

<b>Project Title:</b>	<b>Disability-Inclusive Preventive Health Screening Implementation Guide</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>community-based organizations, community health centers, primary care providers, hospitals, and education organizations</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>An estimated over 65 million adults in the U.S. live with a disability. People with disabilities are disproportionately impacted by chronic and infectious disease as well as injury and mental health conditions. Preventive health screenings are a critical component of public health practice as they can result in early diagnosis and treatment, reduced medical costs, and prevention of early death. People with disabilities experience multiple barriers at the individual, interpersonal, societal, and community level to accessing medical services, including preventative health screenings.</p> <p>The U.S. Preventative Services Task Force (UPSTF) makes evidence-based recommendations about preventative screenings. Based on a review of available evidence, UPSTF grades screenings based on their potential net health benefits. UPSTF also publishes information practice considerations, importance of the recommendation, along with implementation resources and guides. These materials are critical for public health practitioners and other public health partners to effectively recommend and implement these screenings in their jurisdictions.</p> <p>Although existing UPSTF tools are extensive, none include a focus on people with disabilities. For example, practice considerations do not address how screenings can be made accessible to people with disabilities, the data supporting the importance of individual recommendations does not include people with disabilities, it is not clear what existing data systems can be used to monitor uptake of recommendations among people with disabilities, and none of the existing implementation resource focus on how to implement recommendations in a way that is inclusive and accessible for people with disabilities. In addition, existing recommendations may require adjustments for particular sub-populations of people with disabilities, such as people with intellectual and developmental disabilities (IDD) or individuals with mobility limitations (ML).</p> <p>The objective of this project is to increase the inclusion of people with disabilities into UPSTF recommended preventative health screenings with an “A” or “B” score by developing, and disseminating, a tailored Implementation Guide. These materials will provide much needed tools that will increase public health practitioner capacity to implement and evaluate UPSTF recommended preventative health screenings among people with disabilities.</p>
<i>CIO:</i>	NCBDDD
<i>Division/Branch/Office /Unit:</i>	Division of Human Development and Disability (DHDD)
<i>Proposed FY24 Project Funding Total:</i>	\$300,000.00
<i>Funding Appropriation:</i>	75-24-0958
<i>Funding Statutory Authority:</i>	Public Health Service Act 317C [42 U.S.C. 247b-4]

<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	The applicant organization should have the capacity to evaluate and synthesize existing disability literature; be familiar with preventative health recommendations from UPSTF; and capacity, expertise, and mechanisms to engage a Technical Assistance Group (TAG) to include people with lived disability experience; and capability to develop and disseminate an implementation guide and implementation resources focused on increase inclusion of people with disabilities into preventative health screening recommendations from UPSTF.
<i>Recipient Program Experience:</i>	The applicant should have experience synthesizing existing literature to make recommendations and revisions, developing and disseminating capacity building implementation guides and resources to support the uptake and evaluation of recommended public health interventions. Applicant should have knowledge and familiarity with UPSTF preventative health recommendations and knowledge and familiarity with working in disability inclusion.
<i>Expectations for Collaboration:</i>	It is expected that the partner will meet regularly (weekly or biweekly) with CDC collaborators/team to discuss the project. It is also expected that partners will engage with a range of public health organizations and organizations focused on people with disabilities to disseminate the implementation guide and implementation resources. Depending on the specific project activities, additional types of cross organization collaboration may be appropriate and acceptable to accomplish project work plan objectives and deliverables. The applicant is expected to collaborate with people with disabilities participating in a Technical Assistance Group (TAG) across project activities and to use best practices when developing, and working with, the TAG.
<i>Expected Subcontractual Work and Criteria:</i>	The applicant may need to subcontract out work depending on their internal capability. Specifically, the applicant may need to subcontract with an organization with subject matter expertise in disability and health and/or preventative health screening to support project activities.
<i>General Instructions for Use of Funds:</i>	Funds may be used for: salaries and wages, fringe benefits, consultant costs, supplies, other categories (meetings), total indirect costs, total direct costs.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

*Activities:*

- (1) Establish a Technical Assistance Group (TAG) made up of a diverse group of people with lived experiences to review and provide feedback on approaches taken in the project, and on materials developed under Activities 2-8. All meetings with the TAG should be fully accessible.
- (2) Build upon existing literature reviews about each UPSTF recommendation with an “A” or “B” score and develop a summary of data supporting the recommendation among people with disabilities. Data summary should include a description of the disparities among people with disabilities compared to people without disabilities for the particular health topic, and data on screening rates by disability status compared to people without disabilities for the particular health topic. Data summary should also include sub-analyses among people with IDD and ML.
- (3) Building upon existing literature reviews about each UPSTF recommendation with an “A” or “B” score, and based on consultation from the TAG, develop a summary of adjustments or adaptations needed for people with disabilities to access screenings and overcome major barriers. Adaptations should focus on people with disabilities overall, and among people with IDD and ML.
- (4) Building upon existing literature reviews about each UPSTF recommendation with an “A” or “B” score, and based on consultation with the TAG, develop practice considerations for people with disabilities (disability and IDD), with a focus on inclusion and accessibility. Practice considerations should focus on people with disabilities overall, and among people with IDD and ML.
- (5) Identify existing population-based outcome indicators and data systems or sets (e.g., BRFSS, NHIS) that can be used to monitor and evaluate uptake of recommended screenings among people with disabilities. Data-systems identified should be ones that can allow for analyses among people with any disability, and/or among people with IDD and ML.
- (6) Develop and disseminate implementation resources, including Clinician Summaries and Related Resources Tools, to support the implementation of UPSTF preventative health screening recommendations with an “A” or “B” score among people with disabilities. A sub-set of materials (e.g., infographics) should be developed in both English and Spanish. Capacity building resources should include sub-sections with implementation guidance for people with IDD and ML.
- (7) Develop and disseminate a capacity building Implementation Guide that includes information developed through Activity 2-6 and provides a comprehensive resource for public health practitioners to increase the inclusion of people with disabilities into preventative health screening activities. A sub-set of materials included in the implementation guide should be developed in both English and Spanish. Materials should focus on people with disabilities overall, and among people with IDD and ML. Report should also include an introduction that provides a rationale for the project, including role of preventative health screening in secondary prevention efforts, existing disparities in access and utilization of preventative health screening among people with disabilities, and the potential for preventative health screenings to reduce morbidity and mortality.
- (8) Conduct at least one, recorded, publicly accessible virtual sessions about the Implementation Guide and capacity building resources. Training should be fully accessible.

<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>-number of people with lived experience on project advisory board</li> <li>- minimum of 100 partner groups implementation guide shared with</li> <li>- minimum of 30 clinician summaries developed</li> <li>- minimum of 20 implementation resources, such as Infographics or Fact Sheets, developed</li> <li>- number of partners implementation resources, such as clinician summaries and related resources tools, were shared with</li> <li>- number of people attending virtual session about the Implementation Guide and capacity building resources</li> <li>- minimum of 30 UPSTF recommendations with an “A” or “B” score with a summary of adjustments, adaptations, or modifications developed for people with disabilities</li> <li>- minimum of 30 UPSTF recommendations with an “A” or “B” score with a summary of data supporting the recommendation developed among people with disabilities</li> <li>- minimum of 30 UPSTF recommendations with an “A” or “B” score with practice considerations for people with disabilities developed</li> <li>- number of existing data systems that can be used to monitor/track uptake of UPSTF recommendations with an “A” or “B” score among people with disabilities</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>- Implementation guide</li> <li>- Implementation resources, including clinician summaries and related resources tools</li> <li>- Virtual, open-access, webinar</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>- Public health practitioners will have an increased capacity to implement, and evaluate, UPSTF preventative health screening recommendations with an “A” or “B” score among people with disabilities.</li> <li>- People with disabilities will have increased inclusion, and access to, UPSTF recommended preventative health screening recommendations with an “A” or “B” score.</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>- At least 70% of webinar respondents report increase capacity to implement UPSTF recommended preventative health screening recommendations with an “A” or “B” score</li> <li>- Clinician Summaries are developed for a minimum of 30 UPSTF recommended preventative health screening recommendations with an “A” or “B” score</li> <li>- Implementation Guide includes implementation guidance for a minimum of 30 UPSTF recommended preventative health screening recommendations with an “A” or “B” score</li> <li>- At least 20 implementation resources are developed</li> <li>- Implementation guide shared with a minimum of 100 relevant partners or organizations</li> </ul>

<b>Project Title:</b>	<b>Million Hearts: Preventing Hearts Attacks and Strokes with Improved Blood Pressure Control</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Physicians</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	The purpose of this project is to work with and through physicians to prevent heart attacks and strokes by improving blood pressure outcomes. Through this project we want to 1) test evidence-informed process improvements and/or implement evidence-based process improvements (e.g., change ideas from the Hypertension Control Change Package and/or the Hypertension in Pregnancy Change Package) to improve cardiovascular health outcomes among patients; 2) discover and develop new tools and strategies needed to improve performance on process measures and blood pressure outcomes of interest, especially among patient populations of focus (e.g., pregnant and postpartum women with hypertension, people from racial/ethnic minority groups, people with lower incomes, and/or people who live in rural areas or other 'access deserts.');
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division for Heart Disease and Stroke Prevention (DHDSP)
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
<i>Funding Statutory Authority:</i>	Sec. 301(a) of the Public Health Service Act (42 U.S.C. 241(a)); Sec. 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2)) and Patient Protection and Affordable Care Act, 2010 (P.L. 111-148)
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	The applicant should have the ability to provide technical assistance to a variety of entities that support work physicians, including those working at community health centers. The applicant should have expertise in quality improvement work and implementation science physician processes and the health information technology infrastructure used by physicians. The applicant needs the capacity to document, track, and use clinical quality measures to inform implementation of process improvements. Expertise with health information technology and use of electronic health record data to describe and improve the quality of cardiovascular disease preventive services. The applicant needs the capacity to report blood pressure metrics bi-annually to CDC. Finally, the applicant needs the ability to work nationally with public and private partners to build the capacity of physicians in a variety of low resource environments to improve the cardiovascular health of racially, ethnically, and socioeconomically diverse patient populations that are disproportionately burdened with uncontrolled hypertension.

<i>Recipient Program Experience:</i>	The applicant should have a deep understanding of primary care physicians and how they operate with the support of primary care associations, health center controlled networks, and other public and private partners to provide quality anti-hypertensive care to patients. The applicant should have experience directing clinical quality improvement activities and promoting and scaling interventions. Experience developing and publishing resources and peer-reviewed articles is also required. Ideally, the applicant would be familiar with Million Hearts evidence-based strategies, data metrics, quality improvement resources (e.g., Million Hearts change packages) and other translational and implementation science activities.
<i>Expectations for Collaboration:</i>	Collaboration with CDC is expected, especially in the development and analysis of priorities and evaluation of impact. Additionally, recipient would be expected to collaborate with other public health partners working on similar blood pressure control quality improvement projects or initiatives. CDC has historically worked successfully with the National Association of Community Health Centers (NACHC), primary care associations, health center controlled networks, and community health centers to produce outcomes that align with the aim of this project. Additional potential partners may include women's health care providers, population health management product developers, and other federal agencies (e.g., Health Resources and Services Administration). The ideal candidate would have some history of engaging with scientific and programmatic collaborators of stature.
<i>Expected Subcontractual Work and Criteria:</i>	Applicant is expected to provide national oversight and support to the project, but much of the technical work will take place at subcontracted primary care. Additional subcontracts may be needed to work with a clinical repository and a population health management system to test self-measured blood pressure monitoring clinical care process improvements. It may also be appropriate to subcontract for evaluation, writing, and/or other support activities.
<i>General Instructions for Use of Funds:</i>	Funds should be used to generate strategies and tools, collect data, produce, disseminate, and scale interventions. It is reasonable for some funds to be devoted to supporting national efforts (e.g., collaboration to support the widespread use of self-measured blood pressure monitoring, advancement of health IT solutions, increased access to and use of data to inform care processes, etc.). Travel is permissible but should be minimized for maximum impact. It would be helpful for the budget to be scalable. Funding to primary care practices should be carefully determined to optimize the project's reach and to assess the degree to which capacity-building activities can be replicated in other regions with no or minimal supplemental resources. Funding to support resource development and communication activities is permissible. Overall, the funds should provide flexibility to work with at least 5 primary care networks with an anticipated reach of at least 500,000 adult patients.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

<p><i>Activities:</i></p>	<ul style="list-style-type: none"> <li>• Develop an annual action plan with CDC to outline the focus for the upcoming year's activities to test and implement, discover and develop, and scale and spread.</li> <li>• Develop an evaluation plan with CDC that aligns with annual action plan.</li> <li>• Recruit primary care practices to participate in the project.</li> <li>• Support project participants in implementing evidence-based process improvements (e.g., change ideas from the Hypertension Control Change Package and/or the Hypertension in Pregnancy Change Package) to improve cardiovascular health outcomes (e.g., develop care processes to systematically diagnose and treat or refer pregnant and/or post-partum patients with hypertension, test health IT solutions to facilitate the bi-directional exchange of blood pressure measurements, etc.).</li> <li>• Discover and develop new tools and strategies needed to improve performance on blood pressure outcomes of interest, especially among patient populations of focus (e.g., pregnant and postpartum women with hypertension, people from racial/ethnic minority groups, people with lower incomes, and people who live in rural areas or other 'access deserts.'). An example of year one activities could be to bolster chronic care management services to help patients take and send their blood pressure measurements to their prescribing clinician(s).</li> <li>• Scale and spread implementation of high impact change ideas by identifying needs for a supportive ecosystem for optimal delivery of cardiovascular disease prevention services (e.g., provide staffing to coordinate and align the work of national public and private partners to improve blood pressure control among African Americans, expand use of population health interventions to close gaps in the diagnosis and management of hypertension, identify and promote policies to facilitate the delivery of medication management services in trusted community-based settings with qualified clinical staff).</li> <li>• Test and refine the ways electronic health record data may be used to monitor and drive improvements in blood pressure control outcomes, as deemed appropriate and timely. This includes working with population health management vendors to generate hypertensive disorders of pregnancy-related data reports.</li> <li>• Test the connection between a clinical repository and a population health management system to benefit primary care networks implementing self-measured blood pressure monitoring.</li> <li>• Capture, clean, and report quality improvement data bi-annually.</li> </ul>
<p><i>Process Measures:</i></p>	<ul style="list-style-type: none"> <li>• # of primary care networks engaged in the project (≥5)</li> <li>• # of practices engaged in the project</li> <li>• # of adult patients reached (≥500,000)</li> <li>• % of data-reporting entities that have completed electronic health record data extraction, validation, cleaning, normalization, aggregation, and descriptive analysis (100%)</li> <li>• % of data-reporting entities that have completed reporting specified data (100%)</li> </ul>
<p><i>Outputs:</i></p>	<ul style="list-style-type: none"> <li>• Spreadsheet with the primary care practice participants and prospective number of lives impacted by the project.</li> <li>• Summary of workflows and/or ecosystem parameters to be changed for optimal impact.</li> <li>• Report of resources used by contracted organizations networks (e.g., funds, staffing needs, space, equipment, etc.) to implement process improvements.</li> <li>• New tools or resources, as needed, to facilitate implementation of change ideas to improve blood pressure control.</li> <li>• Report of clinical quality measures and other metrics of interest from project participants.</li> </ul>

