

FY 2021 (Year 4) CIO Project Plans
CDC-RFA-OT18-18030401SUPP21

Tribal Public Health Capacity-Building and Quality Improvement Umbrella

Geographic Category A Eligible:

- Accelerating Public Health Data Modernization in Tribal Jurisdictions

Geographic Category B Eligible:

- Accelerating Public Health Data Modernization in Tribal Jurisdictions

Geographic Category C Eligible:

- The Implementation of Tele-Education for ACEs and Violence Prevention among the AI/AN population through Project ECHO

Geographic Categories A, B, and C Eligible:

- Building the Tribal Public Health Workforce Through Student Engagement
- Cultural Adaptation of the National Diabetes Prevention Program Prevent T2 Curriculum for Native Programs
- Electronic Case Reporting for Tribes
- Enhance support for culturally appropriate early identification of children with developmental delays and disabilities
- Improving Tribal Data Sharing Capacity

CIO Projects: Geographic Category A Eligible Only



**FY 2021 CSTLTS Proposal for New Project
 CDC-RFA-OT18-1803
 Tribal Public Health Capacity-Building and Quality Improvement: Year 4**

[Project Plan Instructions](#)

Please complete this form for new projects and potential new projects to fund through the 25 Tribal Recipients. New projects can expand on, scale up, or combine existing projects. Please be sure to note this in the additional remarks section at the end of this form. You can edit and save a draft of your plan by clicking the "Save and Close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the NOFO.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

Note: If you plan to continue multi-year projects at the current or reduced level, you do not need to complete this form.

GENERAL INFORMATION

1	Project Title*	Accelerating Public Health Data Modernization in Tribal Jurisdictions <i>Please do not use all capital letters</i> 7/15 words maximum
2	CIO*	CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES
3	Division, office, or unit*	Office of the Director
4	CIO Point of Contact (POC) name:* Name of individual serving as Technical Monitor (TM) for the project. Rachel Kossover-Smith <i>You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.</i>	CIO POC email address:* gvb7@cdc.gov
		CIO POC phone number:* 4046394352
5	Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:*	<input type="checkbox"/> Categories A and B Category A: HHS Regions 1, 2, 3, and 4 Category B: HHS Regions 5, 6, and 7 Category C: HHS Regions 8, 9, and 10
6	Description of the Target Population:* (8/25 words maximum) Tribal Public Health Departments, Tribal Epidemiology Centers	

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
 Budget Period Length: August 31, 2021 – August 30, 2022

7	Proposed Project Funding Amount:* (12-month budget period) \$250,000 (Whole numbers only)	CSTLTS Completion (Internal Use Only) <input checked="" type="radio"/> Funded <input type="radio"/> Unfunded
8	Expected Length of Project:*	<input type="radio"/> The CIO will fund the project for the entire remaining period of performance (2 years). The recipient will submit a continuation application for the project each budget period (every 12 months). <input checked="" type="radio"/> The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9	Project Description (Narrative)* – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. 751/1,000 words maximum
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In response to a new FY2020 Congressional appropriation, this funding opportunity will support tribal jurisdictions in developing and deploying world-class data and analytic capacity that scale rapidly in emergencies, provide forecasting capability to identify emerging threats, and ensure bidirectional information flow with health information systems. The work focuses on accelerating modernization and interoperability through enhancements in data sharing, quality, management, and use. This work will improve the translation of data into information to inform public health action and improve health outcomes.

The approach includes:

1. Augmenting workforce development and capacity;
2. Support for specific enhancements in public health data and health information systems and processes that complement but do not duplicate those funded by existing cooperative agreements; and
3. Facilitating use of shared services across public health.

This project supports tribal jurisdictions to maintain, improve, and modernize the approach to acquire, manage, and use data for public health action to more effectively detect, respond, prevent, and control diseases and conditions to protect the public health and safety.

Background & overview:
 Public health relies on timely, accurate information to make prompt and insight-driven decisions to inform programs, policies, and investments. These decisions require robust data and health information systems and data science talent and infrastructure. To advance public health and enable timely and accurate exchange of

data for programs at all levels of government for all diseases and conditions, the public health community must modernize its data systems, enhance its workforce, and implement technologies to better protect the public's health.

This funding opportunity supports tribal jurisdictions , who have data sovereignty over their own public health data, to develop and deploy world-class data and analytical capabilities that scale rapidly in emergencies, provide predictive ability to identify emerging threats, reduce burden on health care and public health partners reporting data, and ensure bidirectional information flow, while enhancing data sharing at all levels. This effort also aims to accelerate modernization for data, workforce, and data and health information systems infrastructure through the use of shared services offered via CDC or partner organizations. These improved capabilities will allow public health authorities, including tribal jurisdictions and associated tribal epidemiology centers, to be nimbler in preventing, detecting, and responding to both known and emerging threats.

Activity 1: Augment workforce development and capacity

As data modernization efforts facilitate increasing availability of more comprehensive, data, the public health workforce must have the capability to use these data. Strong data science, informatics, and information technology capabilities are needed to effectively acquire, manage, and use data, and to translate data into actionable information for public health decision making.

Examples:

- Online Courses
- Collaboration with academic institutions
- Collaboration with other AI/AN data-related activities
- Costs for staff to be trained at in-person courses
- Participation in peer-to-peer learning

Activity 2: Specific enhancements in public health data and health information systems

Applicants may request support for targeted enhancements that enable interoperability and data exchange between tribal public health and their partners in state and local public health departments and clinical care. Supported enhancements could be projects that can demonstrate more, better, and faster data exchange with clear public health uses, including the acquisition of new data sources to improve surveillance, situational awareness, and response ; and reduce AI/AN racial misclassification in surveillance data, for example:

- Tools or equipment to improve public health data collection or exchange
- Establishment or strengthening of data linkages with state, local and other tribal public health departments, or with Tribal Epi Centers
- Leverage existing state health department systems or tools that could be shared with tribal jurisdictions to improve connectivity and data exchange with the state public health systems
- Improve flow of laboratory data from important clinical and laboratory partners, including taking advantage of existing electronic laboratory reporting (ELR) at state health departments
- Improve exchange and data quality of death records with state government
- Leverage OT18-1802 AI/AN activities that may complement workforce development with tools, training

Activity 3: Employ shared services to improve data quality, exchange and management

Improving data quality, exchange, management, and use will require modernizing data and health information systems. Applicants may request support to employ shared services to promote the use of data standards and system interoperability, enable better and timely exchange and use of data, and allocate resources more efficiently. The shared services may be offered via CDC or other partners, or the applicant could scale-up a service for shared use within and across tribes. The project could involve a proposal to implement a shared service that is currently not in use at the that would address a critical gap. Applicants are encouraged to request support for shared services, for example:

- Web-based data collection and survey tools
- Data exchange and interoperability services
- Analysis and visualization services
- Peer-to-peer technical assistance supported by other organizations

10 Approximate Number of Awards:*

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – [NOFO LOGIC MODEL](#)

11 Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one):*

- Tribal Public Health Systems Infrastructure:**
Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
- Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
- Tribal Data and Information Systems:** Activities to increase the use of data and information systems
- Tribal Public Health Programs and Services:** Activities to strengthen the ability to meet public health needs in a comprehensive manner
- Tribal Public Health Resources and Communication:**
Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
- Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

12 Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more):*

Short-Term

- Increased implementation of tools and processes that build operational capacity and effectiveness
- Increased use of core and discipline-specific public health competencies among public health workers
- Improved collection, maintenance, interpretation, and dissemination of tribal health data
- Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

