)	
National Center for Environment Health/Agency for Toxic Substances and Diseases Registry (NCEH-ASTDR)	
National Center for Health Statistics (NCHS)	
National Center on Birth Defects and Development Disabilities (NCBDDD)	
National Center for Immunization and Respiratory Diseases (NCIRD)	
National Center for Injury Prevention and Control (NCIPC)	
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)	
National Institute for Occupational Safety and Health (NIOSH)	
Office of the Associate Director for Policy and Strategy	
Other CIO	Center for Preparedness and Response
Other Focus Area	

Awardee Strategies and Approaches: Describe possible strategies or approaches the awardee will address to implement the project. Note any required or recommend strategic partnerships or collaborations for implementing the project.

The contractor shall develop at least five certificates with supporting curricula, as determined by subject matter experts (SMEs), in PHEPR specific areas (e.g. applied research and evaluation, policy,



emergency management, community resilience), based on the adult education model with a focus on public health. The contractor, in close partnership with SMEs, shall determine the goal of each certification, including determining the courses and the number of hours that can fulfill the goal (e.g. seven courses for fifteen hours to obtain the certificate). Each certification should include an introduction to PHEPR and at least one course on PHEPR science. Some of the certifications should be targeted to the general public and others should be targeted to public health or related practitioners. The contractor shall collaborate with CDC TRAIN, schools of public health, or other sources to populate the curriculum with pre-existing courses for little to no cost. If a course or courses deemed significant are not available in the public forum, the contractor shall work with CDC to determine if a course can be developed or provided by an external partner or academic institution. The contractor shall create a certificate portal on CDC TRAIN or a similar platform. The contractor shall ensure the training program is widely available for the general public through dissemination efforts; ensure proper enrollment of participants; and develop and pilot a process to track participants; and evaluate the overall effectiveness of the training program.

CDC-CIO Staff Activities: Describe expected CDC-CIO project staff involvement in the project, including technical assistance and other program support and monitoring activities. Describe anticipated requirements for reporting.

CDC-CIO staff will assist in selection of the certificate and curriculum topics; identification of subject matter experts and coordination with other projects (e.g. CDC TRAIN); and review draft and final products. CDC-CIO staff will monitor milestone completion and review pilot test results.

Special Eligibility Requirements: Describe and provide justification for any special requirements applicants would need to successfully execute this project. This might include related to organizational capacity or unique skills.

The applicant should have knowledge of and partnerships with public health education providers.

Review Criteria: Applications will undergo an objective review. Clearly describe criteria that will be used to evaluate applications. List criteria by importance in descending order and assign scored values for each criterion; the total value should equal 100 points.

Technical Approach:

Offerors shall provide a discussion of their technical approach for providing the services required for this NOFO task . This discussion shall be in the Offeror's own words; not simply a regurgitation of the requirements listed. *This criterion will be evaluated according to the extent that it reflects a clear understanding of the subject areas to be addressed and on the soundness, practicality, and feasibility of the Offeror's technical approach for providing the services required for this NOFO task .*

Management and Staffing Plan:

Offerors shall provide a management and staffing plan that describes their approach for managing the work outlined in this NOFO task by demonstrating their understanding of the labor requirements listed in this task. *This criterion will be evaluated according to the soundness, practicality, and feasibility of the management and staffing plan for this NOFO task .*

Offerors shall provide a detailed statement of staffing proposed for this NOFO task, including:

1. Résumés from key personnel (limited to 2 pages in length per résumés) outlining the credentials and background of key management, professional, and technical personnel to be used for this task order, including the percent time on this and other projects
2. A detailed plan that describes current staff available for this task order and how the team will interface with CDC.

Letters of commitment must accompany résumés from any individual who is not currently employed by the offeror. For key positions, indicate the time the person(s) will have available to commit to this task order.

Similar Experience:

Past performance information is one indicator of an Offeror's ability to perform the work successfully. This evaluation is subjective and will be based on information obtained from references provided by the Offeror, as well as information obtained by other sources known to the Government. For the purpose of this evaluation the term "Offeror" is inclusive of the prime, predecessor companies, key personnel, and subcontractors for which past performance will be evaluated.

Provide information reflecting the Offeror's organizational capacity for projects similar in complexity and scope. Proposed staff and company should have demonstrated experience in knowledge synthesis, translation, dissemination, and evaluation. In addition, at least 20% of the proposed staff should have demonstrated knowledge and experience in public health preparedness and response at the STLT level. *This criterion will be evaluated to determine appropriate experience of assigned personnel and of the company.*

Other Information: Provide additional information that would be useful for applicants, such as web links to more information about the CDC program or other reference materials.

www.train.org

www.coursera.org

Total Duration of Project

1 year

Approximate Total Project Period Funding: Provide a total funding estimate, subject to availability of funds. If project is for 2 years, break out the funding by each year. Include awardee direct and indirect costs.

Total project funding: \$400,000

Approximate Average Award: Provided an award estimate for the 12-month budget period, subject to availability of funds.

12 months

Approximate Number of Awards (per year)

1

Budget Planning Worksheet

\$5000.0	Administrative fee of 10% of the first \$50,000 of the award (capped at \$5,000)
\$8900.0	Association indirect fee (This reflects the maximum fee. Final association indirect fee might be less, depending on the awardee.)
\$386100.0	Amount to be awarded per awardee
\$400000.0	Total anticipated cost per award