<p><i>Budget Period</i> <i>Outcomes:</i></p>	<ul style="list-style-type: none"> <li>• Increased implementation of existing and emerging Million Hearts® evidence-based strategies to improve blood pressure control.</li> <li>• More pregnant and postpartum women with hypertension, people from racial and ethnic minority groups, people with lower incomes, and people living in rural areas or other access deserts receive clinical guideline-recommended care to lower their risk for having a heart attack or stroke.</li> <li>• Increased awareness and communication of approaches taken or planned by public and private national partners to improve blood pressure control</li> </ul>
<p><i>Outcome Measures:</i></p>	<ul style="list-style-type: none"> <li>• At least 500,000 adult patients are at lower risk for having a heart attack or stroke.</li> </ul>

<b>Project Title:</b>	<b>Women’s Heart Disease Education and Awareness - Community Capacity Building</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Regional and local community-based organizations and local and regional public health systems reaching populations of women at risk for or diagnosed with heart disease and/or HVD. CBOs may also include national organizations with local and/or regional chapters. CBOs are generally non-profit and health focused. Women at risk for or diagnosed with heart disease and/or HVD are diverse in age, race, geography, income, and language. The populations may lack healthcare access more generally or lack access to a physician familiar with diagnosis and management/treatment of HVD and other heart conditions. Capacity building assistance efforts will likely benefit from collaborating with individuals and organizations familiar with heart disease broadly, and HVD specifically. Prospective CBOs may need support to continue capacity building activities in the topic area of women’s heart disease and of HVD.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project seeks to build capacity among community-based organizations (CBOs) and local and regional public health systems to increase education and awareness of heart disease in women with a dedicated focus on heart valve disease (HVD) among women who have or at risk of heart disease and HVD. The project will focus on developing a communication, partner and community engagement strategy at the local and regional level to be piloted among 3 (or more) communities or geographic regions. These efforts are intended to enhance and expand the capacity of local and regional organizations to increase awareness and education among at-risk women of heart disease risk factors including reducing and managing risk factors, signs and symptoms of heart disease conditions and cardiac events in women and accessing diagnosis and treatment support. Efforts must include some specific education and awareness on HVD risk factors, signs and symptoms, diagnosis, and care. CDC was supported by Abt and Associated in 2023-24 to develop and disseminate HVD messaging and communication resources for individuals at risk for or diagnosed with HVD. CDC also initiated partnerships with organizations actively working on HVD education and awareness like the Alliance for Aging Research who leads a Heart Valve Disease Awareness Day and Campaign. This project focus on HVD education and awareness is directed by FY24 funding and appropriations report language and the Cardiovascular Advances in Research and Opportunities Legacy (CAROL) Act.
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division for Heart Disease and Stroke Prevention (DHDSP)
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	FY 2024 Further Consolidated Appropriations Act, P.L. 118-47
<i>Funding Statutory Authority:</i>	Cardiovascular Advances in Research and Opportunities Legacy Act (Public Law 117–224)
<i>Expected Project Length:</i>	3 Years

<i>Recipient Organizational Capacity:</i>	The recipient should be able to conduct training, technical assistance, information sharing, and materials development, and have existing staff to dedicate time to the project given the financial support. They should have a reach and expertise with populations at risk for or living with heart disease conditions including HVD, or the ability to subcontract to an organization or organizations serving women’s heart disease and/or HVD populations. Recipients should have strong ties with local community-serving organizations and may also have some ties clinical communities such as physicians, hospitals/hospital systems, and community health centers.
<i>Recipient Program Experience:</i>	The recipient organization will have expertise in women’s heart disease and conditions and preferably HVD. They should have experience in health communication and education, partner engagement and working with CBOs to build capacity to educate community members on health issues. Recipients should also have experience translating clinical and scientific information using clear and plain language (as appropriate).
<i>Expectations for Collaboration:</i>	The recipient is expected to collaborate with CDC to develop plans that build off and complement current and existing women’s heart disease and HVD awareness and education efforts. The recipient would engage with additional partners active in women’s heart disease and/or HVD to develop and implement work related to the project. Collaborative efforts should be efficient and contribute toward reaching program goals.
<i>Expected Subcontractual Work and Criteria:</i>	Yes, recipient may subcontract with private, non-profit partners serving women’s heart disease and HVD populations and with community-based organizations with a health-focus and reach of at-risk populations in 3 or more communities or regions selected for outreach to ensure necessary expertise and reach to accomplish the goals. This may be up to \$800,000 during the period of performance.
<i>General Instructions for Use of Funds:</i>	The recipient will be able to spend project funds between Sep 30, 2024, and July 31, 2025. They will not use the funds for federal advisory committees or furnishing products to CDC. Any meetings or conferences will be ancillary in purpose. The recipient will use funds only for reasonable program purposes such as personnel, travel, supplies, and services, and justify their expenses in their budget narrative (adapted from PHIC guidelines document).
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas

<p><i>Activities:</i></p>	<p>The project awardee will collaborate with CDC/DHDSP to develop a communication, partner and community engagement strategy that will increase CBO capacity to educate and support women who have or are at risk of heart disease. Efforts must include some dedicated focus on HVD. Key activities will likely include:</p> <ul style="list-style-type: none"> <li>- Promote awareness of women’s heart disease broadly as well as HVD risk factors, signs and symptoms, and key actions for identification and monitoring through broadly accessible materials and outreach.</li> <li>- Identify and partner with CBO(s) in 3 or more communities and/or geographic region(s) to support women’s heart disease and HVD community education and awareness engagement efforts.</li> <li>- Assess community and CBO familiarity and education, training and resource needs related to understanding women’s heart disease and conditions including HVD signs and symptoms, screening and monitoring.</li> <li>- Develop community engagement plan(s) and provide TA on implementation through participating CBOs.</li> <li>- Adapt and build on existing women’s heart disease and HVD education and awareness materials and resources as needed to support community engagement activities.</li> </ul>
<p><i>Process Measures:</i></p>	<ul style="list-style-type: none"> <li>- The number of communities and/or geographic region(s) where the plan is implemented.</li> <li>- The number of CBO(s) partnered with, highlighting those who have wanted to do cardiovascular health work in the past but lacked the support to do so (capacity building).</li> <li>- The development of (an) engagement plan(s).</li> </ul>
<p><i>Outputs:</i></p>	<p>Outputs may include:</p> <ul style="list-style-type: none"> <li>- Report on total numbers of individuals reached with women’s heart disease and HVD messages and resources in those communities.</li> <li>- New or adapted women’s heart disease and HVD materials, training, and resources.</li> <li>- Report on the number and type of materials/channels/mechanisms/activities by which information is distributed.</li> <li>- Report that summarizes the capacity of the CBOs and the type of support needed by each of the CBOs, and recommendation for further community scaling of these efforts.</li> </ul>
<p><i>Budget Period Outcomes:</i></p>	<p>Budget period outcomes may include:</p> <ul style="list-style-type: none"> <li>- Increased availability of women’s heart disease and HVD education and awareness messages and materials among CBOs in the community.</li> <li>- Increased awareness reported among individuals served by partnering CBOs on women’s heart disease and HVD risk factors, signs and symptoms, and engaging healthcare to discuss screening and monitoring.</li> <li>- Increased linkage to care and or risk reduction resources for individuals served by partnering CBOs.</li> <li>- Evidence to inform future scale and spread in other communities.</li> </ul>
<p><i>Outcome Measures:</i></p>	<p>Outcome measures may include:</p> <ul style="list-style-type: none"> <li>- Percent increase of individuals served by partnering CBOs reporting increased awareness of women’s heart disease and HVD risk factors, signs and symptoms and how to engage healthcare from baseline.</li> <li>- Percent increase in women who have or at risk of heart disease and/or HVD participating in community engagement activities who are linked to care and/or risk reduction resources from baseline.</li> </ul>

<b>Project Title:</b>	<b>Heart Valve Disease Education and Awareness - Healthcare Professional Capacity Building</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Healthcare Professionals (HCP) across the healthcare team (e.g., physicians, nurses, physician’s assistants) or part of public health systems reaching populations at risk for or diagnosed with HVD. These HCPs may work in community health centers, federally qualified health centers, other public clinics, private practices, or hospitals. They will most likely be primary care physicians and their supporting healthcare team members. Where the HCPs own experience with HVD is limited or seems infrequent, this work would build HCPs individual capacity to educate, detect and refer patients with these conditions. The populations served by these HCPs may be diverse in age, race, geography, income, and language, as HVD can be congenital or result after structural damage to the heart. Capacity building assistance efforts will likely benefit from collaborating with healthcare professional organizations familiar with heart disease broadly, and HVD specifically.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project seeks to build capacity among health care professionals across the health care team (physicians, nurses, physician's assistants) in a primary care setting or part of public health systems to increase their familiarity with heart valve disease (HVD) and its identification and monitoring and increase health care team capacity to educate patients who have or at risk of HVD on risks, signs and symptoms, and, as needed, identification and monitoring. The project will focus on developing an engagement strategy at the community level and piloting it in 3 or more communities or geographic regions. CDC was supported by Abt and Associates in 2023-24 to develop and disseminate HVD messaging and communication resources for healthcare professionals to help educate their patients on HVD risk factors, symptoms, and screening processes. CDC has also initiated partnerships with national health care professional organizations to support dissemination. This project focus on HVD education and awareness is directed by FY24 funding and appropriations report language and the Cardiovascular Advances in Research and Opportunities Legacy (CAROL) Act.
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division for Heart Disease and Stroke Prevention (DHDSPP)
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	FY 2024 Further Consolidated Appropriations Act, P.L. 118-47
<i>Funding Statutory Authority:</i>	Cardiovascular Advances in Research and Opportunities Legacy Act (Public Law 117–224)
<i>Expected Project Length:</i>	3 Years
<i>Recipient Organizational Capacity:</i>	Per the PHIC drafting guidelines, the recipient will be able to conduct training, technical assistance, information sharing, and materials development, and have existing staff to dedicate time to the project, given the financial support. They will also have a reach and expertise with training and interacting with healthcare professionals across the healthcare team, or the ability to subcontract to such an organization with this reach and expertise.

<i>Recipient Program Experience:</i>	The recipient organization will have expertise in clinical primary care and/or heart conditions, preferably HVD. They should have experience in health education, partner engagement and working with HCPs across the healthcare team to build capacity to educate patients on health issues.
<i>Expectations for Collaboration:</i>	Collaborate with additional partners working on HVD education for HCPs.
<i>Expected Subcontractual Work and Criteria:</i>	Yes, recipient may subcontract with private, non-profit partners who educate HCPs on heart disease and HVD and/or with community-based organizations working with HCPs in 3 regions selected for outreach to ensure necessary expertise and reach to accomplish the goals. This may be up to \$700,000 during the period of performance.
<i>General Instructions for Use of Funds:</i>	The recipient will be able to spend project funds between Sep 30, 2024, and July 31, 2025. They will not use the funds for federal advisory committees or furnishing products to CDC. Any meetings or conferences will be ancillary in purpose. The recipient will use funds only for reasonable program purposes such as personnel, travel, supplies, and services, and justify their expenses in their budget narrative (adapted from PHIC guidelines document).
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	The project awardee will collaborate with CDC/DHDSP to develop and implement a community-level engagement strategy that will increase healthcare professionals' (HCP) capacity to educate, support, identify, and monitor people who have or are at risk of heart valve disease (HVD). This strategy will be piloted in 3 or more communities or geographic regions. Sub-contracting with up to 3 other HVD population-serving organizations that reach HCPs is highly recommended. Key activities will likely include: - Identify and partner with primary care HCPs and clinics in 3 or more communities and/or geographic region(s). - Assess partnering HCP and clinic familiarity and education, training and resource needs related to understanding HVD signs and symptoms, screening and monitoring. - Adapt and build on existing HVD materials, training, and resources for HCPs in the primary care space to meet identified needs. - Provide technical assistance on implementation through participating clinics. - Partner with professional organizations at a national, regional and/or local level of various types of HCPs on a healthcare team to broadly spread HVD education and awareness messages and materials with their members.
<i>Process Measures:</i>	- To increase from 0 to 3 or more communities and/or geographic region(s) where the project is implemented. - To increase from 0 to 50 or more HCPs and/or clinics partnered with where needs are identified and addressed with materials, training and resources and complementary TA. - To increase from 0 to 5 or more professional organizations partnered with to promote HVD education among HCPs broadly.

<i>Outputs:</i>	<p>Outputs may include:</p> <ul style="list-style-type: none"> <li>- Report on total numbers of HCPs reached with HVD messages and resources in selected communities.</li> <li>- New or adapted HVD materials, training, and resources for HCPs in the primary care space.</li> <li>- Report on the number and type of materials/channels/mechanisms/activities by which information is distributed.</li> <li>- Report on the number of member impressions and engagement from promotion through partnering larger professional organizations.</li> <li>- Report that summarizes the type of capacity building support needed by HCPs and/or clinics engaged and recommendation for further community scaling of these efforts.</li> </ul>
<i>Budget Period Outcomes:</i>	<p>Budget period outcomes may include:</p> <ul style="list-style-type: none"> <li>- Increased availability of HVD education and awareness messages and materials among HCPs and for their patients.</li> <li>- Increased awareness reported among project-engaged HCPs of HVD risk factors, signs and symptoms, and key actions for identification and monitoring of patients.</li> <li>- Increased use reported by HCPs across the health care team of messages and materials to educate patients on signs and symptoms of HVD and to listen for heart murmurs.</li> <li>- Evidence to inform future scale and spread in other communities.</li> </ul>
<i>Outcome Measures:</i>	<p>Outcome measures may include:</p> <ul style="list-style-type: none"> <li>- Increase to 65 percent from baseline of participating HCPs reporting increased awareness of HVD risk factors, signs and symptoms, and key actions for identification and monitoring of patients.</li> <li>- Increase to 50 percent from baseline of participating HCPs reporting use of HVD messaging and education resources with patient.</li> </ul>

<b>Project Title:</b>	<b>Community Engagement to Improve Cardiovascular Risk Reduction Among Black Adults</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>This work provides capacity-building and community ambassadors network expansion assistance to benefit local and regional community-based organizations focused on improving the health and wellbeing of their community with an ability to reach Black adults. The efforts here will increase the capacity of these respective organizations to sustain existing work and to spread the reach of communication and community engagement efforts through a community ambassadors network to improve cardiovascular health in black adults.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This effort aims to strategically expand on the current work underway in support of the "Million Hearts Communication Partnerships: Reducing Cardiovascular Risk Among Black Adults" project (also known as Live to the Beat). This effort aims to reduce cardiovascular disease related risk factors among Black adults within priority communities via collaboration and capacity building within local community-based organizations and among local and regional partners. This work supports CDC priorities to increase awareness of CVD risk factors and to scale and spread efforts to improve cardiovascular health among priority populations and women with a focus on small steps like moving more, eating healthy, and managing blood pressure through a communications campaign and an established community ambassadors network. To date, CDC has partnered successfully with CDC Foundation on campaign design, development, and implementation and current, broad partner engagement efforts through a community ambassadors network.
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division for Heart Disease and Stroke Prevention (DHDSPP)
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	FY 2024 Further Consolidated Appropriations Act, P.L. 118-47
<i>Funding Statutory Authority:</i>	Sec. 301(a) of the Public Health Service Act (42 U.S.C. 241(a)); Sec. 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2))
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Recipients should possess experience and expertise related to delivery of capacity-building assistance reaching Black adults within priority communities. Prospective recipients should possess specific, demonstrated, and diverse experiences both developing supporting health communication activities to reach local and regional audiences. Additionally, recipients should be able to develop agile and scalable health communication strategies. Applicants should have expertise in developing, refining, and disseminating health communication/risk reduction messages at the local and regional level. This should include the ability to identify specific methods and tactics needed to reach priority audiences. Prospective recipients should have experience and capacity related to media buying (e.g., web/digital, out of home, radio/broadcast). Recipients should also have experience collecting and interpreting communication data and analytics that will drive strategic decision making.