<input type="checkbox"/>	Development of culturally relevant public health resources and communication tools
<input type="checkbox"/>	Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement
Intermediate	
<input checked="" type="checkbox"/>	Increased use of nationally established standards, such as those for public health department accreditation
<input checked="" type="checkbox"/>	Increased number of qualified public health workers
<input type="checkbox"/>	Implementation of culturally practice-based evidence programs and services
<input type="checkbox"/>	Increased coordination of multi-sector partnerships to generate collective public health impact
13	<p>Recipient Organizational Capacity:* 100/200 words maximum Include skills, technology, organization reach, and infrastructure.</p> <p>Competitive applicants must have responsibility for the health of the population they serve, a demonstrated ability to execute public health priorities for their jurisdiction, authority to collect public health data, and infrastructure to carry out the proposed activities.</p> <p>Successful applicants must have a demonstrated core organizational capacity to effectively execute the activities outlined by the award. Applicants must demonstrate relevant experience and technical capacity 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 with clearly defined staff roles.</p>
14	<p>Recipient Program Experience:* 34/200 words maximum Include content expertise and target population relationship.</p> <p>Strong data science, informatics, and information technology capabilities are needed to effectively acquire, manage, and use data, and to translate data into actionable information for public health decision making.</p>
COLLABORATIVE WORK	
15	<p>Expectations for Collaboration, if applicable: 72/200 words maximum</p> <p>Applicants are encouraged to collaborate with existing and new partners, including state health departments funded for data modernization activities under CK19-1904 – Epidemiology and Laboratory Capacity Cooperative Agreement, and CSLTS funded partners under OT18-1802, to advance the proposed projects described within the application to advance core elements of their data and health information systems infrastructure and processes. Applicants are also encouraged to collaborate with Indian Health Services as appropriate.</p>
16	<p>Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable: 2/200 words maximum</p> <p>N/A</p>
17	<p>Will the proposed capacity-building and quality improvement go towards tribal public health departments?* <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Briefly describe how. : * 41/200 words maximum</p> <p>This project will support tribal jurisdictions to maintain, improve, and modernize the approach to acquire, manage, and use data for public health action to more effectively detect, respond, prevent, and control diseases and conditions to protect public health and safety.</p>
BUDGET INSTRUCTIONS	
18	<p>Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 4/100 words maximum</p> <p>No additional requirements.</p>
CIO CERTIFICATION	
19	I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.*
ADMINISTRATIVE USE ONLY	
Recipient Name: <input type="text"/>	
Submission Date: <input type="text" value="02/26/2021"/>	

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

CIO Projects: Geographic Category B Eligible Only



FY 2021 CSTLTS Proposal for New Project
CDC-RFA-OT18-1803
Tribal Public Health Capacity-Building and Quality Improvement: Year 4

[Project Plan Instructions](#)

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10 Approximate Number of Awards:*

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – [NOFO LOGIC MODEL](#)

11 Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one):*

- Tribal Public Health Systems Infrastructure:**
Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
- Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
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- Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

12 Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more):*

Short-Term

- Increased implementation of tools and processes that build operational capacity and effectiveness
- Increased use of core and discipline-specific public health competencies among public health workers
- Improved collection, maintenance, interpretation, and dissemination of tribal health data
- Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services

<input type="checkbox"/>	Development of culturally relevant public health resources and communication tools
<input type="checkbox"/>	Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement
Intermediate	
<input checked="" type="checkbox"/>	Increased use of nationally established standards, such as those for public health department accreditation
<input checked="" type="checkbox"/>	Increased number of qualified public health workers
<input type="checkbox"/>	Implementation of culturally practice-based evidence programs and services
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14	<p>Recipient Program Experience:* 34/200 words maximum Include content expertise and target population relationship.</p> <p>Strong data science, informatics, and information technology capabilities are needed to effectively acquire, manage, and use data, and to translate data into actionable information for public health decision making.</p>
COLLABORATIVE WORK	
15	<p>Expectations for Collaboration, if applicable: 72/200 words maximum</p> <p>Applicants are encouraged to collaborate with existing and new partners, including state health departments funded for data modernization activities under CK19-1904 – Epidemiology and Laboratory Capacity Cooperative Agreement, and CSLTS funded partners under OT18-1802, to advance the proposed projects described within the application to advance core elements of their data and health information systems infrastructure and processes. Applicants are also encouraged to collaborate with Indian Health Services as appropriate.</p>
16	<p>Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable: 2/200 words maximum</p> <p>N/A</p>
17	<p>Will the proposed capacity-building and quality improvement go towards tribal public health departments? * <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Briefly describe how. : * 41/200 words maximum</p> <p>This project will support tribal jurisdictions to maintain, improve, and modernize the approach to acquire, manage, and use data for public health action to more effectively detect, respond, prevent, and control diseases and conditions to protect public health and safety.</p>
BUDGET INSTRUCTIONS	
18	<p>Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 4/100 words maximum</p> <p>No additional requirements.</p>
CIO CERTIFICATION	
19	I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.*
ADMINISTRATIVE USE ONLY	
Recipient Name: <input type="text"/>	
Submission Date: <input type="text" value="02/26/2021"/>	

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

CIO Projects: Geographic Category C Eligible Only



**FY 2021 CSTLTS Proposal for New Project
 CDC-RFA-OT18-1803
 Tribal Public Health Capacity-Building and Quality Improvement: Year 4**

[Project Plan Instructions](#)

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Note: If you plan to continue multi-year projects at the current or reduced level, you do not need to complete this form.

GENERAL INFORMATION

1	Project Title*	The Implementation of Tele-Education for ACEs and Violence Prevention among the AI/AN population through Project ECHO <i>Please do not use all capital letters</i> 15/15 words maximum	
2	CIO*	NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL	
3	Division, office, or unit*	Division of Violence Prevention	
4	CIO Point of Contact (POC) name:* Name of individual serving as Technical Monitor (TM) for the project. Kimberly Taylor	CIO POC email address:*	kft4@cdc.gov
		CIO POC phone number:*	404.498.6892
5	Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:*	Category C	
		Category A: HHS Regions 1, 2, 3, and 4 Category B: HHS Regions 5, 6, and 7 Category C: HHS Regions 8, 9, and 10	
6	Description of the Target Population:* (9/25 words maximum)	Behavioral health specialists in tribal and rural communities, including reservations.	

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
 Budget Period Length: August 31, 2021 – August 30, 2022

7	Proposed Project Funding Amount:* (12-month budget period) \$300,000 (Whole numbers only)	CSTLTS Completion (Internal Use Only) <input checked="" type="radio"/> Funded <input type="radio"/> Unfunded
8	Expected Length of Project:*	
	<input type="radio"/> The CIO will fund the project for the entire remaining period of performance (2 years). The recipient will submit a continuation application for the project each budget period (every 12 months). <input checked="" type="radio"/> The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description (Narrative)* – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. 618/1,000 words maximum
<p>American Indian/Alaska Native (AI/AN) populations experience a disproportionate burden of adverse childhood experiences (ACEs)-associated health outcomes and sexual assault. ACEs include potentially traumatic experiences that can impact children and youth, including youth violence, dating violence, sexual violence, and community violence. When studied, AI/AN populations have significantly higher ACE scores than non-Hispanic whites. Sexual violence towards women and young girls is especially prevalent in tribal and rural communities (Breiding et al., 2014; Lewis, 2003) with high numbers of AI/AN women and girls trafficked. Currently, little information is available to behavioral health specialists that provide education on the shared risk and protective factors between ACEs and sexual violence against AI/AN women and girls. These outcomes are interconnected and prevention strategies that address the shared root causes and bolster shared protective factors can provide innovative opportunities for comprehensive prevention strategies. Partnering with Project ECHO will allow NCIPC to explore an innovative training platform, proven to be effective in reaching providers in underserved areas. This project addresses key priority and cross-cutting areas including ACEs and tribal peoples and aligns with the Injury Center priorities and DVP's strategic vision.</p> <p>Project ECHO (Extension for Community Healthcare outcomes) was originally intended to train and mentor primary care physicians on a variety of health issues using videoconferencing for case-based learning, ideal for reaching rural and underserved areas (Komaromy et al., 2016), key places for outreach and education of behavioral health specialists. This proposal seeks to explore Project ECHO as a potential education and outreach mechanism and leverage past NCIPC and DVP investments in tribal work, e.g., Eagle Books (FY18), DVP Tribal Listening sessions (FY19), and other past projects (e.g., AAIP partnership to prevent ACEs and summer 2018 ICRC intern's systematic review of AIAN violence prevention programs). Collectively, this work has verified the need for culturally specific and tailored materials.</p> <p>Through a cooperative agreement with a Project ECHO Institute Partner, a telemedicine "lab" on the intersections between ACEs (including child abuse and</p>	

Through a cooperative agreement with a Project ECHO Institute Partner, a telemodule on the interconnections between ACEs (including child abuse and neglect, sexual violence, partner violence, and youth violence) and sexual violence prevention will be developed, implemented, and evaluated for efficacy with behavioral health specialists. Behavioral health specialists will also benefit from the training by using a comprehensive approach to create cross-sectoral partnerships as everyone has a role in prevention. Tele-education and mentoring represents an important opportunity to engage with traditional and non-traditional public health partners to create comprehensive approaches to violence prevention, especially in Indian Country where rural locations and other issues affect training opportunities. This project provides a cross-cutting approach to injury prevention and provides evaluation for the efficacy of Project ECHO as an effective tool for injury prevention to use when reaching underserved areas. Project ECHO is also uniquely positioned as a virtual/distance learning platform.