<i>Recipient Program Experience:</i>	Highly qualified recipients should have experience promoting cardiovascular disease (and/or related forms of chronic disease) to priority populations. Prospects must also understand working within community, providing capacity building assistance and working within cultural contexts as this work will focus on Black adults – with a focus on women.
<i>Expectations for Collaboration:</i>	Collaboration with CDC, community-based organizations, and CDC partners will be central to this work as a portion of the activities will require expanding the reach of current health communication messages and supporting existing activities, partnerships, and community relationships.
<i>Expected Subcontractual Work and Criteria:</i>	CDC is amenable to subcontract work provided the primary recipient provides direct oversight of subcontractor activities and that the work products and contributions maintain fidelity to project goals and activities.
<i>General Instructions for Use of Funds:</i>	Funds for this project may be used to support direct costs needed to support this work. This should include digital/paid media support, media buying, content development, and community-engagement activities. Indirect costs should be primarily focused on staff and operational expenses. Travel will be limited to local and regional activity within the Southeastern US. Expenditures related to technology (e.g., media monitoring, project management software) will be determined on the as needed basis.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>- Develop and execute a strategic communication plan focused on expanding the reach of existing health communication campaign and community engagement activities.</li> <li>- Review and refine (if/as appropriate) existing health communication materials and resources intended to reduce cardiovascular risks among priority populations and communities.</li> <li>- Collaborate with local partners (existing and prospective) to create and disseminate tailored health communication messages and resources ranging from community event resources to digital and print materials within local (and potentially, regional) markets.</li> <li>- Develop the principles and practices to equip local community members to develop and disseminate CVD risk reduction among and within priority communities.</li> <li>- Share CVD health communication campaign principles, practices, and resources within and among participating communities.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>- Develop and implement a plan to maintain and expand the network of Live to the Beat (LTTB) campaign Community Ambassadors.</li> <li>- Develop and implement paid media activities to support the community engagement and health communication efforts required to engage priority audiences and communities.</li> <li>- Create a framework for a CVD risk reduction campaign focused on women ages 25 to 45 (potentially subject to minor change dependent on forthcoming CDC data) to include initial campaign themes and concepts.</li> <li>- Explore expansion network of LTTB community and health system partners.</li> </ul>

<i>Outputs:</i>	<ul style="list-style-type: none"> <li>- Develop a suite of targeted, community-centered, health communication resources that promote cardiovascular risk reduction activities within priority communities and populations (as identified by CDC).</li> <li>- Creating increased capacity on the part of local community ambassadors to support hypertension control efforts the local/community level.</li> <li>- Increased number of LTTB campaign Community Ambassadors.</li> <li>- Create a concept summary report for CVD risk reduction campaign focused on women ages 25 to 45.</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>- An increase in the number and capacity of LTTB Campaign Ambassadors.</li> <li>- Development and implementation of a local/regional paid media strategy.</li> <li>- Increased capacity of local partners and community-based organizations to advance CVD prevention through health communication efforts.</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>- An increase in the numbers and types (e.g., community-based organization, faith community, health systems) of LTTB Community Ambassadors.</li> <li>- Development of a framework for community and population-based insights into campaign themes and needs for priority audiences to include Black adults and women.</li> </ul>

<b>Project Title:</b>	<b>HEDIS measures for colorectal cancer screening follow-up</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Specialty Physicians</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>The purpose of this project is to develop health care quality measures for follow-up of abnormal colorectal cancer (CRC) screening results, based on data from Electronic Clinical Data Systems (ECDS). More than 227 million people are enrolled in health plans that report Healthcare Effectiveness Data and Information Set (HEDIS) quality measures. HEDIS measures enable health plan performance to be compared with the performance of other health plans and with national or regional benchmarks. HEDIS measures also enable evaluation of trends in year-to-year health plan performance. HEDIS measures for CRC screening currently include the percent of adults aged 45–75 who had appropriate screening for CRC with any of the following tests: annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, computed tomography colonography every 5 years, or stool DNA test every 3 years. Abnormal stool-based CRC screening tests require colonoscopy to evaluate positive test results, but reported follow-up colonoscopy rates vary substantially, from less than 50% to 90% within one year of a positive test. Modeling studies suggest that every month after an abnormal stool-based test until colonoscopy can be associated with a cancer incidence risk increase of 0.3% per month, compared with individuals who received colonoscopies within 2 weeks, and a mortality risk increase of 1.4% per month. Health plans/systems vary in their ability to track abnormal stool-based CRC screening tests and follow-up colonoscopy. Currently, HEDIS does not include healthcare quality measures focused on follow-up of abnormal CRC results. When HEDIS measures were initially developed, health plans/systems obtained the information for HEDIS measures from hard copy medical records. Current HEDIS measures are developed as digital measures to build upon data modernization, informatics, and information technology advances in healthcare delivery in the United States. Starting in 2024, the HEDIS colorectal cancer screening measure is based on data from ECDS and requires collection and reporting of electronic clinical data in a standardized way. Leveraging electronic clinical data enriches the information available to healthcare teams and patients. Standardized data collection supports the ability of providers to securely and appropriately share that information to improve patient care.</p>
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division of Cancer Prevention and Control (DCPC)
<i>Proposed FY24 Project Funding Total:</i>	\$275,000.00
<i>Funding Appropriation:</i>	75-24-0948
<i>Funding Statutory Authority:</i>	Public Health Services Act; (PHS) 42 U.S.C. 241, 247(b), 317(k), 301(a), 311 (Note B)
<i>Expected Project Length:</i>	2 Years

<i>Recipient Organizational Capacity:</i>	The recipient will be expected to have organizational capacity, skills, and infrastructure to administer and manage a project to develop healthcare quality measures for follow-up of abnormal CRC screening results. project on colorectal cancer screening. The recipient will be expected to sub-contract with another organization that has demonstrated expertise in development of HEDIS and healthcare quality improvement measures based on HEDIS Electronic Clinical Data Systems. Details on the anticipated project activities are provided in Section 6 (Subcontractual Work & Criteria").
<i>Recipient Program Experience:</i>	The recipient organization will be expected to have prior project experience in healthcare quality measures and improving health plan/system performance in cancer screening. The population of focus would include populations where the CRC healthcare quality measures would be useful, such as healthcare informatics specialists, primary care providers, health plans/systems, and health strategists working to improve the quality of CRC screening follow-up based on Electronic Clinical Data Systems
<i>Expectations for Collaboration:</i>	The recipient will be expected to collaborate with CDC and partners working on CRC screening to support this project. Examples of recipient activities include project administrative, accounting, and logistic support, as appropriate. The recipient will be expected to schedule monthly Microsoft Teams meetings with CDC and CRC screening partners/subcontractors to provide updates on progress. Recipient activities may include the recruitment of appropriate subject matter experts for a Measurement Advisory Panel and obtaining input from the recipient's national partners to support project activities, as appropriate.
<i>Expected Subcontractual Work and Criteria:</i>	The recipient is encouraged to sub-contract with another organization that has demonstrated expertise in development of HEDIS and healthcare quality improvement measures based on Electronic Clinical Data Systems. The anticipated funding for the sub-contractor organization would be about \$240,000 per year, with an expected project length of up to two years depending on the availability of funds. During Project Year 1, anticipated sub-contractor work would include: conduct an evidence review on quality measures related to follow-up of abnormal colorectal screening test results; draft quality measure concepts for follow-up of abnormal CRC results; conduct informational interviews with a 2-3 health plans to determine data availability and feasibility of the proposed measures; identify and recruit a multi-stakeholder measurement advisory panel (MAP); draft questions, measure specifications based on Electronic Clinical Data Systems, and a protocol for field testing of the proposed measure with 3-4 health plans/systems; obtain MAP comments on the proposed measure concept, specifications, and field testing protocol; revise the draft measure specification and field testing protocol following MAP comments; identify 3-4 health plans/systems willing to participate in a field test in Year 2 of the project; and complete any data use or other agreements with the health plans/systems related to the field testing in Year 2. The sub-contractual work would continue into year 2 if funding is available. Recipient would work with technical monitor on anticipated activities for year 2.
<i>General Instructions for Use of Funds:</i>	It is anticipated that the majority of project activities will be completed by conference calls. If a sub-contractor is selected, they may use project funds for travel, if needed to accomplish informational interviews or field tests of proposed measures with health plans.
<b>Strategic Area:</b>	<b>Data Modernization, Informatics, and Information Technology</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

<p><i>Activities:</i></p>	<p>A1. Monthly Microsoft Teams conference calls on project progress.  A2. Conduct an evidence review on quality measures related to follow-up of abnormal CRC screening test results.  A3. Draft quality measure concepts for follow-up of abnormal CRC screening test results.  A4. Conduct informational interviews with a 2-3 health plans to determine data availability and feasibility of the proposed measures.  A5. Identify and recruit a multi-stakeholder measurement advisory panel (MAP).  A6. Draft measure specifications based on Electronic Clinical Data Systems.  A7. Draft a protocol for field testing of the proposed measure with 3-4 health plans/systems.  A8. Obtain MAP comments on the proposed measure concept, specifications, and field-testing protocol.  A9. Revise the draft specification and field-testing protocol following MAP comments.  A10. Identify 3-4 health plans/systems willing to participate in a field test in Year 2.  A11. Complete any data use or other agreements with the health plans/systems for the field-testing in Year 2.  A12. If CDC elects to discontinue the project at the end of Project Year 1, prepare a final summary report on Project Year 1 activities. The Project Year 1 summary report would not be required if CDC decides to continue the project for an additional Year 2.</p>
<p><i>Process Measures:</i></p>	<p>PM1. Hold at least 9 Microsoft Teams monthly conference calls with CDC.  PM2. Draft review of evidence on healthcare quality measures related to follow-up of abnormal colorectal screening test results, based on Electronic Clinical Data Systems.  PM3: Conduct at least 2 informant interviews to determine data availability and feasibility of the proposed measures.  PM4: Draft at least 2 measure concepts and specifications for abnormal CRC screening follow-up for field-testing in Project Year 2.  PM4: Hold at least 2 multi-stakeholder measurement advisory panel (MAP) meetings.  PM5: Draft protocol for field testing of the proposed CRC measure in Project Year 2.  PM6: Identify at least 2 health plans/systems identified that would be willing to participate in a field-test in Year 2.</p>
<p><i>Outputs:</i></p>	<p>OP1: Develop 1 evidence review on existing healthcare quality measures related to follow-up of abnormal colorectal screening test results.  OP2: Develop 1 summary of results of informational interviews with a 2-3 health plans to determine data availability and feasibility of the proposed measures.  OP3: Develop 1 protocol for field-testing of the proposed measure for follow-up of abnormal CRC screening results with 3-4 health plans/systems in Project Year 2.  OP4: Identify 3-4 health plans/systems willing to participate in a field-test in Project Year 2.  OP5: Complete at least 2 data use or other agreements with the health plans/systems willing to participate in the field-test in Project Year 2.</p>
<p><i>Budget Period Outcomes:</i></p>	<p>BP1: Developed an evidence review on existing healthcare quality measures related to follow-up of abnormal colorectal screening test results.  BP2: Developed draft quality measure concepts and specifications based on Electronic Clinical Data Systems.  BP3: Developed a summary of results of informational interviews with a 2-3 health plans to determine data availability and feasibility of the proposed measures.</p>

<i>Outcome Measures:</i>	OM1: Draft quality measure concept specifications for a CRC screening healthcare quality measure for follow-up of abnormal colorectal screening test results, based on Electronic Clinical Data Systems.
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<b>Project Title:</b>	<b>Community-Based Hypertension Management Program</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community-based organizations that serve high-burden rural and urban communities; clinical providers focused on hypertension control.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	To scale and spread the blood pressure self-monitoring (BPSM) program across the nation by building upon past project efforts in hypertension control. To increase the clinic to community linkages for the BPSM program and to help identify and scale the best practices to all program providers.
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division for Heart Disease and Stroke Prevention (DHDSP)
<i>Proposed FY24 Project Funding Total:</i>	\$285,000.00
<i>Funding Appropriation:</i>	75-24-0948; 75-X-0948
<i>Funding Statutory Authority:</i>	Sec 317(a) PHS Act [42 USC 247b] Title IV Section 4002 - ACA, PPHF [42 USC 300u-11], Title XV, Section 1509 - PHS Act (42 U.S.C.300n-4a). Section 1502 - PHS Act (42 U.S.C.300l) and the FY 2023 Consolidated Appropriation Act (Pub. L. 117-328, DIV. H.)
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Highly trained staff with the experience and skills to achieve project milestones. The staff bring a diverse set of backgrounds and experience developing, implementing, and evaluating high-quality chronic disease prevention programs. Staff/Technical Advisors (TA) who provide technical assistance delivering and implementing chronic disease prevention programs in their communities. Participate in regular technical assistance phone calls and webinars with TA and representatives from other organizations to share information, discuss challenges, answer questions, complete trainings, and disseminate information. Experience with large community-based training systems to deliver web-based and in-person trainings to community organizations.
<i>Recipient Program Experience:</i>	The applicant should have experience in delivering evidence-based chronic disease prevention programs in a community-based settings. This experience includes working with various partners at the national, state, and local levels to ensure program fidelity, evaluating the effectiveness of interventions, and replication and scaling of proven program components. Recipient has experience in the development and design of self-monitoring blood pressure programs that are at least four months in duration. Developed training programs that utilize community health workers or locally based health extenders with emphasis on hypertension control. Has experience in bi-directional referral and working with electronic health record (EHR) system and continues to enhance clinical integration and facilitate better connections and data sharing with health care providers.
<i>Expectations for Collaboration:</i>	Recipient is expected to have partnerships with national medical societies to align both organizations efforts to advance blood pressure self-monitoring. Recipient is also expected to work with a national non-profit(s) to support blood pressure control to advance work in this area and help provide systems, clinical, and strategic direction.