Proposed activities and outcomes include:

- a. Develop the content for a training module on the prevention of sexual violence and the interconnections to adverse childhood experiences (ACEs) and other forms of violence. The module will cover the prevention of multiple forms of violence, sectors involved, cross-sectoral connections, connections to AI/AN communities, identifying prevention resources and programs in the community, and connecting people to services (both federal, state, regional and local).
- b. The recipient will suggest module length, identify key learning objectives, delivery, and the key audience (behavioral health specialists).
- c. Pilot the module with (9) behavioral health specialists working within the AI/AN communities.
- d. Evaluate the module for efficacy as an effective tool for behavioral health specialists to reach underserved areas.

10 Approximate Number of Awards:*

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – [NOFO LOGIC MODEL](#)

- 11 Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one):*
- Tribal Public Health Systems Infrastructure:**
Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
 - Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
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- 12 Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more):*
- Short-Term
- Increased implementation of tools and processes that build operational capacity and effectiveness
 - Increased use of core and discipline-specific public health competencies among public health workers
 - Improved collection, maintenance, interpretation, and dissemination of tribal health data
 - Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
 - Development of culturally relevant public health resources and communication tools
 - Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement
- Intermediate
- Increased use of nationally established standards, such as those for public health department accreditation
 - Increased number of qualified public health workers
 - Implementation of culturally practice-based evidence programs and services
 - Increased coordination of multi-sector partnerships to generate collective public health impact

13 Recipient Organizational Capacity:* 197/200 words maximum
Include skills, technology, organization reach, and infrastructure.

Project ECHO began in 2003, offers low-cost, scalable solution that increased the capacity of health workers in underserved communities to provide best-practice care to their patients. The ECHO model is not traditional "telemedicine" where the specialist assumes care of the patient, but is instead telementoring, a guided practice model where the participating clinician retains responsibility for managing the patient. Tele-education and mentoring represents an important opportunity to engage with traditional and non-traditional public health partners to create comprehensive approaches to violence prevention, especially in Indian Country where rural locations and other issues affect training opportunities. Project ECHO is also uniquely positioned as a virtual/distance learning platform.

The Project ECHO team trains and supports hub partners around the world on how to use the ECHO model for priority social challenges. ECHO partners in 40 countries operate more than 860 ECHO networks, which have trained more than 140,000 professionals in their field.

Project ECHO is based at the University of New Mexico Health Sciences Center in Albuquerque, New Mexico, USA, and across the globe by forming and supporting partnerships with over 250 organizations. The key to our success has been initiatives focused on specific challenges and supported by strong partners.

partnerships with over 200 organizations. The key to our success has been initiatives focused on specific challenges and supported by strong partners.

14	Recipient Program Experience:* 181/200 words maximum Include content expertise and target population relationship.
	<p>The ECHO Institute collaborates with various partners across Indian Country to deliver HCV, HIV and tuberculosis (TB) expertise to rural and underserved areas by linking Indian Health Service (IHS), tribal health and Urban Indian Health (I/T/U) providers with a panel of multi-disciplinary experts as well as their peers. ECHO collaborates with the IHS to provide expert advice on the management of HCV patient cases during our Indian Country HCV TeleECHO sessions.</p> <p>ECHO, IHS, Gallup Indian Medical Center and the New Mexico regional partner site of South Central AIDS Education and Training Center collaborate to provide a multidisciplinary team of HIV experts during our Indian Country HIV TeleECHO sessions. The IHS TB TeleECHO serves the Navajo Nation through a collaboration with New Mexico, Arizona and Navajo Nation departments of health, and the IHS to support a comprehensive TB case management approach for the patient care teams.</p> <p>These partnerships, through the use of the ECHO model, build a community of learning and practice among the I/T/U providers and increase access to high quality specialty care in areas where patients may not otherwise have access.</p>

COLLABORATIVE WORK

15	Expectations for Collaboration, if applicable: 88/200 words maximum
	<p>The objective of this project is to develop a training module on the interconnections on ACEs (including child abuse and neglect, sexual violence, partner violence, and youth violence) and sexual violence prevention and train behavioral health specialists on a comprehensive approach to violence prevention for the tribal community. The module covers the role of primary prevention, sectors, cross-sectoral connections, connections to AI/AN communities, identifying primary prevention resources and programs in the community, connecting people to services (both federal, state, regional and local), importance of cross-sectoral services, and coalition building.</p>
16	Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable: 24/200 words maximum
	<p>The proposed mechanism is a cooperative agreement with the Northwest Portland Indian Health Board – an ECHO institute partner.</p>
17	Will the proposed capacity-building and quality improvement go towards tribal public health departments? * <input type="radio"/> Yes <input checked="" type="radio"/> No

BUDGET INSTRUCTIONS

18	Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 66/100 words maximum
	<p>There could be barriers if the Project Echo partner are not prepared to take on this work, however, we are making preparations to inform them of the work in advance. The budget is comparable to past Project Echo "echo" developments and efficacy evaluations. Further, the module would be piloted with current behavioral health employed by the federal government via Indian Health Service and/or Bureau of Indian Affairs.</p>

CIO CERTIFICATION

19	I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.*
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ADMINISTRATIVE USE ONLY

Recipient Name:	<input type="text"/>
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Submission Date:

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

CIO Projects: Geographic Category A,B, and C Eligible



**FY 2021 CSTLTS Proposal for New Project
 CDC-RFA-OT18-1803
 Tribal Public Health Capacity-Building and Quality Improvement: Year 4**

[Project Plan Instructions](#)

Please complete this form for new projects and potential new projects to fund through the 25 Tribal Recipients. New projects can expand on, scale up, or combine existing projects. Please be sure to note this in the additional remarks section at the end of this form. You can edit and save a draft of your plan by clicking the "Save and Close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the NOFO.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

Note: If you plan to continue multi-year projects at the current or reduced level, you do not need to complete this form.

GENERAL INFORMATION

1	Project Title*	Building the Tribal Public Health Workforce Through Student Engagement <i>Please do not use all capital letters</i> 8/15 words maximum
2	CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
3	Division, office, or unit*	Office of the Director
4	CIO Point of Contact (POC) name:* Name of individual serving as Technical Monitor (TM) for the project. Mary Hall; Shannon Saltclah	CIO POC email address:* moh4@cdc.gov; oqk8@cdc.gov
	<i>You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.</i>	CIO POC phone number:* 770-488-5309; 678.296.2788
5	Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:*	All Categories Category A: HHS Regions 1, 2, 3, and 4 Category B: HHS Regions 5, 6, and 7 Category C: HHS Regions 8, 9, and 10
6	Description of the Target Population:* (4/25 words maximum) American Indian/ Alaska Native Students	

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
 Budget Period Length: August 31, 2021 – August 30, 2022

7	Proposed Project Funding Amount:* (12-month budget period) \$200,000 (Whole numbers only)	CSTLTS Completion (Internal Use Only) <input checked="" type="radio"/> Funded <input type="radio"/> Unfunded
8	Expected Length of Project:*	
	<input type="radio"/> The CIO will fund the project for the entire remaining period of performance (2 years). The recipient will submit a continuation application for the project each budget period (every 12 months).	
	<input checked="" type="radio"/> The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description (Narrative)*– Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. 564/1,000 words maximum
	<p>The purpose of this award is to increase the number of young people interested in becoming part of the public health workforce in Indian country. Recruitment and retention of healthcare professionals, particularly in remote and rural areas, is a persistent challenge. (1) This challenge has led to the designation of groups of federally recognized Native American tribes as Health Professional Shortage Area population groups. (2) It is therefore important that youth, early in their educational path, consider public health in tribal communities as a career choice. Often, youth in rural and tribal communities are not aware of public health as a possible profession, and therefore they do not pursue the coursework and experiential opportunities necessary for pursuing a career in public health. Mentorship, in particular by professionals with similar cultural backgrounds and experiences, is an important means of encouraging youth to consider public health as a career choice. Finally, opportunities that can provide hands-on experiences in tribal communities and tribal organizations, can provide youth both an understanding of the needs and context of working in these communities, as well as a sense for their potential role in the public health workforce.</p> <p>We will fund a single Tribe/ Tribal organization to conduct the following proposed activities:</p> <ol style="list-style-type: none"> 1. Establish or enhance relationships with educational institutions at multiple levels, including middle school, high schools and Tribal Colleges and Universities, focused on identifying students potentially interested in public health as a career option 2. Partner with educational institutions, and other American Indian Alaska Native education-related organizations, such as American Indian Science and Engineering Society (AISES), to further develop knowledge, skills, and attributes of students interested in public health, and barriers to pursuing public health as a

career choice.

3. Conduct outreach in a variety of educational settings (middle schools, high schools, colleges, youth groups, 4H clubs, sports clubs, etc) to educate students about public health and the value of considering public health as a career choice.
4. Establish or enhance partnerships with a variety of public health organizations (clinics, health departments, non-profit organizations, tribal epidemiology centers, etc.) in tribal communities to develop hands-on opportunities for students to engage in public health activities.
5. Develop or enhance guidance for culturally-appropriate and supportive mentoring of students engaged in hands-on public health experiences;
6. Pilot, with at least 3 students at middle school, high school and/or college level, hands-on public health experiences to encourage consideration of public health as a career option.
7. Develop a set of lessons learned and recommendations, based on project experiences, for other tribes/ tribal organizations in: developing relationships with educational institutions; developing partnerships with public health organizations to create hands-on student opportunities; developing mentorship for students working in tribal communities; and conducting a pilot program to establish learning and internship opportunities for students in tribal public health settings.

Expected outputs include:

1. Established relationships between grantee and educational institutions
2. Established partnerships between grantee and tribal public health organizations on building a career path to public health
3. Students at a variety of educational levels exposed to public health as a career choice
4. At least 3 students having had an organized, hands-on experience in a tribal public health setting
5. Documented guidance for tribal public health professionals for culturally appropriate and supportive mentoring
6. Set of recommendations for developing hands-on experiences for students in tribal public health organizations and settings

Expected outcomes include:

1. Increased understanding of the barriers and facilitators of developing programs to provide hands-on experiences for students, at the high school and college level, in tribal public health organizations and settings
2. Increased understanding of the development of relationships with educational institutions and tribal public health organizations to help students consider public health as a career choice
3. Increase in the number of students reached and recruited to participate in learning and internship opportunities

1. <https://www.indian.senate.gov/sites/default/files/upload/files/1.28.15%20SCIA%20Witness%20Testimony%20-%20Stacy%20Bohlen%20-%20NIHB.pdf>
2. <https://www.hrsa.gov/public-health/community/indian-health/shortage.html>

10 Approximate Number of Awards:*

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

11 Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one):*

- Tribal Public Health Systems Infrastructure:**
Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
- Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
- Tribal Data and Information Systems:** Activities to increase the use of data and information systems
- Tribal Public Health Programs and Services:** Activities to strengthen the ability to meet public health needs in a comprehensive manner
- Tribal Public Health Resources and Communication:**
Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
- Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

12 Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more):*

Short-Term

- Increased implementation of tools and processes that build operational capacity and effectiveness
- Increased use of core and discipline-specific public health competencies among public health workers
- Improved collection, maintenance, interpretation, and dissemination of tribal health data
- Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
- Development of culturally relevant public health resources and communication tools
- Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

Intermediate

- Increased use of nationally established standards, such as those for public health department accreditation
- Increased number of qualified public health workers
- Implementation of culturally practice-based evidence programs and services
- Increased coordination of multi-sector partnerships to generate collective public health impact

13 Recipient Organizational Capacity:* 103/200 words maximum
Include skills, technology, organization reach, and infrastructure.

Recipient may be a Tribe or Tribal Organization. Recipient should provide evidence of existing relationships with educational institutions, particularly those with significant American Indian/ Alaska Native student populations, at various levels, including high school and college. Recipient should have sufficient organizational capacity to manage and implement the activities, including experience in student outreach, partnership building with organizations outside the public health sector, and developing culturally-appropriate mentorship capabilities. If additional staff or partners are needed to support program activities, provide a statement to explain how and when essential staff will be hired or partnership will be developed. Recipient must demonstrate the organizational capacity to provide mentor and internship stipends if such stipends are proposed.

14 Recipient Program Experience:* 40/200 words maximum
Include content expertise and target population relationship.

The successful recipient should demonstrate experience in the following: providing outreach to students; providing student learning opportunities in public health; partnering with other tribal organizations to provide learning opportunities in public health; partnering with educational institutions; providing culturally-appropriate and supportive mentoring.

COLLABORATIVE WORK

15 Expectations for Collaboration, if applicable: 34/200 words maximum

Recipients are expected to collaborate with educational institutions at multiple levels (middle schools, high schools, college), other educational organizations supporting American Indian/ Alaska Native education, and tribal public health departments/ units and other tribal public health

16 Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable:
2/200 words maximum

N/A

17 Will the proposed capacity-building and quality improvement go towards tribal public health departments?* Yes No

Briefly describe how. : * 20/200 words maximum

Lessons learned and recommendations made by the recipient as an output will benefit tribal health departments as well as tribal organizations.

BUDGET INSTRUCTIONS

18 Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 0/100 words maximum

CIO CERTIFICATION

19 I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.*

ADMINISTRATIVE USE ONLY

Recipient Name:

Submission Date: 02/24/2021

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



**FY 2021 CSTLTS Proposal for New Project
 CDC-RFA-OT18-1803
 Tribal Public Health Capacity-Building and Quality Improvement: Year 4**

[Project Plan Instructions](#)

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Note: If you plan to continue multi-year projects at the current or reduced level, you do not need to complete this form.

GENERAL INFORMATION

1	Project Title*	Cultural Adaptation of the National Diabetes Prevention Program Prevent T2 Curriculum for Native Programs <i>Please do not use all capital letters</i> 13/15 words maximum
2	CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
3	Division, office, or unit*	Division of Diabetes Translation
4	CIO Point of Contact (POC) name:* Name of individual serving as Technical Monitor (TM) for the project. Larry Alonso; Dawn Satterfield; Kavitha Muthuswamy; Jeannette May <i>You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.</i>	CIO POC email address:* hta7@cdc.gov; dxs9@cdc.gov; ihs8@cdc.gov; jxm5@cdc.gov
		CIO POC phone number:* 7704885354; 770-488-5000
5	Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:*	All Categories Category A: HHS Regions 1, 2, 3, and 4 Category B: HHS Regions 5, 6, and 7 Category C: HHS Regions 8, 9, and 10
6	Description of the Target Population:* (19/25 words maximum)	American Indian and Alaska Native participants in the National Diabetes Prevention Program year-long type 2 diabetes prevention program

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
 Budget Period Length: August 31, 2021 – August 30, 2022

7	Proposed Project Funding Amount:* (12-month budget period) \$140,000 (Whole numbers only)	CSTLTS Completion (Internal Use Only) <input checked="" type="radio"/> Funded <input type="radio"/> Unfunded
8	Expected Length of Project:*	<input type="radio"/> The CIO will fund the project for the entire remaining period of performance (2 years). The recipient will submit a continuation application for the project each budget period (every 12 months). <input checked="" type="radio"/> The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9	Project Description (Narrative)* – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. 863/1,000 words maximum
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This project is to assemble and convene a panel of expert contributors to advise on a cultural adaptation of the year-long National Diabetes Prevention Program (National DPP) PreventT2 curriculum to meaningfully engage participants who are American Indian and Alaska Native (AI/AN), representing 574 federally-recognized tribes and 100 state-recognized tribes, over 70% of whom live in urban areas. A panel of expert contributors from diverse geographic regions is needed to provide guidance to tailor the 22 PreventT2 modules. The adapted modules, when cleared, will serve to support a dynamic distance learning (DL) option in development by the Choctaw Nation of Oklahoma. The Division of Diabetes Translation (DDT) Tribal Support and National DPP teams and a University of South Dakota public health faculty member (Choctaw) will collaboratively support both the curriculum cultural adaptation and the building of a distance learning platform for National DPP program delivery for participants who are Native.