<i>Expected Subcontractual Work and Criteria:</i>	Recipient will work with consultants including but not limited to a national medical society, a national non-profit focused on blood pressure control, a health network, and state or local organizations to develop and assess bi-directionality to educate and reach potential health care systems and physicians for the purpose of referral through the electronic health record (EHR) platform.
<i>General Instructions for Use of Funds:</i>	N/A
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ol style="list-style-type: none"> <li>1. Maintain existing capacity of blood pressure self-monitoring (BPSM) programs nationally. Conduct program monitoring and evaluation activities to continuously improve the implementation and delivery of BPSM programming including enhancement of bidirectional referral capabilities.</li> <li>2. Provide subject matter expertise to national partner organizations to support the scale and spread of BPSM programs nationally.</li> <li>3. Train two cohorts of CDC's Division for Heart Disease and Stroke Prevention-funded recipients and partners to build capacity for BPSM programming within programmatic jurisdictions.</li> </ol>
<i>Process Measures:</i>	<ol style="list-style-type: none"> <li>1. Increase the number of community organizations trained to deliver high quality blood pressure self-monitoring (BPSM) programming in partnership with heart disease and stroke prevention funded clinics.</li> </ol>
<i>Outputs:</i>	<ol style="list-style-type: none"> <li>1. Workplans to accomplish assigned activities.</li> <li>2. Mass communication via webinars, conference calls, newsletter, website, online educational library, social media content as applicable.</li> <li>3. Infographics, clinic flow diagrams, practice tool resources, etc.</li> <li>4. Key lessons learned and best practices/strategies for clinic and community staff.</li> <li>5. Provision of subject matter expertise related to blood pressure self-monitoring (BPSM) programming to strategic national partners.</li> <li>6. Training for clinic providers, community staff, and CDC's Division for Heart Disease and Stroke Prevention-funded recipients and partners.</li> <li>7. Final report highlighting lessons learned, successful approaches, best practices, and key evaluation findings related to implementation of BPSM programming including infrastructure and capacity for BPSM program delivery.</li> <li>8. Sustainability plan.</li> </ol>

<p><i>Budget Period Outcomes:</i></p>	<p>Increased number of community-based organizations delivering blood pressure self-monitoring (BPSM) programming.</p> <p>2. Increased availability, quality, and sustainability of BPSM programming offered in partnership with heart disease and stroke prevention funded clinics.</p> <p>3. Increased adoption or implementation of BPSM programming, policies, and services.</p> <p>4. Increased number of technical assistance resources by developing and documenting best practices to successfully implement or facilitate bi-directionality.</p> <p>5. Increased number of BPSM program providers with systems in place to enhance the bi-directional referral process.</p>
<p><i>Outcome Measures:</i></p>	<p>Increased availability of and access to quality blood pressure self-monitoring (BPSM) programming nationally.</p> <p>2. Increased awareness of BPSM programs by populations of focus.</p> <p>3. Increased use of BPSM programs by populations of focus.</p> <p>4. Increased awareness and understanding of recommended BPSM processes, policies, programs, and practices nationally.</p> <p>5. Enhanced skill and ability to support decision-processes, policies, programs, and practices nationally among existing and potential BPSM program providers.</p> <p>6. Increased implementation and sharing of recommended processes, policies, programs, and practices nationally among existing and potential BPSM program providers.</p>

<b>Project Title:</b>	<b>Million Hearts: Preventing Hearts Attacks and Strokes with Improved Cholesterol Management</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Physicians</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	The purpose of this project is to work with and through physicians by improving cholesterol management outcomes (e.g., lipid tests, statin therapy, lifestyle modification services, etc.). Through this project we want to 1) test evidence-informed process improvements and/or implement evidence-based process improvements (e.g., change ideas from the Cholesterol Management Change Package) to improve cardiovascular health outcomes among patients served at health centers; 2) discover and develop new tools and strategies needed to improve performance on process measures and cholesterol management outcomes, especially among patient populations of focus (e.g., people from racial/ethnic minority groups, people with lower incomes, and/or people who live in rural areas or other 'access deserts.');
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division for Heart Disease and Stroke Prevention (DHDSP)
<i>Proposed FY24 Project Funding Total:</i>	\$600,000.00
<i>Funding Appropriation:</i>	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
<i>Funding Statutory Authority:</i>	Sec. 301(a) of the Public Health Service Act (42 U.S.C. 241(a)); Sec. 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2)) and Patient Protection and Affordable Care Act, 2010 (P.L. 111-148)
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	The applicant should have the ability to provide technical assistance to a variety of entities that support work of physicians, including those working in community health centers. The applicant should have expertise in quality improvement work and implementation science as it pertains to physician processes and the health information technology infrastructure used by physicians. The applicant needs the capacity to document, track, and use clinical quality measures to inform implementation of process improvements. Expertise with health information technology and use of electronic health record data to describe and improve the quality of cholesterol management is required. The applicant needs the capacity to report metrics bi-annually to CDC. Finally, the applicant needs the ability to work nationally with public and private partners to build the capacity of health centers in a variety of low resource environments to improve the cardiovascular health of racially, ethnically, and socioeconomically diverse patient populations that are disproportionately burdened with dyslipidemia.

<i>Recipient Program Experience:</i>	The applicant should have a deep understanding of primary care physicians and how they operate with the support of primary care associations, health center controlled networks, and other public and private partners to provide quality anti-hypertensive care to patients served by health centers. The applicant should have experience directing clinical quality improvement activities and promoting and scaling interventions. Experience developing and publishing resources and peer-reviewed articles is also required. Ideally, the applicant would be familiar with Million Hearts® evidence-based strategies, clinical quality measures, and quality improvement resources (e.g., Million Hearts® change packages) and other translational and implementation science activities.
<i>Expectations for Collaboration:</i>	Collaboration with CDC is expected, especially in the development and analysis of priorities and evaluation of impact. Additionally, recipient would be expected to collaborate with other national public health partners and population health specialists working on similar quality improvement projects or initiatives. CDC has historically worked successfully with the National Association of Community Health Centers (NACHC), primary care associations, health center controlled networks, and community health centers to produce outcomes that align with the aim of this project. Additional potential partners may include women's health care providers, population health management product developers, patient engagement platforms, and with other federal agencies (e.g., Health Resources and Services Administration). The ideal candidate would have some history of engaging with scientific and programmatic collaborators of stature.
<i>Expected Subcontractual Work and Criteria:</i>	Applicant is expected to provide national oversight and support to the project, but much of the technical work will take place at subcontracted primary care practices. It may also be appropriate to subcontract for evaluation, writing, and/or other support activities.
<i>General Instructions for Use of Funds:</i>	Funds should be used to generate strategies and tools, collect data, produce, disseminate, and scale interventions. Travel is permissible but should be minimized for maximum impact. It would be helpful for the budget to be scalable. Funding to primary care practices should be carefully determined to optimize the project's reach and to assess the degree to which capacity-building activities can be replicated in other regions with no or minimal supplemental resources. Overall, the funds should provide flexibility to work with at least 3 primary care networks with an anticipated reach of at least 300,000 adult patients.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Develop an annual action plan with CDC to outline the focus for the upcoming year's activities to test and implement, discover and develop, and scale and spread.</li> <li>• Develop an evaluation plan with CDC that aligns with annual action plan.</li> <li>• Recruit primary care practices to participate in the project.</li> <li>• Support project participants in implementing evidence-based process improvements (e.g., change ideas from Cholesterol Management Change Package) to improve cardiovascular health outcomes.</li> <li>• Discover and develop new tools and strategies needed to improve physician performance on the diagnosis and management of dyslipidemia, especially among patient populations of focus (e.g., people from racial/ethnic minority groups, people with lower incomes, and people who live in rural areas or other 'access deserts.'). An example of year one activities could be to create resources to facilitate the use of point-of-care lipid testing.</li> <li>• Scale and spread implementation of high impact change ideas by identifying needs for a supportive ecosystem for optimal delivery of cardiovascular disease prevention services (e.g., expand use of population health interventions to close gaps in the diagnosis and management of dyslipidemia).</li> <li>• Test and refine the ways electronic health record data may be used to monitor and drive improvements in the diagnosis and treatment of dyslipidemia, as deemed appropriate and timely.</li> <li>• Capture, clean, and report quality improvement data bi-annually.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• # of primary care networks engaged in the project (<math>\geq 3</math>)</li> <li>• # of practices engaged in the project</li> <li>• # of adult patients reached (<math>\geq 300,000</math>)</li> <li>• % of data-reporting entities that have completed electronic health record data extraction, validation, cleaning, normalization, aggregation, and descriptive analysis (100%)</li> <li>• % of data-reporting entities that have completed reporting specified data (100%)</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Spreadsheet with the primary care practice participants and prospective number of lives impacted by the project.</li> <li>• Summary of workflows and/or ecosystem parameters to be changed for optimal impact.</li> <li>• Report of resources used by contracted organizations (e.g., funds, staffing needs, space, equipment, etc.) to implement process improvements.</li> <li>• New tools or resources, as needed, to facilitate implementation of change ideas to improve cholesterol management.</li> <li>• Report of clinical quality measures and other metrics of interest from project participants.</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Increased implementation of existing and emerging Million Hearts® evidence-based strategies to improve cholesterol management.</li> <li>• More people from racial and ethnic minority groups, people with lower incomes, and people living in rural areas or other access deserts receive clinical guideline-recommended care to lower their risk for having a heart attack or stroke.</li> <li>• Increased awareness and communication of approaches taken or planned by public and private national partners to improve cholesterol management.</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• At least 300,000 million adult patients receive clinical guideline-recommended care to lower their risk of heart attack and stroke.</li> </ul>

<b>Project Title:</b>	<b>Message Testing for Diabetes Knowledge, Skills and Attitudes</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>The populations of focus are the 98 million American adults affected by prediabetes and the 38 million American adults living with diabetes. In addition, comparing knowledge, skills, and attitudes from these populations of focus with populations not affected by prediabetes or diabetes is necessary to ensure completeness of messages.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project aims to conduct message testing and gather public perceptions about prediabetes and type 2 diabetes prevention, and diabetes management. The focus of this work will be to obtain insights about knowledge, attitudes, and perceptions from a nationally representative group to inform development of new materials and revising existing materials.
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division of Diabetes Translation (DDT)
<i>Proposed FY24 Project Funding Total:</i>	\$300,000.00
<i>Funding Appropriation:</i>	75-24-0948 (for BA/Diabetes or primary prevention funds)
<i>Funding Statutory Authority:</i>	Awards are made under the authorization of Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended.
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	Recipient will ideally have experience and established connections working with health departments, non-profit organizations, and similar groups supporting public health communications for behavior change. In particular, recipient should have direct or indirect (via a partner or sub-contract) knowledge and experience with message testing, analytics, and public opinion-gathering.
<i>Recipient Program Experience:</i>	Recipient should have experience (or subcontractor that does) to evaluate health communication and behavior change materials, and conduct message testing from broad representative samples.
<i>Expectations for Collaboration:</i>	Recipient (or subcontractor) should be able to proactively collaborate on message testing design and evaluation with CDC.
<i>Expected Subcontractual Work and Criteria:</i>	Expected subcontracts include analytics providers that can enable message testing and evaluation of materials with nationally representative groups, including people with prediabetes and diabetes. The period of performance will be five years to maximize evaluation and redesign. To achieve desired outcome, a budget \$300,000 per year will be used.
<i>General Instructions for Use of Funds:</i>	Funds will be used for evaluation of messages to understand population knowledge, skills, and attitudes. There are no travel or equipment funds expected for this project.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

<i>Activities:</i>	Conduct message testing and gather public perceptions about prediabetes and type 2 diabetes prevention, and diabetes management. Obtain insights about knowledge, attitudes, and perceptions from a nationally representative group to inform development and testing of new materials and revise existing materials.
<i>Process Measures:</i>	To inform quality of materials, message testing waves will occur at least twice per year.
<i>Outputs:</i>	Outputs may include summary reports broken out by responses to message testing questions (e.g., knowledge, skills, and attitudes).
<i>Budget Period Outcomes:</i>	Full execution of funds within project period as evidenced by complete and fully satisfactory deliverables.
<i>Outcome Measures:</i>	Continued increased awareness of the term prediabetes that may result in increased intent to speak with a doctor.

<b>Project Title:</b>	<b>Million Hearts: Improving Hypertension Control Among Pregnant and Postpartum Persons</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Obstetricians and gynecologists (OB/GYNs) and other women’s health care clinicians (WHCCs)</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	The purpose of this project is to work with obstetricians and gynecologists (OB/GYNs) and other women’s health care clinicians (WHCCs) to improve care for persons with hypertension in pregnancy in outpatient clinical care settings by implementing strategies from the Million Hearts® Hypertension in Pregnancy Change Package (HPCP).
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division for Heart Disease and Stroke Prevention (DHDSP)
<i>Proposed FY24 Project Funding Total:</i>	\$320,000.00
<i>Funding Appropriation:</i>	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
<i>Funding Statutory Authority:</i>	Sec. 301(a) of the Public Health Service Act (42 U.S.C. 241(a)); Sec. 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2)) and Patient Protection and Affordable Care Act, 2010 (P.L. 111-148)
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	The applicant should have the ability to provide technical assistance, guidance, and educational opportunities to OB/GYNs and WHCCs serving patients who may be affected by hypertension in pregnancy (i.e., chronic hypertension and pregnancy-associated hypertension) in outpatient clinical settings. The applicant should have expertise in quality improvement work and implementation science as it pertains to changing care processes and using health information technology infrastructure in outpatient clinical settings to improve performance on clinical quality of care indicators (e.g., diagnoses of gestational hypertension and preeclampsia, appropriate aspirin use, blood pressure control, etc.). The applicant needs the capacity to document, track, and use evidence-based strategies to inform implementation of process improvements. Applicant also needs capacity to capture and report process and outcome data to the CDC (e.g., line graphs, annotated run charts, etc.).
<i>Recipient Program Experience:</i>	The applicant should have experience supporting OB/GYNs and WHCCs in their work with other members of the care team to provide quality care to pregnant and postpartum persons with hypertension in outpatient clinical settings. The applicant should have experience directing clinical quality improvement activities and implementing evidence-informed process improvements. Ideally, the applicant would have experience supporting OB/GYNs and WHCCs in executing evidence-based strategies, using data metrics, and applying or adopting quality improvement resources and implementing other translational and implementation science activities.
<i>Expectations for Collaboration:</i>	Collaboration with CDC is expected, especially in the selection and analysis of evidence-based strategies that will be implemented. Additionally, the recipient is expected to collaborate with other partners working on similar projects. The ideal candidate would have some history of engaging with scientific and programmatic collaborators of stature.

<i>Expected Subcontractual Work and Criteria:</i>	Applicant is expected to provide national oversight and support with the option for the work to be subcontracted to OB/GYN clinics and other outpatient clinical settings that serve pregnant or post-partum women with hypertension. Subcontracted organizations should demonstrate the need to improve the quality of care provided to pregnant or postpartum women with hypertension and their readiness to implement strategies from the HPCP. Subcontracts are also permitted to build the infrastructure or platforms needed to drive the widespread implementation of the HPCP.
<i>General Instructions for Use of Funds:</i>	Funds should be used to document, track, and implement evidence-informed process improvements, and capture and report process and outcome data. Personnel are needed to oversee activities, maintain communication with CDC, and report progress and project impact. Funds may also be used to purchase needed and justified project equipment. It is reasonable for some funds to be devoted to supporting national efforts, such as collaboration around aspirin prophylaxis in patients at higher risk for preeclampsia as per the HPCP. Travel is permissible but should be minimized for maximum project impact.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Test evidence-informed process improvements and/or implement evidence-based process improvements from the HPCP (e.g., equip care teams to manage immediate and long-term cardiovascular risk in persons with hypertension in pregnancy)</li> <li>• Provide technical assistance to HPCP implementers (e.g., offer quality improvement coaching or office hours) and facilitate the exchange of lessons learned across OB/GYNs and WHHCs using the HPCP (e.g., blogs, newsletter updates, or webinar presentations)</li> <li>• As needed, develop tools or resources to support implementation of priority change concepts/change ideas from the HPCP. Examples of resources other partners developed to implement Million Hearts® change packages include: AACVPR’s “Cardiac Rehabilitation Change Package Made Easy” video series, American Lung Association’s Public Health Roadmap to Coaching a Clinical Team to use the Million Hearts® Tobacco Cessation Change Package)</li> <li>• Track data metrics on the reach and implementing of evidence-based process improvements from the HPCP (i.e., report the number of OB/GYNs and WHHCs using the HPCP, report the number of HPCP strategies being implemented by OB/GYNs and WHHCs).</li> <li>• Communicate feedback about the HPCP shared by users and/or successes or challenges encountered by OB/GYNs and WHHCs in implementing the HPCP to CDC.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• # of change concepts/change ideas implemented from the HPCP</li> <li>• # of practices implementing change concepts/change ideas from the HPCP</li> <li>• # of tools and resources developed to increase use of the HPCP</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Report on change concepts/change ideas from the HPCP implemented by OB/GYNs and WHHCs</li> <li>• Report on the practices implementing change concepts/change ideas from the HPCP</li> <li>• Data report on number of OB/GYNs and WHHCs implementing the strategies from the HPCP</li> <li>• Development of tools or resources developed to help more OB/GYNs and WHHCs use the HPCP</li> </ul>

<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"><li>• Increased implementation of change concepts/change ideas from the HPCP by OB/GYNs and WHHCs to improve hypertension control for pregnant and postpartum persons with hypertension</li><li>• Increased number of outpatient clinical settings testing evidence-informed process improvements and/or implement evidence-based process improvements from the HPCP</li><li>• More people with hypertension in pregnancy receiving clinical guideline-recommended care to lower their risk of adverse pregnancy and/or postpartum outcomes</li></ul>
<i>Outcome Measures:</i>	Engage at least 20 clinicians who provide care to persons with hypertension in pregnancy to implement one or more change ideas from the Hypertension in Pregnancy Change Package.

<b>Project Title:</b>	<b>Million Hearts: Optimizing Cardiovascular Disease Prevention in Primary Care</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Physicians (e.g., family medicine, internal medicine)</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	The purpose of this project is to work with physicians (e.g., family medicine, internal medicine) to prevent heart attacks and strokes in primary care and outpatient clinical care settings through the use of Million Hearts® change packages (e.g., the Hypertension in Pregnancy Change Package, Hypertension Control Change Package, Cholesterol Management Change Package, Cardiac Rehabilitation Change Package, and/or the Tobacco Cessation Change Package).
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division for Heart Disease and Stroke Prevention (DHDSPP)
<i>Proposed FY24 Project Funding Total:</i>	\$320,000.00
<i>Funding Appropriation:</i>	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
<i>Funding Statutory Authority:</i>	Sec. 301(a) of the Public Health Service Act (42 U.S.C. 241(a)); Sec. 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2)) and Patient Protection and Affordable Care Act, 2010 (P.L. 111-148)
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	The applicant should have the ability to provide technical assistance, guidance, and educational opportunities to physicians working in outpatient clinical settings. The applicant should have expertise in quality improvement work and implementation science as it pertains to processes and health information technology infrastructure used in outpatient clinical settings to improve performance on clinical quality of care indicators (e.g., blood pressure control, statin therapy, cardiac rehabilitation participation, preventive care and screening for tobacco use). The applicant needs the capacity to document, track, and use evidence-based strategies to inform implementation of process improvements. The applicant also needs capacity to capture and report process and outcome data to the CDC (e.g., line graphs, annotated run charts, etc.).
<i>Recipient Program Experience:</i>	The applicant should have experience supporting physicians in their work with other members of the care team to provide quality cardiovascular disease preventive services to patients in outpatient clinical settings. The applicant should have experience directing clinical quality improvement activities and implementing evidence-informed process improvements. Ideally, the applicant would be familiar with Million Hearts® evidence-based strategies, clinical quality measures, and quality improvement resources contained in the Million Hearts® change packages and other translational and implementation science activities. Preferably, the applicant has experience serving physicians that serve the five populations for which Million Hearts® is focusing on health equity (i.e., pregnant and postpartum women with hypertension, people from racial/ethnic minority groups, people with behavioral health issues who use tobacco, people with lower incomes, and people who live in rural areas and other ‘access deserts’).

<i>Expectations for Collaboration:</i>	Collaboration with CDC is expected, especially in the selection and analysis of evidence-based strategies that will be implemented. Additionally, the recipient is expected to collaborate with other partners working on similar projects and other clinical and quality improvement specialists. The ideal candidate would have some history of engaging with scientific and programmatic collaborators of stature.
<i>Expected Subcontractual Work and Criteria:</i>	Applicant is expected to provide national oversight and support with the option for the work to be subcontracted to primary care clinics and other outpatient clinical settings, with preference given to the physicians serving one of the five Million Hearts® priority populations. Subcontracted organizations should demonstrate the need to improve the quality of care provided to patients at risk for a heart attack or stroke and their readiness to use the Million Hearts® change packages to improve the quality of cardiovascular disease preventive care provided. Subcontracts are also permitted to build the infrastructure or platforms needed to drive the widespread implementation of the Million Hearts® change packages.
<i>General Instructions for Use of Funds:</i>	Funds should be used to implement evidence-informed process improvements, and capture and report process and outcome data. It is reasonable for some funds to be devoted to supporting national efforts, such as collaboration around any specific strategies outlined in the Million Hearts® change packages. It is also allowable for resources to go to a subset of organizations to fund implementation of strategies from Million Hearts change package(s). Travel is permissible but should be minimized for maximum impact.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Propose plan that identifies the Million Hearts® change package(s) that will be focus of these efforts</li> <li>• Test evidence-informed process improvements and/or implement evidence-based process improvements from the Million Hearts® change packages (e.g., use population health management tools from the Cholesterol Management Change Package to identify patients at high risk for an ASCVD event who could benefit from a statin)</li> <li>• Provide technical assistance to Million Hearts® change package implementers (e.g., offer quality improvement coaching or office hours) and facilitate the exchange of lessons learned among physicians implementing strategies from the Million Hearts® change package (e.g., blogs, newsletter updates, or webinar presentations)</li> <li>• As needed, develop tools or resources to support implementation of priority change concepts/change ideas. Examples of resources other partners developed to implement Million Hearts® change packages include: AACVPR’s “Cardiac Rehabilitation Change Package Made Easy” video series, American Lung Association’s Public Health Roadmap to Coaching a Clinical Team to use the Million Hearts® Tobacco Cessation Change Package)</li> <li>• Track data metrics on implementing evidence-based process improvements from Million Hearts change packages (e.g., use of data dashboard).</li> <li>• Track data metrics on the reach and implementing of evidence-based process improvements from the Million Hearst® change packages (i.e., report the number of physicians implementing the strategies, report the strategies being implemented by physicians).</li> <li>• Communicate feedback about the Million Hearts® change packages shared by users and/or successes or challenges encountered by physicians implementing the Million Hearts® change packages.</li> </ul>

<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• # of change concepts/change ideas implemented from the Million Hearts® change packages</li> <li>• # of practices implementing change concepts/change ideas from the Million Hearts® change packages</li> <li>• # of tools and resources developed to increase use of the Million Hearts® change packages</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Plan that identifies the Million Hearts® change package(s) that will be focus of these efforts</li> <li>• Report on change concepts/change ideas implemented from the Million Hearts® change packages</li> <li>• List of practices adopting change concepts/change ideas from the Million Heart change packages</li> <li>• Data report on the number of physicians implementing the strategies from the Million Hearts® change packages</li> <li>• List of tools and resources developed to implement change concepts/change ideas from the Million Hearts change packages</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Increased implementation of change concepts/change ideas from the Million Hearts® change packages to improve hypertension control, cholesterol management, cardiac rehabilitation uptake, and/or tobacco cessation</li> <li>• Increased number of outpatient clinical settings testing evidence-informed process improvements and/or implementing evidence-based process improvements from the Million Hearts® change packages</li> <li>• More people receiving clinical guideline-recommended care to lower their risk of heart attack and stroke</li> </ul>
<i>Outcome Measures:</i>	Engage at least 20 clinicians who provide care to people at increased risk for heart attack and stroke to implement one or more change ideas from the Million Hearts® change package(s).

<b>Project Title:</b>	<b>National Partnerships: Dissemination and Expansion of the Cancer Screening Transformation</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Nongovernmental-community health centers and Federally Qualified Health Centers</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	The purpose of this work is to convene health centers across the country in a national learning community to support systems and process changes that increase cancer screening. The national learning community will include community health centers, Federally Qualified Health Centers, CDC program award recipients from the Colorectal Cancer Control Program and the National Breast and Cervical Cancer Early Detection Program and their partners. This award will focus on improving care and health outcomes and will include the development of a technical package to support the provision of high-quality care for the patient as a whole including providing strategies and tools to successfully increase cancer screening rates in primary care clinics. Activities should include the dissemination of the technical package including training, tools, and resources and other supports and then deploying these to health centers, CRCCP and NBCCEDP programs and partners in learning collaboratives. Appropriate evaluation should be described in addition to how the evaluation will inform quality improvement. Case studies and/or examples successful implementation should be provided and publications or other methods for sharing successes should be considered.
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division of Cancer Prevention and Control (DCPC)
<i>Proposed FY24 Project Funding Total:</i>	\$800,000.00
<i>Funding Appropriation:</i>	
<i>Funding Statutory Authority:</i>	Public Health Services Act; (PHS) 42 U.S.C. 241, 247(b), 317(k), 301(a), 311, (Note B)
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Applicants should have an established relationship with community health centers including federally qualified health centers, health center controlled networks and state primary care associations across the country. Applicants should have extensive expertise in strategic planning, the creation of training on value-based care implementation and experience successfully convening learning communities of health centers and partners to guide, refine, and develop new innovative models for healthcare delivery. The applicant organization should have an established, competent infrastructure to support efficiency in carrying out the project and should have established existing national meetings of community health centers, Federally Qualified Health Centers, health center controlled networks, primary care associations and other partners to provide them the opportunity to disseminate information and training on cancer screening for the target audience if appropriate.

<i>Recipient Program Experience:</i>	Applicant organizations should have a comprehensive understanding, extensive experience and an existing strong communication history with the target audience of community health centers, Federally Qualified Health Centers, health center controlled networks, and state primary care associations across the United States. The applicant organization should have experience at the national level in addressing disparities in cancer screening and have experience in conducting strategic planning and providing training and technical assistance. Applicant organizations should have experience providing effective management and oversight of projects like the one proposed in this award.
<i>Expectations for Collaboration:</i>	The applicant may collaborate with the CDCs Colorectal Cancer Control Program, National Breast and Cervical Cancer Early Detection Program, and the National Comprehensive Cancer Control Program awardees when appropriate and when necessary, may consider collaboration with other programs supported by the Division of Cancer Prevention and Control.
<i>Expected Subcontractual Work and Criteria:</i>	
<i>General Instructions for Use of Funds:</i>	Funds should support overall management of the project, staff time to support planning and delivery of training and technical assistance, and travel for meetings in Atlanta (estimated 1-3 trips for 3 staff).
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ol style="list-style-type: none"> <li>1. Development of a technical package to support the implementation and dissemination of a framework and provide strategies and tools to successfully increase cancer screening rates in primary care clinics.</li> <li>2. The dissemination of the technical package should include training, tools, and resources on the value-based care implementation and other supports and address how these will be deployed to health centers, CRCCP and NBCCEDP programs and partners through a learning collaborative should be addressed.</li> <li>3. Evaluate progress of the activities through case study or other methods, utilizing the findings to implement quality improvement.</li> <li>4. Explore the feasibility of cost-effectiveness analyses and include strategies that support the business case for implementing these strategies and other areas of this work.</li> </ol>
<i>Process Measures:</i>	<p>Number and percent of Health centers, Federally Qualified Health Centers, PCAs, HCCNS and CDC recipients participating in learning forums.</p> <p>Number of new tools, resources, and evidence-based content available</p> <p>Number of presentations and manuscripts created and shared</p>
<i>Outputs:</i>	<p>A technical package that describes and provides guidance on the implementation of strategies health centers may use to improve care and outcomes, Dissemination plan that includes multiple methods of dissemination which may include things like tools, content documents, trainings, manuscripts, and presentations,</p> <p>An evaluation that includes strategies to assess the effectiveness of implementation and clear methods to use the findings to improve the quality of the project.</p>

<i>Budget Period Outcomes:</i>	Increased knowledge of evidence-based interventions supporting systems change and improve cancer screening Increased knowledge of how to implement evidence-based interventions and support systems change
<i>Outcome Measures:</i>	Increased number and percent of health centers, Federally Qualified Health Centers, primary care associations, and CDC award recipients and partners engaged in the learning community. Improved colorectal cancer screening performance by in clinics participating in the learning community.

<b>Project Title:</b>	<b>Strengthening Food Allergy Resources in Schools and Out-of-school Time (OST)</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>K-12 students, school administrators, school nurses, school personnel, and out-of-school time professionals who are affected, or who are working with students, impacted by food allergies. Considerations should be made during school and in out-of-school time (OST) settings, especially for those students disproportionately affected in underserved areas.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	Even with the current knowledge and resources addressing food allergies, there is still work that needs to be done to improve the resource gaps amongst school age children and youth. The purpose of this project is to identify those gaps and provide the resources needed so that children and youth will have the necessary tools needed to properly manage food allergies within schools and in out-of-school time settings. In doing so, school age children and youth will be able to concentrate on learning and be able to improve their scholastic, and out-of-school time experiences, without constant fear of an adverse reaction cause by food allergies.
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division of Adolescent and School Health (DASH)
<i>Proposed FY24 Project Funding Total:</i>	\$600,000.00
<i>Funding Appropriation:</i>	75240948
<i>Funding Statutory Authority:</i>	Consolidated Appropriations Act
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	The recipient will use its organizational knowledge to help improve food allergy management in school and out-of-school time (OST) settings by identifying gaps and developing evidence-based resources to address them. The recipient will have the capacity to reach school personnel, school administrators, school nurses, and OST professionals. The recipient will work with partners to disseminate resources and implement policies and programs in the field.
<i>Recipient Program Experience:</i>	The recipient will have knowledge and understand the unique needs of schools and out-of-school time (OST) time settings. The recipient should also have a good working knowledge of school health and wellness policies as well as the role of the school nurse in food allergy management. The recipient should be able to demonstrate clinical and community partnerships and utilization of action plans.
<i>Expectations for Collaboration:</i>	The recipient will collaborate with food allergy partners, school nurses, pediatricians, other health providers and NGOs working in school and out-of-school time (OST) settings.
<i>Expected Subcontractual Work and Criteria:</i>	This work may be subcontracted. A contractor should have at minimum the following qualifications: ability to easily reach key leadership in schools and organizations that support schools; ability to connect with (or are themselves) national organizations with specific interests in adolescent health and well-being; and knowledge of how to work with schools from a public health perspective.