The diabetes epidemic emerged in the US after World War II, revealing stark health disparities in Native communities whose rates of diabetes and its complications (e.g., chronic kidney disease, lower extremity amputations, blindness, neuropathy) soared above those of non-Hispanic Whites. In some communities, diabetes was considered "new" or "from the outside," another in a long string of losses (e.g., illness and death due to diseases, fertile lands, residential schools, poverty, prohibited traditional practices). To effectively reach underserved populations to prevent and treat diabetes and related chronic diseases, it is critical to acknowledge and intervene on contextual factors impacting the people affected (Wallerstein et al, 2019; Ogunwulde et al, 2020).

In 2020, tribal consultation with the IHS Tribal Leaders Diabetes Committee, the CDC Tribal Advisory Committee, and HHS Regional Consultation in the 10 regions added to a consistent chorus of input about the need for a culturally-relevant National DPP curriculum. Interviews were conducted in 2020 with Native National DPP participants who provided key recommendations: 1. Establish strong relationships with and invest in understanding tribal communities; 2. Use culturally relevant materials and determine whether they need to be adapted and translated for each community; 3. Incorporate local traditional foods; and 4. Use storytelling and experiential learning methods.

Currently, 58 tribal urban and rural programs participate in the National DPP, established by CDC in 2010 and grounded in the DPP study which confirmed that type 2 diabetes can often be prevented or delayed in people with prediabetes participating in a structured lifestyle change program (Knowler et al, 2002). Trained lifestyle coaches worked with participants in the lifestyle arm of the study to achieve moderate weight loss (5-7% body weight) and maintain regular physical activity (150 minutes/week). The SDPI Diabetes Prevention (DP) Demonstration Project and Initiative (2004-2016) successfully replicated the DPP (Jiang et al, 2018) using the Native Lifestyle Balance curriculum. An updated version of the PreventT2 curriculum will be available in August 2020, incorporating new evidence-based nutrition recommendations and design enhancements.

With input from CDC, the recipient will assemble the panel of expert contributors to review and advise on the adaptation of the 22 PreventT2 modules to serve Native participants enrolled in the National DPP. The recipient will provide the panel of expert contributors with 'batches' of a number of modules at intervals for their review and guidance to tailor the modules (e.g., foods, physical activity examples, stories, learning activities). The recipient will summarize the panel recommendations to provide to CDC for the instructional designer to incorporate. The adapted curriculum for Native communities will be finalized with the design expertise of the National DPP instructional designer and cleared by CDC, by September 1, 2022.

The recipient will:

1. Assemble, convene, and manage a panel of expert contributors (the panel) to provide expertise to tailor the PreventT2 curriculum for Native programs, including decisions to provide an honorarium for panel members.
2. Identify resources that may help guide the panel's review and recommendations (e.g., Culture Card, Special Diabetes Program for Indians (SDPI), videos on CDC/Native Diabetes Wellness Program website).
3. Guide the panel to build consensus on identifying key principles to honor in culturally adapting the PreventT2 curriculum.
4. Deliver a 'batch' of the Prevent T2 curriculum to the panel members with instructions for review and advise to inform the cultural adaptation of the PreventT2 curriculum.
5. Convene the panel to build consensus for a list of recommendations for tailoring to submit to CDC/DDT and its instructional design contractor.
6. Distribute the modules with changes incorporated by the instructional designer for review and further advisement, if indicated.
7. Repeat this process for each 'batch' of modules.
8. When all modules (22) are complete, review in totality and prepare a description citing the work of panel members.

Jiang L, Johnson A, Pratte K, Beals J, Bullock A, Manson SM and the Special Diabetes Program for Indians. Long-term outcomes of lifestyle intervention to prevent diabetes in American Indian and Alaska Native communities: the Special Diabetes Program for Indians Diabetes Prevention Program. *Diabetes Care*. 2018; 41(7):1462–1470. <https://doi.org/10.2337/dc17-2685>^{external icon}

Knowler et al, Diabetes Prevention Program, *New Engl J Med*, 2002.

Ogunwole SM, Golden SH. Social determinants of health and structural inequities – root causes of diabetes disparities. *Diabetes Care* 2021 Jan; 44(1): 11-13. <https://doi.org/10.2337/dci20-0060>

Office Minority Health. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>

Wallerstein N, Oetzel JG, Duran B, et al. Culture-centeredness in community-based participatory research: contributions to health education intervention research. *Health Educ Res* 2019 1-17. doi:10.1093/her/cy021 <https://academic.oup.com/her/article/34/4/372/5523035>

10	Approximate Number of Awards:*	<input type="text" value="1"/>
TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL		
11	Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one):*	
	<input type="radio"/> Tribal Public Health Systems Infrastructure: Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement	
	<input type="radio"/> Tribal Public Health Workforce: Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention	
	<input type="radio"/> Tribal Data and Information Systems: Activities to increase the use of data and information systems	
	<input type="radio"/> Tribal Public Health Programs and Services: Activities to strengthen the ability to meet public health needs in a comprehensive manner	
	<input checked="" type="radio"/> Tribal Public Health Resources and Communication: Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country	
	<input type="radio"/> Tribal Public Health Partnerships: Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels	
12	Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more):*	
	Short-Term	
	<input type="checkbox"/> Increased implementation of tools and processes that build operational capacity and effectiveness	
	<input type="checkbox"/> Increased use of core and discipline-specific public health competencies among public health workers	
	<input type="checkbox"/> Improved collection, maintenance, interpretation, and dissemination of tribal health data	

<input checked="" type="checkbox"/>	Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
<input checked="" type="checkbox"/>	Development of culturally relevant public health resources and communication tools
<input type="checkbox"/>	Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement
Intermediate	
<input type="checkbox"/>	Increased use of nationally established standards, such as those for public health department accreditation
<input type="checkbox"/>	Increased number of qualified public health workers
<input checked="" type="checkbox"/>	Implementation of culturally practice-based evidence programs and services
<input type="checkbox"/>	Increased coordination of multi-sector partnerships to generate collective public health impact

13	Recipient Organizational Capacity:* 56/200 words maximum Include skills, technology, organization reach, and infrastructure.
	The skills, technology, and reach of the recipient should include identifying contributors to inform the tailoring of the PreventT2 curriculum for Native communities, convening the panel of expert contributors, and coordinating their work to review and inform all modules. Knowledge about the National DPP, resource materials, and instructional design strategies or technology would be helpful.

14	Recipient Program Experience:* 27/200 words maximum Include content expertise and target population relationship.
	Relationships with potential contributors for a cultural adaptation should be broad, with a shared commitment to preventing type 2 diabetes in Native communities and in urban settings.

COLLABORATIVE WORK

15	Expectations for Collaboration, if applicable: 34/200 words maximum
	Collaboration with potential contributors, programs with potential resource materials, CDC National DPP and Tribal Support teams, University of South Dakota instructor, Indian Health Service SDPI, and others will be important to the work.
16	Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable: 21/200 words maximum
	Subcontractual work is not expected. The recipient may want to consider and manage honorariums for the panel of expert contributors.
17	Will the proposed capacity-building and quality improvement go towards tribal public health departments?* <input type="radio"/> Yes <input checked="" type="radio"/> No

BUDGET INSTRUCTIONS

18	Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 30/100 words maximum
	The recipient will manage the budget to include the convening, collaboration, and communications of the panel and with the CDC instructional designer and National DPP and Tribal Support teams.

CIO CERTIFICATION

19	I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.*
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ADMINISTRATIVE USE ONLY

Recipient Name:	<input type="text"/>
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Submission Date:

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



**FY 2021 CSTLTS Proposal for New Project
 CDC-RFA-OT18-1803
 Tribal Public Health Capacity-Building and Quality Improvement: Year 4**

[Project Plan Instructions](#)

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Note: If you plan to continue multi-year projects at the current or reduced level, you do not need to complete this form.

GENERAL INFORMATION

1	Project Title*	Electronic Case Reporting for Tribes <i>Please do not use all capital letters</i> 4/15 words maximum
2	CIO*	CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES
3	Division, office, or unit*	Office of the Director
4	CIO Point of Contact (POC) name:* Name of individual serving as Technical Monitor (TM) for the project. Sarah Sobonya; Grace Mandel; Laura Conn	CIO POC email address:* qkh4@cdc.gov; nvm8@cdc.gov; lbk1@cdc.gov
	<i>You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.</i>	CIO POC phone number:* 404.718.3163; 404.498.5327; 404.498.0971
5	Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:*	All Categories Category A: HHS Regions 1, 2, 3, and 4 Category B: HHS Regions 5, 6, and 7 Category C: HHS Regions 8, 9, and 10
6	Description of the Target Population:* (12/25 words maximum) Tribal public health agency wanting to improve collection of tribal health data.	

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
 Budget Period Length: August 31, 2021 – August 30, 2022

7	Proposed Project Funding Amount:* (12-month budget period) \$750,000 (Whole numbers only)	CSTLTS Completion (Internal Use Only) <input checked="" type="radio"/> Funded <input type="radio"/> Unfunded
8	Expected Length of Project:*	
	<input type="radio"/> The CIO will fund the project for the entire remaining period of performance (2 years). The recipient will submit a continuation application for the project each budget period (every 12 months).	
	<input checked="" type="radio"/> The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description (Narrative)* – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. 369/1,000 words maximum
	<p>Purpose: To build capacity for electronic Case Reporting (eCR) in a Tribal public health agency and/or Tribal Epidemiology Center</p> <p>eCR is the automated, real-time exchange of case report information between electronic health records and public health agencies. eCR moves data quickly and securely from electronic health records in healthcare facilities to public health agencies, allowing a rapid response to public health threats. eCR also communicates important information from public health agencies to healthcare providers through a reportability response. While public health departments in all states and many large local jurisdictions have connected to the APHL Informatics Messaging Services (AIMS) platform, entered their reportability criteria, and received electronic initial case reports (eICRs) for at least one reportable condition, no Tribal public health departments or Tribal Epidemiology Centers have yet done so. This project will enable one Tribal public health department or Tribal Epidemiology Center to create a plan for eCR and to create an initial connection to AIMS, allowing for the receipt of case reports for reportable conditions such as COVID-19 through eCR.</p> <p>Proposed Activities:</p> <ol style="list-style-type: none"> 1. Delineate the awardee's specific authority to receive case reports, including any limitations or stipulations. This may include reports from Indian Health Service units, Tribally-run facilities, and Urban Indian Health facilities, as well as data for tribal members who receive care elsewhere. Determine criteria for identifying case reports that should be sent to the awardee by the AIMS platform. 2. Work with eCR team, including CDC, CSTE, and APHL, to determine create a plan and connect to the AIMS platform and entering criteria for at least one reportable condition. 3. Work with the eCR team to build technical capacity to effectively use electronic Initial Case Reports (eICRs) including processing them into awardee's electronic

- 3. Work with the eCR team to build technical capacity to effectively use electronic initial case reports (eCRs), including processing them into awardee's electronic surveillance systems or database.
- 4. Identify at least one priority healthcare organization in awardee's jurisdiction (Tribal or Urban Indian Health) for eCR implementation. Work with priority organization to determine readiness and plan for implementation.

Expected Outputs:

1. Criteria for determining which case reports should be sent to awardee
2. Plan for connecting to AIMS and for utilizing data received through eCR
3. Implementation plan for a priority healthcare organization

Expected Outcome:

1. Tribal public health department has improved capacity to use interoperable technology to receive electronic initial case reports and to receive timely data for reportable and notifiable conditions.

10 Approximate Number of Awards:*

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – [NOFO LOGIC MODEL](#)

11 Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one):*

- Tribal Public Health Systems Infrastructure:**
Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
- Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
- Tribal Data and Information Systems:** Activities to increase the use of data and information systems
- Tribal Public Health Programs and Services:** Activities to strengthen the ability to meet public health needs in a comprehensive manner
- Tribal Public Health Resources and Communication:**
Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
- Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

12 Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more):*

- Short-Term**
- Increased implementation of tools and processes that build operational capacity and effectiveness
 - Increased use of core and discipline-specific public health competencies among public health workers
 - Improved collection, maintenance, interpretation, and dissemination of tribal health data
 - Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
 - Development of culturally relevant public health resources and communication tools
 - Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement
- Intermediate**
- Increased use of nationally established standards, such as those for public health department accreditation
 - Increased number of qualified public health workers
 - Implementation of culturally practice-based evidence programs and services
 - Increased coordination of multi-sector partnerships to generate collective public health impact

13 Recipient Organizational Capacity:* 113/200 words maximum
Include skills, technology, organization reach, and infrastructure.

The recipient should provide evidence of sufficient organizational capacity, including sufficient technical and informatics expertise, to manage and implement activities. The recipient should provide information on existing surveillance systems or data warehouses, including availability of any pre-processing engine, and should be able to describe the existing data types and formats currently used in the jurisdiction. If additional staff or partners are needed to support program objectives, provide a statement to explain how and when essential staff will be hired. Recipient must have (or be granted) public health authority to received identifiable reportable condition reports and should note this in application. Applicant should be able to describe the current public health authority and data streams authorized through this authority for COVID-19 and for other reportable conditions.

14 Recipient Program Experience:* 36/200 words maximum
Include content expertise and target population relationship.

No experience with electronic case reporting is required. Recipient should have experience working to support tribal public health infrastructure and informatics capacity building. The recipient should have in-depth knowledge of healthcare organizations within the tribe and servicing tribal members.

15	Expectations for Collaboration, if applicable: 56/200 words maximum
	The recipient must collaborate with CDC, APHL, and CSTE to implement eCR. A pre-existing relationship with APHL and CSTE is not required and CDC will facilitate these relationships if necessary after award. Recipient may also collaborate with public health agencies in one or more states as appropriate, depending on state and tribal law and agreements.
16	Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable: 32/200 words maximum
	It is likely that some sub-contract work may be needed if the applicant organization or CDC resources are unable to provide technical expertise. Tribal Epidemiology Centers can be funded as subcontractors.
17	<p>Will the proposed capacity-building and quality improvement go towards tribal public health departments?* <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Briefly describe how. : * 54/200 words maximum</p> <p>Tribal public health departments will benefit by receiving more complete and timely data on reportable diseases and conditions, allowing them to respond more effectively to public health issues. Tribal public health departments will also gain the ability to provide information to healthcare providers treating patients with a reportable condition through the reportability response.</p>

BUDGET INSTRUCTIONS

18	Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 39/100 words maximum
	Funds can be used to support a healthcare organization in implementing eCR in a tribal region. Funds can also be used by the public health agency or tribal epidemiology centers to enhance internal informatics capacities related to eCR.

CIO CERTIFICATION

19	I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.*
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ADMINISTRATIVE USE ONLY

Recipient Name:

Submission Date:

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



**FY 2021 CSTLTS Proposal for New Project
 CDC-RFA-OT18-1803
 Tribal Public Health Capacity-Building and Quality Improvement: Year 4**

[Project Plan Instructions](#)

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Note: If you plan to continue multi-year projects at the current or reduced level, you do not need to complete this form.

GENERAL INFORMATION

1	Project Title*	Enhance support for culturally appropriate early identification of children with developmental delays and disabilities <i>Please do not use all capital letters</i> 13/15 words maximum
2	CIO*	NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES
3	Division, office, or unit*	Division of Human Development and Disability
4	CIO Point of Contact (POC) name:* Name of individual serving as Technical Monitor (TM) for the project. Katie Green; Karnesha Slaughter <i>You may add up to 3 TM names, emails, and phone numbers separated with a semi-colon.</i>	CIO POC email address:* kpk9@cdc.gov; lio8@cdc.gov
		CIO POC phone number:* 404-498-3872; 404-498-1461
5	Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:*	All Categories Category A: HHS Regions 1, 2, 3, and 4 Category B: HHS Regions 5, 6, and 7 Category C: HHS Regions 8, 9, and 10
6	Description of the Target Population:* (23/25 words maximum) Nongovernmental tribal public health components including community-based organizations or health centers, primary care providers, elected tribal officials, clinics, hospitals, educational institutions, and public safety agencies.	