<i>General Instructions for Use of Funds:</i>	Reasonable program budget items for this work include personnel, travel, supplies, and virtual/in-person services. Budget may include mini-grant or sub-contract opportunities for community-based organization or similar engagement. Budget should not include funding for research or clinical care.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Partner and collaborate with school health and out-of-school time (OST) time experts to identify gaps and develop evidence-based food allergy resources</li> <li>• Encourage collaboration between the business and public sectors, national partners, and non-profit organizations to better support the dissemination of food allergy resources in school and OST settings.</li> <li>• Encourage collaboration and information-sharing, as appropriate, between schools and OST settings.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• The recipient will convene partner meetings, as needed, to identify gaps and develop evidence-based food allergy resources.</li> <li>• The recipient will identify new or existing partnerships to support the dissemination of food allergy resources in school and out-of-school time (OST) settings.</li> <li>• The recipient will identify opportunities for information-sharing and foster communication between school and OST settings.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Report on priority initiatives from the partnership collaborative.</li> <li>• Develop a dissemination plan with partners that will be used to expand the reach of evidence-based food allergy resources in the school and out-of-school time (OST) settings.</li> <li>• Develop a dissemination plan supporting communication between the school and OST settings.</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Prioritize and address food allergy resources in a collaborative and strategic manner.</li> </ul>
<i>Outcome Measures:</i>	At least 75% of the partners identified participated in the development or dissemination of food allergy resources in schools and out-of-school time (OST) settings.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Work with partners to identify and implement food allergy educational programs or toolkits in schools and out-of-school time (OST) settings.</li> <li>• Work with schools and OST settings to improve food allergy management policies, programs, and procedures (e.g., medical emergency plans, action plans, lunchroom policies, etc.).</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• The recipient will identify the educational program or toolkit to be used for the implementation phase of the project.</li> <li>• The recipient will develop or identify a model policy, program, or procedure to be implemented in the school or out-of-school time (OST) setting.</li> </ul>

<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Distribute a food allergy educational program or toolkit in at least 10 school districts and implement a comprehensive food allergy program.</li> <li>• Collaborate with at least 10 school districts or out-of-school time (OST) settings to improve food allergy management policy, programs, and procedures (e.g., medical emergency plans, action plans, lunchroom policies, etc.).</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• The recipient will have distributed the food allergy educational program or toolkit and implemented a model policy in at least 10 school districts or out-of-school time (OST) settings.</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• At least 65% of school districts out-of-school time (OST) settings participating indicated that they had implemented the educational program or toolkit and model policy.</li> </ul>

<b>Project Title:</b>	<b>High-Quality Teacher Preparation &amp; Higher Education Professional Development</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>The populations to be served in this project are faculty at historically black colleges and universities (HBCUs) nationwide that provide education/health education degrees to students.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	The purpose of this project is to strengthen and refashion the professional preparation of school health education in institutes of higher education using CDC DASH tools and resources, and with a focus on reaching underserved populations.
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division of Adolescent and School Health (DASH)
<i>Proposed FY24 Project Funding Total:</i>	\$400,000.00
<i>Funding Appropriation:</i>	75240948
<i>Funding Statutory Authority:</i>	Consolidated Appropriations Act
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	<p>Recipient must be able to:</p> <p>Demonstrate experience working at the national level and capability to provide technical support to colleges and universities in a wide variety of locations across the United States.</p> <p>Demonstrate the ability to apply adult learner techniques to audiences related to health education policies, programs, and practices that are implemented in K-12 schools.</p> <p>Have experience with innovative technological teaching methods.</p> <p>Dave demonstrated commitment to diversity, equity, inclusion, and belonging.</p>
<i>Recipient Program Experience:</i>	<p>Recipient should have the below program experience at minimum:</p> <p>Advanced competency in the application of K-12 health education scope and sequence.</p> <p>Advanced knowledge of the characteristics of effective health education.</p>
<i>Expectations for Collaboration:</i>	The recipient is expected to collaborate with state and local entities as appropriate, especially those that support the efforts of or collaborate with their local historically black colleges and universities (HBCUs). Such entities could include the following: local community-based organizations, local school districts, state and local education agencies, and teacher apprenticeship programs.
<i>Expected Subcontractual Work and Criteria:</i>	This work may be subcontracted, but it is not required. A contractor should have at minimum the following qualifications: ability to easily work with racially and ethnically diverse populations; ability to connect with (or are themselves) national organizations with specific interests in K-12 school-based health education; and knowledge of how to work with schools from a public health perspective. It is anticipated that no more than 25% of the budget should be used for sub contractual work.

<i>General Instructions for Use of Funds:</i>	Reasonable program budget items for this work include personnel, travel, supplies, and virtual/in-person services (e.g., Institutes of Higher Education Academy). Budget may include mini-grant or sub-contract opportunities for Academy participation. Budget should not include funding for research or clinical care.
<b>Strategic Area:</b>	<b>Workforce</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Conduct an Institute of Higher Education (IHE) Health and Physical Education Academy for up to 50 school health education Historically Black Colleges and Universities HBCU faculty (14 -15 teams).</li> <li>• Provide training that supports using multiple CDC tools and resources in their teacher preparation programs.</li> <li>• Develop Team Action Plans to conduct in-service at the state or regional level.</li> <li>• Provide mini-grants to support implementation of action plans.</li> </ul>
<i>Process Measures:</i>	<p>Process Measure #1: Maintain participation level to up to 5 HBCUs and at least 20-35 participants at training event sponsored by funded recipient.</p> <p>Process Measure #2: At least 60% of HBCUs will gain new information on CDC DASH school health tools and resources and disseminate in their higher ed teacher prep programs.</p>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• IHE Academies conducted at HBCUs for at least 14 teams.</li> <li>• Training that includes CDC health education tools and resources provided.</li> <li>• Team Action Plans developed.</li> <li>• Mini-grants awarded and used to implement action plans.</li> </ul>
<i>Budget Period Outcomes:</i>	Increased capacity among HBCU faculty to effectively promote professional development related to health education for K-12 teachers. Increased awareness among HBCU faculty of professional development techniques and effective health education strategies for K-12 teachers.
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• At least 75% of IHE Academy participants will support state or regional in-service, professional development activities for teachers responsible for teaching health education.</li> <li>• At least 50% of IHE Academy participants will promote within their state or region policies that reinforce the importance of professional development for teachers in school health education.</li> </ul>

<b>Project Title:</b>	<b>Parent/Family Strategies to Improve Adolescent Health and Well-Being</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>The populations of focus that we have identified for this project include: 1) Education Organizations and Primary Care Providers. This will include (at varying levels of engagement) all school staff (including teachers, school administrators, school-level support staff), mental health providers (including counselors, social workers, and school psychologists), primary care providers (including all staff that work at School Based Health Centers), and most importantly, students (including all grade bands from kindergarten to 12th grade). 2) Parent Groups (both through community-based organization engagement, school-level groups (like Parent Teacher Associations or School Health Advisory Councils) as well as parents of students receiving classroom education).</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	The purpose of this project is to implement parent/family-based strategies that support the effective implementation of CDC's What Works in Schools (WWIS) program. This evidence-based approach has been shown to improve adolescent health behaviors and experiences, support mental health and reduce suicidality in schools that implement the program. This project will involve parent/family strategies that focus on the following outcomes of WWIS: 1) improving mental health and 2) reducing HIV and STI risk behavior among adolescents. The project will involve engaging school districts and parent groups throughout the nation with information, resources, guidance, and technical assistance - all of which is intended to strengthen directly parent/family engagement and support of their child(ren)'s overall health and well-being.
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division of Adolescent and School Health (DASH)
<i>Proposed FY24 Project Funding Total:</i>	\$500,000.00
<i>Funding Appropriation:</i>	75240950
<i>Funding Statutory Authority:</i>	Sections 301(a) and 317(k)(2) of the Public Health Service Act [42 U.S.C. Sections 241 and 247(k)(2)], as amended.
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Preferred organizational capacity includes prior history of working with CDC's Division of Adolescent and School Health (DASH), particularly DASH's Program Development and Services Branch and the Office of Policy of Policy, Communication and Strategy; experience working with multi-sector, community-based organizations to improve public health outcomes; experience in implementing public health activities in rural as well as urban settings; and documented engagement in community-based participatory research efforts.
<i>Recipient Program Experience:</i>	Preferred program experience includes expertise in CDC's Division of Adolescent and School Health (DASH) program and policy content, expertise in the latest communication technologies; and a thorough understanding of factors that contribute to poor adolescent mental health and risky sexual behaviors.
<i>Expectations for Collaboration:</i>	CDC's Division of Adolescent and School Health (DASH) funds state education agencies and local school districts. As such, there is an expectation that this recipient would collaborate with these funded entities as appropriate.

<i>Expected Subcontractual Work and Criteria:</i>	There is an expectation for a moderate amount of subcontractor for this project, based on its unique approach to public health via schools and its engagement of parents and families. A contractor should have at minimum the following qualifications: ability to easily reach key leadership in schools/school districts in all 50 states and US territories; ability to connect with (or are themselves) parent/family organizations with specific interests in schools; and knowledge of how to work with schools from a public health perspective.
<i>General Instructions for Use of Funds:</i>	Reasonable program budget items for this work include personnel, travel, supplies, and virtual/in-person services. The budget may include mini-grant or sub-contract opportunities to ensure parent/family engagement in the project. The budget should not include funding for research or clinical care.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Engage with parent/family groups and school districts nationwide to provide education on CDC's What Works in Schools program by providing them with resources and supports. <ul style="list-style-type: none"> <li>• Document parent/family and school district awareness and understanding of WWIS in real time.</li> </ul> </li> <li>• Address challenges for parents/families to effectively address the mental, social, and sexual health of adolescents by administering mini-grant opportunities and elevating the WWIS best practices.</li> <li>• Develop and implement activities to increase effective parent/child communication related to adolescent risk behaviors, including a focus on media literacy.</li> <li>• Collaborate with state and local jurisdictions to improve meaningful parent/family engagement with schools.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• At least 20 parent/family groups and school districts nationwide will engage with this project to receive education on CDC's What Works in Schools program by providing them with resources and supports.</li> <li>• At least five mini-grant opportunities will be provided to parent/family groups and/or school districts during the project period.</li> <li>• At least 10 parent/family groups and/or school districts will participate in an online professional development on media literacy.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Online parent/family and school district resources related to adolescent health and the WWIS strategies.</li> <li>• Parent/family tools and tools and resources (with a focus on media literacy) related to communicating with adolescents about mental, social, and sexual health.</li> <li>• Parent/family models for addressing the mental, social, and sexual health of adolescents within a given region.</li> <li>• School- and/or community-based grant opportunities for effective parent/family/child communications.</li> </ul>
<i>Budget Period Outcomes:</i>	<p>At least 75% of family/parent participants in this project will be able to demonstrate one way to effectively communicate with a child about their mental, social, and/or sexual health.</p> <p>At least 90% of family/parent participants in this project will identify two ways in which various forms of communication can affect adolescent health.</p>

<i>Outcome Measures:</i>	<ul style="list-style-type: none"><li>• Increased parent/family and school district knowledge of CDC's What Works in Schools program nationwide.</li><li>• Increased parent/family support of strategies improve mental health and reduce HIV/STI risk behavior among adolescents.<ul style="list-style-type: none"><li>• Increased percentage of adolescents reporting positive mental health behaviors.</li></ul></li><li>• Decreased percentage of adolescents reporting sexual risk behaviors.</li></ul>
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<b>Project Title:</b>	<b>Heart Disease and Heart Valve Disease - National Communication Campaign Capacity</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>National partner organizations and public health systems serving heart disease and HVD at-risk populations through education and awareness activities on heart disease and HVD risks, signs and symptoms, and how to engage with healthcare. These heart disease and/or HVD-focused organizations may engage their priority audiences through their web site and social media, planned publicity events, conferences, and other partnership opportunities. These organizations may be smaller with limited funding and may benefit from increased national visibility on the subject as well as being able to access and leverage available messages, materials, PSAs, advertising and other communication tools produced through this project.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project seeks to create and expand efforts to increase awareness related to heart disease with a focus on heart valve disease. Activities will enhance the capacity of public health systems and partners (local, regional, and national) to develop and deliver health communication messages (and related resources) within a variety of media markets and among a variety of priority audiences and populations including consumers, clinicians, and public health leaders. Additional audience segmentation will emerge during the course of the project. Efforts will also leverage existing CDC heart disease and HVD resources (e.g., fact sheets, social media content, etc.) and expand the number and types of content to include expanded digital (and other forms of paid) media. Capacity building assistance efforts will likely benefit from collaborating with individuals and organizations familiar with heart disease broadly, and HVD specifically. CDC was supported by Abt and Associates in 2023-24 to develop and disseminate HVD messaging and communication resources for individuals at risk for or diagnosed with HVD and for healthcare professionals educating this patient population on risk factors, symptoms, and screening processes. CDC has also initiated partnerships with organizations actively working on HVD education and awareness like the Alliance for Aging Research who leads a Heart Valve Disease Awareness Day and Campaign. This project focus on HVD education and awareness is directed by FY24 funding and appropriations report language and the Cardiovascular Advances in Research and Opportunities Legacy (CAROL) Act.
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division for Heart Disease and Stroke Prevention (DHDSP)
<i>Proposed FY24 Project Funding Total:</i>	\$800,000.00
<i>Funding Appropriation:</i>	FY 2024 Further Consolidated Appropriations Act, P.L. 118-47
<i>Funding Statutory Authority:</i>	Cardiovascular Advances in Research and Opportunities Legacy Act (Public Law 117-224)
<i>Expected Project Length:</i>	3 Years

<i>Recipient Organizational Capacity:</i>	Per the PHIC drafting guidelines, the recipient will be able to conduct information sharing and materials/message development and have existing staff to dedicate time to the project, given the financial support. Expertise in visual/digital communications and paid and earned media is expected. They will also have a reach and expertise to partners who interact with populations who have or at risk for heart and/or congenital health conditions with a focus on HVD, or the ability to subcontract to such a group. Prospective recipients would also benefit from experience scaling and spreading health communication activities. This scale and spread approach may be relative to priority audience, community, or region(s).
<i>Recipient Program Experience:</i>	The recipient organization will have expertise in national media campaigns and communication strategies that reach at-risk populations for heart disease and HVD.
<i>Expectations for Collaboration:</i>	The recipient will be expected to collaborate with CDC to leverage existing efforts and materials and to collaborate with additional partner organizations working on heart disease and HVD education and awareness.
<i>Expected Subcontractual Work and Criteria:</i>	Yes, recipient is preferred to subcontract with private, non-profit partners serving HVD populations to support broader scale and spread of campaign tactics and communication strategies currently deployed on national or large regional level in key audiences. This may be up to \$700,000 during the period of performance.
<i>General Instructions for Use of Funds:</i>	The recipient will be able to spend project funds between Sep 30, 2024, and July 31, 2025. They will not use the funds for federal advisory committees or furnishing products to CDC. To clarify, materials will be made available broadly to heart disease and HVD partners. National visibility efforts through digital media and advertising may be funded. Any meetings or conferences will be ancillary in purpose. The recipient will use funds only for reasonable program purposes such as personnel, travel, supplies, services, communication asset development and placement. They will justify their expenses in their budget narrative (adapted from PHIC guidelines document).
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

<p><i>Activities:</i></p>	<p>The project awardee will collaborate with CDC/DHDSP to develop and implement a communication and media engagement strategy that will increase partner capacity to educate and support people who have or at risk of heart disease with a focus on heart valve disease (HVD). The campaign will also address risk factors and signs and symptoms of heart disease and HVD as well as actions that can be taken to identify and monitor heart disease conditions, with a focus on HVD. Sub-contracting with up to 3 other HVD population serving organizations is highly likely. Key activities will likely include:</p> <ul style="list-style-type: none"> <li>- Develop and implement a channel strategy for campaign messages and activities</li> <li>- Promote awareness related to heart disease and HVD risk factors, signs and symptoms, and key actions for identification and monitoring through broadly accessible digital, paid, and earned media platforms.</li> <li>- Adapt and build on existing heart disease and HVD education and awareness materials and resources as needed to support partner and media engagement activities.</li> <li>- Engage media and partners with a reach of consumers who are at risk for or diagnosed with heart disease with a focus on HVD.</li> <li>- Engage media and partners with a reach of health care professionals in the primary care space with resources that promote awareness, patient education, listening to patient’s hearts and monitoring related to heart disease and specifically HVD.</li> <li>- Outreach to professional associations in primary care and public health to increase accessibility and availability of materials created by a trusted partner.</li> </ul>
<p><i>Process Measures:</i></p>	<ul style="list-style-type: none"> <li>- The development of a communication plan for digital, paid, and earned media.</li> <li>- Development of a performance dashboard to track and analyze campaign activities.</li> <li>- Adaptation and development of nationally available communication and media materials.</li> <li>- Number of partners engaged to scale and spread communication and media materials.</li> </ul>
<p><i>Outputs:</i></p>	<p>Outputs may include:</p> <ul style="list-style-type: none"> <li>- Report on total media impressions and audience engagement.</li> <li>- Report on total numbers of individuals reached with heart disease and HVD messages and resources.</li> <li>- Digital data and analytics related to social media and web.</li> <li>- Report on total numbers of health care professionals reached with HVD messages and resources.</li> <li>- Trend data related to audience channel preferences.</li> </ul>
<p><i>Budget Period Outcomes:</i></p>	<p>Budget period outcomes may include:</p> <ul style="list-style-type: none"> <li>- Usage of national heart disease and HVD assets and strategies by heart disease and HVD partner organizations to raise awareness and educate key audiences on risk factors, signs and symptoms, and engaging healthcare to discuss screening and monitoring.</li> <li>- Increased availability of heart disease and HVD education and awareness media assets and materials for heart disease and HVD partner organizations.</li> <li>- Increased visibility (impressions) and understanding nationally of heart disease conditions with a focus on HVD risks, signs and symptoms, screening and monitoring.</li> <li>- Increased knowledge and capacity (on the part of recipients and partners) to promote heart disease awareness with a focus on HVD awareness.</li> <li>- Increased use of media assets and resources by heart disease and HVD partners.</li> </ul>
<p><i>Outcome Measures:</i></p>	<ul style="list-style-type: none"> <li>- Percent increase from baseline of individual impressions through recipient and partners using heart disease and HVD media assets and resources.</li> </ul>

<b>Project Title:</b>	<b>Increasing Capacity to Implement Community-Based Interventions to Reduce Cancer Risk</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Public health professionals working within community-based organizations to address cancer risk factors</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>The purpose of this project is to gather, synthesize, and package foundational information about cancer risk and prevention that will ultimately be used to empower public health practitioners and community leaders to effectively implement evidence-based prevention strategies to reduce cancer risk. Using a health equity lens, the project will focus specifically on community-based strategies that help to reduce carcinogenic exposures and facilitate healthy behaviors where people are born, grow, work, live, and age.</p> <p>This project builds on past efforts within CDC's Division of Cancer Prevention and Control (DCPC) to inform the prevention work of the division, including conducting literature reviews, interviewing subject matter experts (SMEs), hosting webinars, convening expert meetings, and developing resources to inform public health action. This current project will use similar types of activities to increase understanding within DCPC of the science of cancer risk and prevention and to explore potential policies and practices to address a variety of cancer risk factors. Additionally, the project will incorporate a community-engaged approach to identify effective ways to frame and share information about opportunities to reduce cancer risk.</p> <p>During the first year of the project, we will focus our efforts on information gathering for four main topics:</p> <ol style="list-style-type: none"> <li>1. Stress in adulthood and its association with cancer risk</li> <li>2. Climate change and its intersection with cancer prevention and control</li> <li>3. Toxicology and cancer biology of carcinogenic exposures</li> <li>4. Alcohol use and its association with cancer risk</li> </ol> <p>In subsequent years of the project, we may expand our efforts to encompass other cancer risk factors of interest.</p>
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division of Cancer Prevention and Control (DCPC)
<i>Proposed FY24 Project Funding Total:</i>	\$600,000.00
<i>Funding Appropriation:</i>	Appropriations number 75-24-0948
<i>Funding Statutory Authority:</i>	Public Health Services Act; (PHS) 42 U.S.C. 241, 247(b), 317(k), 301(a), 311, (Note B)
<i>Expected Project Length:</i>	5 Years

<i>Recipient Organizational Capacity:</i>	<p>To conduct the described work, the applicant should have the capacity to complete the following tasks or subcontract the work as needed:</p> <ul style="list-style-type: none"> <li>• Conduct high-level reviews of the peer-reviewed literature (with a focus on review papers and meta-analyses) and provide written summaries of the findings for the CDC project staff.</li> <li>• Host and provide all logistical support for virtual interviews with SMEs.</li> <li>• Conduct qualitative analyses of the findings from the virtual interviews with SMEs.</li> <li>• Host and provide all logistical support for up to 8 webinars, with each webinar lasting approximately 1 hour.</li> <li>• Promote the webinars widely to community-based organizations and the public health workforce.</li> <li>• Host and provide all logistical support for up to 4 workshops featuring SME presentations and group discussions for professional audiences.</li> <li>• Develop and maintain a public-facing online space to house the webinars and other materials created through this project.</li> </ul>
<i>Recipient Program Experience:</i>	<p>To effectively conduct the described work, the applicant should have expertise in implementation science, community-level interventions for chronic disease prevention, health policy, behavioral science, health communication and social marketing, social determinants of health, health equity, and general public health practice. The applicant should also have an understanding of the influence of contextual factors (e.g., policies, systems, and environmental factors) on cancer causation and the prevalence of cancer risk factors. The applicant should have a strong understanding of CDC’s Principles of Community Engagement: <a href="http://www.atsdr.cdc.gov/communityengagement/">www.atsdr.cdc.gov/communityengagement/</a>. The applicant should also demonstrate experience developing public health messages, particularly focusing on cancer prevention and control. Some of the applicant’s proposed staff will need to have experience planning and providing logistical support for virtual and in-person workshops and webinars (unless these activities are subcontracted out).</p>
<i>Expectations for Collaboration:</i>	<p>The recipient will be expected to work closely and collaboratively with the CDC team throughout the life of the project and in the context of each project-related activity. The recipient will be expected to collaborate with subject matter experts internal and external to CDC. The recipient will be expected to work closely with the CDC team to identify and recruit these subject matter experts to actively participate in interviews, webinars, and/or workshops. As described in the section on subcontractual work, the recipient will be expected to collaborate with another organization that has experience and expertise in the use of community-engaged approaches and may subcontract out additional aspects of the work as needed.</p>
<i>Expected Subcontractual Work and Criteria:</i>	<p>The recipient will be expected to subcontract with another organization that has demonstrated experience developing and delivering a community-engaged approach. This subcontract will be critical to the development (year 1) and implementation (year 2) of a strategic plan for a community-engaged approach to the alcohol-related work described in the list of activities and possibly additional community-engaged work in future years of the project. The recipient may subcontract out additional aspects of the work as needed.</p>
<i>General Instructions for Use of Funds:</i>	<p>Some project funds may be used for travel, as needed to accomplish the project activities as described in the project plan.</p>
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	

<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<p>The partnership-related activities will vary across the topics we address. For each topic, activities may include:</p> <ul style="list-style-type: none"> <li>• Developing a strategic partnership plan that outlines opportunities for engaging both existing partners and potential new partner organizations in work on the given topic.</li> <li>• Hosting virtual SME interviews and conducting qualitative analyses of the transcripts to identify key themes.</li> <li>• Hosting webinars and/or workshops (virtual or in-person) for professional audiences that feature presentations by SMEs.</li> <li>• Serving as a liaison between the CDC project team and external SMEs, including activities such as: facilitating communication, scheduling calls and meetings, and soliciting/compiling SME input for the development of communication products (e.g., manuscripts, one-pagers, slides) that may emerge from the project.</li> </ul> <p>For topic 4 (alcohol consumption and cancer risk), year 1 activities also will include the development of a strategic plan for community engagement. CDC’s principles of community engagement are available online at <a href="http://www.atsdr.cdc.gov/communityengagement/">www.atsdr.cdc.gov/communityengagement/</a>. The awardee is expected to engage the communities of focus in the development of the strategic plan itself. In year 2, the alcohol-related activities will focus on the implementation of the strategic plan developed in year 1. We anticipate that the plan may include stratification by demographic characteristics such as rural/urban, race and ethnicity, age, gender, and education or household income that would help to address relevant health disparities within the given community. The following paper provides an example of a community-engaged approach to message development and dissemination:</p> <p>Norman N, Bennett C, Cowart S, et al. Boot camp translation: a method for building a community of solution. <i>J Am Board Fam Med.</i> 2013; 26(30):254-63.</p> <p>Others have summarized Norman et al.’s work (e.g., Gautom P, Escaron AL, Garcia J, et al. Developing patient-refined colorectal cancer screening materials: application of a virtual community engagement approach. <i>BMC Gastroenterology.</i> 2023;23:179.).</p> <p>Using a health equity lens, the strategic plan should identify which sociodemographically distinct communities the awardee plans to work with and why, identify the demographic characteristics by which they will stratify, and describe in detail how the awardee will:</p> <ol style="list-style-type: none"> <li>1) Use the principles of community engagement to create messages about       <ol style="list-style-type: none"> <li>a. The link between alcohol use and risk for various cancer types.</li> <li>b. The health benefits, at both the individual and community level, of drinking less alcohol, including reduced cancer risk.</li> <li>c. The evidence-based, community-level strategies shown to reduce alcohol consumption.</li> </ol> </li> <li>2) Use the principles of community engagement to create dissemination strategies for such messages, including communication channels, appropriate messengers, etc.</li> </ol>

<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Number of potential new partners identified</li> <li>• Number of SME interviews scheduled and completed</li> <li>• Numbers of webinars and workshops scheduled and completed</li> <li>• Identification of demographic characteristics by which the alcohol-related activities for community engagement will be stratified</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• A written strategic plan for partner engagement</li> <li>• Summary reports from the qualitative analyses of up to four series of virtual interviews with SMEs (9 or fewer interviews per topic) about the topic areas of focus for Year 1.</li> <li>• Up to eight webinars featuring SME presentations related to the four topic areas of focus for Year 1.</li> <li>• Up to four workshops featuring SME presentations and group discussions for professional audiences.</li> <li>• A written strategic plan for community engagement, using a health equity lens, that describes in detail how the awardee will:             <ol style="list-style-type: none"> <li>1) Use the principles of community engagement to create messages about:                 <ol style="list-style-type: none"> <li>a. The link between alcohol use and risk for various cancer types.</li> <li>b. The health benefits, at both the individual and community level, of drinking less alcohol, including reduced cancer risk.</li> <li>c. The evidence-based, community-level strategies shown to reduce alcohol use.</li> </ol> </li> <li>2) Use the principles of community engagement to create dissemination strategies for such messages, including communication channels, appropriate messengers, etc.</li> </ol> </li> </ul>
<i>Budget Period Outcomes:</i>	<p>Increased partner engagement in work on the topics of interest for year one:</p> <ul style="list-style-type: none"> <li>o Stress in adulthood and its association with cancer risk</li> <li>o Climate change and its intersection with cancer prevention and control</li> <li>o Toxicology and cancer biology of carcinogenic exposures</li> <li>o Alcohol use and its association with cancer risk</li> </ul>
<i>Outcome Measures:</i>	Measured increases in partner engagement on the topics of interest by the end of the budget period.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<p>The policy- and programs-related activities will vary across the topics we address. For each topic, activities may include:</p> <ul style="list-style-type: none"> <li>• Conducting and summarizing the findings from high-level reviews of the peer-reviewed literature, with a focus on review papers and meta-analyses.</li> <li>• Conducting environmental and policy scans to identify relevant policies, public health campaigns, research findings that provide new insight into cancer risk (e.g., emerging research on the link between different levels of alcohol use and health outcomes; new findings about the link between social connectedness and health outcomes), and other significant national or global events (e.g., the COVID-19 pandemic) that may have had an important influence on cancer risk factors (e.g., alcohol use) over time.</li> <li>• Developing resources, including communication materials, for professional audiences and/or the general public.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Draft list of review papers and meta-analyses on the topics of focus</li> <li>• Draft list of potential resources that could be developed on the topics of focus</li> </ul>

<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Summary reports from up to four high-level reviews of the peer-reviewed literature related to the four topic areas of focus for Year 1 (one review/summary per topic).</li> <li>• Summary reports from up to four environmental and policy scans.</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Increased awareness and understanding of the state of the science on links between stress in adulthood and risk and progression of various cancer types.</li> <li>• Increased awareness and understanding of the state of the science on how climate change intersects with cancer prevention and control.</li> <li>• Increased awareness and understanding of the latest science on toxicology and cancer biology.</li> <li>• Increased awareness and understanding about the link between alcohol use and cancer risk and community-level strategies to decrease alcohol use (e.g., limiting alcohol outlet density).</li> <li>• Increased awareness and understanding of policies, public health campaigns, research findings that provide new insight into cancer risk, and other national or global events that may have had an important influence on cancer risk factors over time.</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• Increases in interest among community-based organizations in programmatic activities related to the topics of focus.</li> </ul>

<b>Project Title:</b>	<b>Million Hearts: Preventing Hearts Attacks and Strokes with Community Health Centers</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Physicians</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	The purpose of this project is to work with and through physicians to prevent heart attacks and strokes. Through this project we want to discover and develop new tools and strategies needed to improve performance on cardiovascular disease prevention, especially among patient populations of focus (e.g., pregnant and postpartum women with hypertension, people from racial/ethnic minority groups, people with lower incomes, and people who live in rural areas or other 'access deserts.').
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division for Heart Disease and Stroke Prevention (DHDSP)
<i>Proposed FY24 Project Funding Total:</i>	\$850,000.00
<i>Funding Appropriation:</i>	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
<i>Funding Statutory Authority:</i>	Sec. 301(a) of the Public Health Service Act (42 U.S.C. 241(a)); Sec. 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2)) and Patient Protection and Affordable Care Act, 2010 (P.L. 111-148)
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	The applicant should have the ability to develop resources to improve the quality of care provided at primary care practices, including community health centers, to prevent heart attacks and strokes. The applicant should have expertise in knowing the care processes involved in the delivery of quality cardiovascular disease preventive services (e.g., systematic protocol use, medication intensification, medication adherence, delivery of care in partnership with pharmacists and community health workers, population health management systems, and other types of care processes). Knowledge of how primary care teams can leverage health information technology solutions, electronic health record data, and tools to automate communication with patients is required. Finally, the applicant needs the ability to work strategically with public and private partners to align national efforts to improve cardiovascular health outcomes.
<i>Recipient Program Experience:</i>	The applicant should have experience working with primary care practices, including community health centers, and know how they operate with the support care networks (e.g., primary care associations, health center controlled networks, and other public and private partners) to provide quality cardiovascular disease preventive services. Experience applying implementation science is a requirement. Experience developing new and innovative approaches to resolve issues in care processes is also requested. Ideally, the applicant would be familiar with Million Hearts® evidence-based strategies, data metrics, quality improvement resources (e.g., Million Hearts® change packages) and other translational and implementation science activities.