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
 Budget Period Length: August 31, 2021 – August 30, 2022

7	Proposed Project Funding Amount:* (12-month budget period) \$75,000 (Whole numbers only)	CSTLTS Completion (Internal Use Only) <input checked="" type="radio"/> Funded <input type="radio"/> Unfunded
8	Expected Length of Project:*	<input checked="" type="radio"/> The CIO will fund the project for the entire remaining period of performance (2 years). The recipient will submit a continuation application for the project each budget period (every 12 months). <input type="radio"/> The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9	Project Description (Narrative)* – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. 468/1,000 words maximum
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Project Description (Narrative) – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes.* (1,000 word limit)

Purpose:
 Improve health outcomes and function for American Indian and Alaskan Native (AI/AN) children with developmental delays and disabilities through culturally appropriate translation, dissemination, and integration of CDC's *Learn the Signs. Act Early.* (LTSAE; www.cdc.gov/ActEarly) resources into high-reach target programs serving AI/AN families with children birth to age 5 years (e.g. Early Head Start, WIC and others) to promote parent-engaged developmental monitoring, early identification of developmental delays, timely referral, and connection to early intervention services.

Proposed Activities:
 -Administer awards of \$4K-\$6K (each) to support up to three individuals ("AI/AN Tribal Act Early Ambassadors,") each representing a different state or tribal community) within high-reach early childhood programs to serve as AI/AN Tribal Act Early Ambassadors to CDC's *Learn the Signs. Act Early.* (LTSAE) program. These AI/AN Tribal Ambassadors will facilitate culturally appropriate adaptation of existing LTSAE resources and work to ensure the dissemination and integration of LTSAE resources for developmental monitoring into at least one high-reach target program serving AI/AN families with young children, being sure to coordinate their efforts with their state's existing Act Early Ambassador

with their state's existing ACE Early Ambassadors.

-Support the development of culturally adapted LTSAE resources (as needed), which may include milestone checklists, booklets, flyers, and other resources.

-Support printing and dissemination of materials and resources through the tribal public health system and other systems that serve young AI/AN children and their families.

-Work with AI/AN Tribal Act Early Ambassadors to develop a partnership plan to support the continued provision of customized print materials beyond the project period.

-Identify recommendations for collaborating with AI/AN early childhood programs on developmental monitoring and reaching AI/AN communities.

Expected Outputs:

- Up to 3 AI/AN Tribal Act Early Ambassadors each produce the following:

- a high level work plan including at least 1 goal of integrating developmental monitoring using LTSAE into a high-reach program serving AI/AN families with young children
- 1 brief mid-term workplan progress report (1-2 pages; including process measures identified in collaboration with CDC) and accompanying 5 min presentation
- 1 final report (1-2 pages; including measures identified in collaboration with CDC) and accompanying 5 min presentation

- Recipient and AI/AN Tribal Act Early Ambassadors work together to produce and print culturally adapted LTSAE materials (as needed)

- Recipient produces a summary report (2-3 pages) of recommendations for collaborating with early childhood programs serving AI/AN children and reaching AI/AN tribal communities and drafts 2-3 "promising practices" (approx. 250 words) for inclusion on CDC's LTSAE website.

Expected Outcomes:

- Integration of developmental monitoring using LTSAE achieved in at least 1 high-reach program serving AI/AN families with young children
- Increased number of families/children connected with resources to improve early identification of developmental delay/disability and referred to intervention services.

10 Approximate Number of Awards:*

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – [NOFO LOGIC MODEL](#)

11 Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one):*

- Tribal Public Health Systems Infrastructure:**
Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
- Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
- Tribal Data and Information Systems:** Activities to increase the use of data and information systems
- Tribal Public Health Programs and Services:** Activities to strengthen the ability to meet public health needs in a comprehensive manner
- Tribal Public Health Resources and Communication:**
Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
- Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

12 Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more):*

Short-Term

- Increased implementation of tools and processes that build operational capacity and effectiveness
- Increased use of core and discipline-specific public health competencies among public health workers
- Improved collection, maintenance, interpretation, and dissemination of tribal health data
- Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
- Development of culturally relevant public health resources and communication tools
- Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

Intermediate

- Increased use of nationally established standards, such as those for public health department accreditation
- Increased number of qualified public health workers

	<input checked="" type="checkbox"/> Implementation of culturally practice-based evidence programs and services
	<input checked="" type="checkbox"/> Increased coordination of multi-sector partnerships to generate collective public health impact
13	<p>Recipient Organizational Capacity:* 84/200 words maximum Include skills, technology, organization reach, and infrastructure.</p> <p>Recipient must have connections with high-reach programs serving AI/AN tribal families with young children (birth–5 years) in up to 3 different states or tribal communities as well as the capacity to complete the following activities;</p> <ul style="list-style-type: none"> -draft a competitive funding opportunity, recruit applicants, and award up to 3 AI/AN Tribal Act Early Ambassadors (each representing a different state or tribal nation), -provide or procure professional graphic design support for cultural adaptation of print materials, -procure and coordinate printing/shipping services, and -produce written recommendations and summaries of promising practices.
14	<p>Recipient Program Experience:* 26/200 words maximum Include content expertise and target population relationship.</p> <p>Recipient will have experience collaborating with one or more programs and/or organizations that serve AI/AN/tribal families with young children (birth–5 years) to support child health, development, or education.</p>
COLLABORATIVE WORK	
15	<p>Expectations for Collaboration, if applicable: 92/200 words maximum</p> <p>The recipient and Ambassadors are expected to collaborate with CDC’s LTSAE program team on all aspects of the project, and to collaborate with another CDC recipient, the Association of University Centers on Disabilities, that administers the larger, nationwide Act Early Ambassador program, to coordinate technical assistance opportunities for Tribal Ambassadors (CDC can facilitate this partnership).</p> <p>AI/AN Tribal Ambassadors are expected to collaborate with their state's Act Early Ambassador (https://www.cdc.gov/ncbddd/actearly/ambassadors-list.html) to understand what efforts are currently underway and how the tribal ambassador can compliment and enhance those efforts, specifically with AI/AN/tribal programs/communities.</p>
16	<p>Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable: 108/200 words maximum</p> <p>It is expected for the recipient to subcontract with up to 3 "AI/AN Tribal Act Early Ambassadors" to be selected through a competitive process developed in consultation with CDC. Ambassadors are typically supported with a small annual stipend (approximately \$4K–\$6K each).</p> <p>The recipient might also choose to allocate resources to support a subcontract for professional graphic design services to help support creative adaptation of the LTSAE resources in consultation with the tribal Ambassadors and CDC, as well as printing services so that adapted materials can be printed for Ambassador dissemination. Subcontractors should be selected based on past performance, capacity, cost, and quality.</p>
17	<p>Will the proposed capacity-building and quality improvement go towards tribal public health departments?* <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Briefly describe how. : * 125/200 words maximum</p> <p>Currently, the primary tool for developmental monitoring, CDC’s Milestone Tracker App is unavailable for many families due to limited internet or cellular access. Customizing printable materials will allow their dissemination and use by AI/AN families. Training for AI/AN Tribal Act Early Ambassadors through collaboration with CDC and collaboration with the Act Early network, including the state’s Act Early Ambassadors, will help with capacity building through enhancing strategies for communication and establishing partnerships. In addition, establishing partnerships across non-governmental entities and implementation of customized LTSAE materials in programs serving young AI/AN children can improve early identification, referral, and provision of services for children identified with potential developmental delays. These activities can improve the capacity of tribal public health departments to serve children and families and improve function and health outcomes of children with, or at risk for, developmental disabilities.</p>
BUDGET INSTRUCTIONS	
18	<p>Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 28/100 words maximum</p> <p>An itemized budget narrative must include: Salaries/wages, Fringe, consultant costs, equipment, supplies, travel, other categories, contractual costs. Funds cannot be used for items covered by other federal sources.</p>
CIO CERTIFICATION	
19	I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.*



**FY 2021 CSTLTS Proposal for New Project
 CDC-RFA-OT18-1803
 Tribal Public Health Capacity-Building and Quality Improvement: Year 4**

[Project Plan Instructions](#)

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Note: If you plan to continue multi-year projects at the current or reduced level, you do not need to complete this form.

GENERAL INFORMATION

1	Project Title*	Improving Tribal Data Sharing Capacity <i>Please do not use all capital letters</i> 4/15 words maximum
2	CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
3	Division, office, or unit*	Division of Population Health
4	CIO Point of Contact (POC) name:* Name of individual serving as Technical Monitor (TM) for the project. Amy Groom	CIO POC email address:* ahg2@cdc.gov
		CIO POC phone number:* 505 366 3976
5	Geographic Category to Receive Capacity-Building and Quality Improvement Assistance:*	All Categories
		Category A: HHS Regions 1, 2, 3, and 4 Category B: HHS Regions 5, 6, and 7 Category C: HHS Regions 8, 9, and 10
6	Description of the Target Population:* (12/25 words maximum)	Tribes, Tribal organizations, health care organizations and state/local public health authorities

PROJECT FUNDING

OT18-1803 Period of Performance Length: August 1, 2018 – July 31, 2023
 Budget Period Length: August 31, 2021 – August 30, 2022

7	Proposed Project Funding Amount:* (12-month budget period) \$200,000 (Whole numbers only)	CSTLTS Completion (Internal Use Only) <input checked="" type="radio"/> Funded <input type="radio"/> Unfunded
8	Expected Length of Project:*	<input type="radio"/> The CIO will fund the project for the entire remaining period of performance (2 years). The recipient will submit a continuation application for the project each budget period (every 12 months). <input checked="" type="radio"/> The CIO will fund the project for one year. The recipient will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9	Project Description (Narrative)* – Provide a description of the project and include a narrative of the purpose, proposed activities, expected outputs, expected outcomes, and approximate number of awards. 587/1,000 words maximum
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Purpose: To increase the completeness of race/ethnicity data for American Indian/Alaska Native populations in public health surveillance data.

Collection of race and ethnicity data is critical to quantifying the disproportionate impact of different health conditions and is a first step in addressing health inequities. While race/ethnicity information are recommended and in some cases required to be reported, data are often incomplete. Reasons can include individuals not wanting to report their race/ethnicity, clinical process/provider practices during patient encounters, lack of policies requiring provider collection and reporting of this information, state/local data sharing restrictions that prevent the sharing of this information, and technological challenges with the collection, storage and reporting of these data.

The COVID-19 pandemic has disproportionately impacted some racial/ethnic communities highlighting the importance of collecting race and ethnicity information to ensure rapid detection of and response to potential disparities. The fragmentation of the current public health surveillance system, however, contributes to incomplete collection of these data. As of 2/23/2021, CDC's COVID-19 Data Tracker reported that only 52% of reported COVID-19 cases included race/ethnicity information, and an MMWR reporting on vaccine administration in the first month of the COVID-19 vaccination program found that only 51.9% of vaccine data included race/ethnicity data. Incomplete data can lead to undercounting and distortion of the true magnitude of health disparities which can impact public health response activities and the distribution of resources.

American Indian and Alaska Native populations have experienced significantly higher COVID19 incidence, hospitalizations and mortality, with an overall COVID19 related mortality 1.8 times higher compared to non-Hispanic White populations in 14 states. In addition to the issues impacting incomplete race/ethnicity data collection noted above, AI/AN persons are commonly misclassified as non-AI/AN races and ethnicities in epidemiologic and administrative data sets, leading to an underestimate of AI/AN morbidity and mortality.

A recent review of AI/AN COVID-19 case data reported in state systems and subsequently reported to CDC revealed variation across states in both the completeness of race/ethnicity data collected at the state level, and variation in the completeness of race/ethnicity data reported to CDC. While overall only 63% of the AI/AN cases reported to the CDC contained race/ethnicity data, there are states identified in the report that are collecting and transmitting more complete race/ethnicity data than others.

Ensuring more complete race/ethnicity data in public health surveillance systems is critical to support the ability of tribes and urban Indian health programs to leverage the unique Indian Health Service, Tribal and Urban Indian Health program clinical infrastructure and exercise the unique status of tribes as sovereign entities and their legal authority to respond to public health emergencies on their lands.

Proposed Activities (must choose at least 2):

1. Identify policies and best practices at the state, local, and tribal jurisdiction and clinic level that contribute to more complete collection and reporting of cases and of race/ethnicity data
2. Identify best practices and barriers to the reporting of complete race/ethnicity data by states to CDC.
3. Assess completeness and quality of race/ethnicity data in at least 1 state, local or tribal public health surveillance system
4. Partner with at least one state/ local/tribal public health entity and at least one IHS, Tribal or Urban Indian health program to implement best practices and policies for race/ethnicity data collection
5. Disseminate replicable and scalable policies and best practices to relevant clinical and public health partners to expand uptake of best practices.
6. Evaluate impact of implementation of these measures on race/ethnicity data completeness for at least 1 reportable condition.

Expected Outputs:

1. Identification of best practices and policies to support race/ethnicity data collection in public health surveillance systems
2. Dissemination and implementation of recommendations in federal, state, local, and tribal public health networks
3. Evaluation of the impact of implementing race/ethnicity data collection best practices and policies on race/ethnicity data completeness

Expected Outcome:

1. Increased completeness of race/ethnicity data for at least one notifiable condition reported to a state, local or tribal public health surveillance system.

10 Approximate Number of Awards:*

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – [NOFO LOGIC MODEL](#)

11 Tribal Capacity-Building and Quality Improvement Program Strategic Areas (Select one):*

- Tribal Public Health Systems Infrastructure:**
Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
- Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
- Tribal Data and Information Systems:** Activities to increase the use of data and information systems
- Tribal Public Health Programs and Services:** Activities to strengthen the ability to meet public health needs in a comprehensive manner
- Tribal Public Health Resources and Communication:**
Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
- Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

12 Tribal Capacity-Building and Quality Improvement Program Outcomes (Check one or more):*

Short-Term

- Increased implementation of tools and processes that build operational capacity and effectiveness
- Increased use of core and discipline-specific public health competencies among public health workers
- Improved collection, maintenance, interpretation, and dissemination of tribal health data
- Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
- Development of culturally relevant public health resources and communication tools
- Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

Intermediate

- Increased use of nationally established standards, such as those for public health department accreditation
- Increased number of qualified public health workers
- Implementation of culturally practice-based evidence programs and services
- Increased coordination of multi-sector partnerships to generate collective public health impact

13 Recipient Organizational Capacity:* 64/200 words maximum
Include skills, technology, organization reach, and infrastructure.

	Applicants must have authority to collect public health data, and infrastructure to carry out the proposed activities. Successful applicants must have a demonstrated core organizational capacity to effectively execute the activities outlined by the award. Applicants must demonstrate relevant experience and technical capacity to implement the activities and achieve the project outcomes, and a staffing plan and project management structure sufficient to achieve the project outcomes with clearly defined staff roles.
14	Recipient Program Experience:* 23/200 words maximum Include content expertise and target population relationship.
	Recipient should have strong data science, informatics, and information technology capabilities and experience working to support tribal public health infrastructure and public health surveillance systems.

COLLABORATIVE WORK

15	Expectations for Collaboration, if applicable: 61/200 words maximum
	The recipient must collaborate with CDC and at least 1 state/local public health partner to identify and implement best practices for race/ethnicity data collection. Collaboration with the Council of State and Territorial Epidemiologists (CSTE) and Association of Public Health Laboratories is also recommended. Recipient may also collaborate with public health agencies in one or more states as appropriate, depending on state and tribal law and agreements.
16	Expected Subcontractual/Subawardee Work and Recommended Criteria for Selecting Subcontractors/Subawardees, as applicable: 22/200 words maximum
	It is likely that some sub-contract work may be needed if the applicant organization or CDC resources are unable to provide technical expertise.
17	Will the proposed capacity-building and quality improvement go towards tribal public health departments? * <input checked="" type="radio"/> Yes <input type="radio"/> No Briefly describe how. : * 28/200 words maximum
	Tribal public health departments will benefit by receiving more complete data on reportable diseases and conditions among AI/AN populations , allowing them to respond more effectively to public health issues.

BUDGET INSTRUCTIONS

18	Provide general instructions on any limitations or parameters for expenditure or use of funds, if applicable: 15/100 words maximum
	Funds can be used to support a healthcare organization to improve race/ethnicity data collection and reporting.

CIO CERTIFICATION

19	I certify that my CIO currently does not maintain a comparable NOFO related to the tribal public health capacity-building and quality improvement program.*
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ADMINISTRATIVE USE ONLY

Recipient Name:

Submission Date:

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