<i>Expectations for Collaboration:</i>	Collaboration with CDC is expected, especially in the development and analysis of priorities and evaluation of impact. Additionally, recipient would be expected to collaborate with other public health partners working on similar quality improvement projects or initiatives. CDC has historically worked successfully with the National Association of Community Health Centers (NACHC), primary care associations, health center controlled networks, and community health centers to produce outcomes that align with the aim of this project. Additional potential partners may include women's health care providers, population health management product developers, patient engagement platforms, and with other federal agencies (e.g., Health Resources and Services Administration). Collaboration with Million Hearts Partners, at large, is also expected (e.g., Million Hearts Partner Calls, Million Hearts learning platforms, etc.).
<i>Expected Subcontractual Work and Criteria:</i>	Applicant is expected to provide national oversight and support to the project. Subcontracts with primary care networks, including health center control networks and primary care associations, and possibly individual practices or health centers, may be necessary to test innovative solutions and develop resources that may be shared with other partners. It may also be appropriate to subcontract for evaluation, writing, media development, and/or other support activities.
<i>General Instructions for Use of Funds:</i>	Funds should be used to develop and test new tools and strategies that can be used to improve performance on cardiovascular disease prevention indicators of progress. It is reasonable for some funds to be devoted to supporting national organizations and/or health centers, health center controlled networks, and primary care associations to test systems. Travel is permissible but should be minimized for maximum impact. Funding to support resource development and communication activities is permissible.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Develop an annual action plan and evaluation plan with CDC to outline the focus for the upcoming year's activities, target goals, and data to be collected to ensure goals are met (e.g., LDL messages from labs, patient text messaging platforms)</li> <li>• Test the use of electronic health record systems and automated communication platforms to improve performance on clinical quality measures as deemed appropriate and timely.</li> <li>• Discover and develop new tools and strategies needed to improve performance on the ABCS of cardiovascular disease prevention, especially among patient populations of focus (e.g., pregnant and postpartum women with hypertension, people from racial/ethnic minority groups, people with lower incomes, and people who live in rural areas or other 'access deserts.')</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• # of primary care networks engaged in testing new tools or strategies</li> <li>• # of patients reached and impacted</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Report on discoveries made from testing new tools or strategies.</li> <li>• Data showing the impact of automated communication platforms and other outreach resources on patient engagement indicators of interest.</li> <li>• Development of new tools and/or strategies</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Increased implementation of existing and emerging Million Hearts® practice-based or evidence-informed strategies to prevent heart attacks and strokes</li> <li>• Increased patient engagement in their cardiovascular disease preventive care</li> <li>• Improved efficiency in the delivery of clinical guideline-recommended cardiovascular disease preventive care</li> </ul>

<i>Outcome Measures:</i>	• Hundreds of thousands of patients benefit from receiving increased delivery of clinical guideline-recommended cardiovascular disease preventive care
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<b>Project Title:</b>	<b>Training Decision-Makers to Increase Physical Activity Through Community Design</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>State and local affiliates (including YMCA affiliates) and decision-makers who develop policies, plans and systems that affect physical activity, transportation, land use and healthy community design planning. State and local champions (including YMCA affiliates) who educate decisionmakers and communities on the policies, programs, and practices supportive of physical activity, active transportation and healthy community design planning.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>This project will support national partnership efforts across public health and other sectors to support the goals of Active People, Healthy Nation to increase implementation of equitable and inclusive evidence-based strategies that support physical activity.</p> <p>This project will support the equitable implementation of transportation and land use policies, systems, and environmental changes to increase physical activity through community design. The goal of this project is to support state, local, and tribal decision-makers and professionals from transportation, land use planning, housing and economic development, public transit, and parks and recreation to partner with public health practitioners. This project should align/support the Division of Nutrition, Physical Activity, and Obesity’s priority strategy – community design for physical activity. It should also <del>include</del> These cross-sectoral partnerships are intended to implement land use and transportation policies, plans, and programs, system changes, and environmental changes to increase equitable access to places for safe physical activity.</p> <p>The project will support the analysis of existing data and development of a series of complimentary products to the State Report Cards on Support for Walking, Bicycling, and Active Kids and Communities (2022 State Report Cards   Safe Routes Partnership) that aligns with Division of Nutrition, Physical Activity, and Obesity’s (DNPAO’s) priority strategy – community design for physical activity – and builds the capacity of practitioners and decision makers involved in transportation policies, plans and system changes. It should also reinforce significant national public health policy statements supporting walking, including the Surgeon’ General’s Call to Action to Promote Walking and Walkable Communities and the Physical Activity Guidelines for Americans. The State Report Cards are updated biannually with data from all 50 states and are used to educate practitioners and decision makers about the importance of policies and practices that support activity-friendly communities, and to help guide planning and decision-making. Complimentary products provide a more in-depth analysis on specific indicators or topics in the State Report Cards. These are developed in off years in collaboration with CDC to support uptake of the Report Cards, and to build capacity of states to plan and make decisions based on data to create activity-friendly communities (e.g., trend analyses on indicators, success stories/state profiles of how the Report Card was used to inform changes, etc.).</p> <p>Through the development of these products and related efforts, the recipient will be expected to facilitate collaborations to support Active People, Healthy Nation and its network. The recipient will be asked to support or contribute to efforts to build awareness and support for Active People, Healthy Nation with routine communications, networking, and strategic engagement.</p>
<i>CIO:</i>	NCCDPHP

<i>Division/Branch/Office /Unit:</i>	Division of Nutrition, Physical Activity, and Obesity (DNPAO)
<i>Proposed FY24 Project Funding Total:</i>	\$699,000.00
<i>Funding Appropriation:</i>	75-24-0948
<i>Funding Statutory Authority:</i>	Public Health Service Act , Title 42, Sections 307 and 301 U.S.C. 241I and 241 (a).
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	<p>The applicant must show significant organizational experience and knowledge in promoting healthier communities, be a nationally recognized leader in the areas of physical activity and healthy communities, have long-standing credibility and relationships in communities throughout the country, have credibility with the intended target audiences and identified collaborators, and have locations throughout the nation.</p> <p>The applicant should demonstrate a proven track record in successful program management, meeting program goals, and advancing healthier communities. The applicant must have an established network of state affiliates with a coordinated engagement strategy aligned with the applicant’s national strategy. The organization must have an existing portfolio and efforts in promoting physical activity and promoting healthier communities focused on promoting safe and accessible places for physical activity through community design.</p> <p>The organization should have credibility among national organizations working to promote evidence-based physical activity strategies as well as credibility among state and local decision-makers, as well as public health, land use planning and transportation professionals, with experience working with other sectors.</p> <p>The organization must have experience in advancing policy and system change at local, state, tribal, and national levels, catalyzing support for healthy communities (i.e., housing, zoning, planning, land use, economic development, transportation), addressing equity issues in land use policies and regulations, addressing equity issues in active transportation, and have extensive expertise working with communities to improve support for walking, bicycling, or taking transit to essential destinations like homes, workplaces, schools, parks, health care or food outlets. The organization must have experience and expertise in providing actionable recommendations that state and local decision makers can use to upend the status quo and build a transportation system that helps make more people healthier.</p> <p>The organization must have experience in promoting and building the capacity within states and communities for sustainable, equitable, walkable development. The organization must have experience creating and disseminating resources and tools needed to drive change in development and mobility policies in communities. The organization must understand the importance of affordable housing, the need for vibrant local economies, and how to affordably connect people to jobs and services.</p> <p>The organization must have at least five years of experience successfully engaging local and/or state public health, transportation and land use planning officials or practitioners to address active transportation and land use issues.</p> <p>The organization should have capacity to engage with state and local</p>

	<p>decisionmakers and state and local public health, planning and transportation professionals. An established capacity of working with decisionmakers and champions at state and local levels to use data from The State Report Cards and related tools to make changes to policies, programs, and practices that support community designs that can improve physical activity is required. The organization should have the capacity to understand, interpret, and translate The State Report Card and/or similar reports into user friendly communication products and resources such as social media posts, fact sheets, toolkits.</p> <p>The organization should have a proven track record in successful program management, meeting program goals, and advancing policy, system and environment supports that support walking, physical activity, and active living.</p> <p>Organizational capacity to manage complex projects, including project, budget and personnel planning is required. Organizational capacity to manage complex projects, including project, budget, and personnel planning is required.</p> <p>The organization should have full knowledge and understanding of CDC chronic disease funded programs that include physical activity and health interventions and approaches. The organization should also be knowledgeable in program evaluation and the use of evaluation results in program development.</p>
<p><i>Recipient Program Experience:</i></p>	<p>The applicant must show significant experience and knowledge in promoting physical activity and in promoting healthier communities with an emphasis on policies and plans to improve community design for safe and accessible physical activity opportunities. The applicant must show significant experience as a recognized leader in these areas, have long standing credibility and relationships at the national level and in communities throughout the country, have credibility with the intended audience and identified collaborators, have internal core capacity needed for the project, have existing connections to national organizations working in these areas, and experience supporting national and local coalitions for physical activity and healthier communities.</p> <p>The applicant should demonstrate experience in engaging with, and building on, the capacity of state and local affiliates to support policy, systems and environment changes to improve walking and biking, and community design to promote physical activity.</p> <p>The applicant should demonstrate experience working with safe routes to school programs/efforts to create technical assistance products and state report cards to support the work of state and local health departments, Y state affiliates and DNPAO recipients.</p> <p>The applicant should demonstrate experience working with state and local decision-makers and practitioners in transportation and land use to create technical assistance products and reports focused on state or local data highlighting dangerous road designs to support the work of state and local health departments, Y state affiliates and DNPAO recipients.</p>

<p><i>Expectations for Collaboration:</i></p>	<p>The organization will ensure appropriate experts are identified and available to provide subject matter expertise to project teams throughout the project period related to the topic(s) identified for complimentary products and to ensure the products developed will meet the needs of, and build the capacity of, the audience to promote and implement policies, systems and plans that create activity-friendly communities. These experts should have extensive experience in the areas of walking and walkability, active transportation planning, active living environments, planning efforts to integrate health into metropolitan planning strategies, and possible others including smart growth planning strategies, form-based codes, and other land use plans and regulations. These experts should have experience in providing expert assistance to a variety of fields for policy, systems, and environmental supports to increase physical activity through community design. The applicant should engage and collaborate with DNPAO-funded recipients to support implementation of policy, systems, and environmental changes to increase safe access to places to be active to maximize recipient impact. The applicant is expected to maintain, and establish where appropriate, collaborations with partners through Active People, Healthy Nation.</p>
<p><i>Expected Subcontractual Work and Criteria:</i></p>	<p>To the degree that specific content expertise required to effectively conduct the work described above does not exist within the applicant’s organization, sub-contractual activities are allowed. It is expected sub-contractual activities will be limited to such areas as additional subject matter experts to analyze existing data, develop content to support the production of the products, conduct trainings or webinars or develop other resources to support increasing physical activity through community design. The sub-contractor shall have extensive experience in areas of walking and walkability, active transportation and land use planning and policy implementation. The sub-contractor shall have existing capacity and expertise in order to provide immediate support for the tasks. The sub-contractor should be familiar with and have experience with providing trainings and developing products to guide equitable implementation of transportation and land use strategies to promote physical activity among DNPAO-funded recipients.</p> <p>Potential sub-contractor for activities related to supporting the analysis of existing data and development of a series of complimentary products to the State Report Cards on Support for Walking, Bicycling, and Active Kids and Communities (2022 State Report Cards   Safe Routes Partnership) must have experience developing and disseminating tools and resources to state and local decisionmakers and state and local champions who educate decisionmakers and communities on the policies, programs, and practices supportive of active transportation and healthy community design planning that can increase physical activity. The organization should have capacity to engage with state and local decisionmakers and state and local public health, planning and transportation professionals. An established capacity of working with decisionmakers and champions at state and local levels to use data from The State Report Cards and related tools to make changes to policies, programs, and practices that support community designs that can improve physical activity is required. The organization should have the capacity to understand, interpret, and translate The State Report Card and/or similar reports into user friendly communication products and resources such as social media posts, fact sheets, toolkits. The organization must have experience in advancing policy change at local, state and national levels, catalyzing support for healthy community designs that can improve physical activity, have a commitment to equity in active transportation and community planning, and have extensive expertise in working with communities to improve support for walking and bicycling to essential destinations like schools and parks. The organization must have experience in promoting and building the capacity within states and communities for sustainable, equitable, walkable development. The organization must have</p>

experience creating and disseminating resources and tools needed to drive change in transportation policies and programs in communities. The organization must have at least five years of experience successfully engaging local and/or state transportation and planning officials or practitioners to address non-motorized transportation and land use issues. The organization must have appropriate experts identified and available to provide subject matter expertise throughout the project period. These experts should have extensive experience in the areas of walking and walkability, healthy community design to support physical activity, Complete Streets and active transportation policy and planning, federal and state active transportation funding, and Safe Routes to School funding and supportive practices. These experts should have experience in providing expert assistance to a variety of fields for policy, system and environmental supports to increase physical activity through community design. Safe Routes Partnership has historically been funded to support this type of activity at approximately \$175,000.

Potential sub-contractor for activities related to supporting the equitable implementation of transportation and land use policies, systems, and environmental changes to increase physical activity through community design must have experience designing and delivering resources and highly successful training and technical assistance to community and state leaders. The organization must have experience in developing practice-based resources and tools to create action in states and local communities to increase physical activity through community design and address barriers to safe physical activity. The organization must have experience in advancing policy and system change at local, state, tribal, and national levels, catalyzing support for healthy communities (i.e., housing, zoning, planning, land use, economic development, transportation), addressing equity issues in land use policies and regulations, addressing equity issues in active transportation, and have extensive expertise working with communities to improve support for walking, bicycling, or taking transit to essential destinations like homes, workplaces, schools, parks, health care or food outlets. The organization must have experience and expertise in providing actionable recommendations that state and local decision makers can use to upend the status quo and build a transportation system that helps make more people healthier. The organization must have experience in promoting and building the capacity within states and communities for sustainable, equitable, walkable development. The organization must have experience creating and disseminating resources and tools needed to drive change in development and mobility policies in communities. The organization must understand the importance of affordable housing, the need for vibrant local economies, and how to affordably connect people to jobs and services. The organization must have easy access to relevant data to update resources (e.g., Dangerous by Design) and have the expertise to analyze data and develop products to promote data-driven approaches to transportation and land use policies that promote physical activity. The organization must have experience developing and disseminating tools and resources (e.g., Dangerous by Design, in-person and virtual trainings) to state and local decisionmakers and state and local champions who educate decisionmakers and communities on the policies, programs, and practices supportive of active transportation and healthy community design planning that can increase physical activity. Representative subject matter experts from the organization should have, at minimum, 5 years prior experience supporting states and local communities to increase physical activity through community design. The representative subject matter experts from the organization must include expertise in the following areas: active transportation and land use development policies and strategies, local/regional/state/Federal funding for active transportation, equity in active transportation and land use development, land use planning, community engagement, and coalition development. The organization should have established ties and excellent relationships with recognized experts

	<p>in the transportation and land use planning fields as well as emerging leaders in those fields; show evidence of having an established track record in supporting states and communities to develop, or improve, active living environments through transportation policies, comprehensive planning, form-based codes, and other land use plans and regulations; have full knowledge and understanding of CDC chronic disease funded programs that address built environment/ community design interventions and approaches to increase physical activity; and, should also be knowledgeable in program evaluation and the use of evaluation results in program development. Smart Growth America has historically been funded to support these activities at approximately \$400,000.</p> <p>Sub-contracted organizations must support activities related to Active People, Healthy Nation.</p>
<i>General Instructions for Use of Funds:</i>	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and prioritize activities in the workplan. Funds may be used for necessary labor, materials, travel, subcontracts, and other appropriate direct and indirect costs associated with the project and project outcomes. Funds may not be used for research. To the degree that specific content expertise required to effectively conduct the work described above does not exist within the applicant's organization, sub-contractual activities are allowed.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>

<p><i>Activities:</i></p>	<ol style="list-style-type: none"> <li>1) Support national partnership efforts across public health and other sectors to support the goals of Active People, Healthy Nation to increase implementation of equitable and inclusive evidence-based strategies that support physical activity.</li> <li>2) Promote Active People, Healthy Nation resources on communication platforms for the funded organizations state and regional affiliates to include YMCAs (e.g., newsletters, social media, podcasts, blog posts, web materials, presentations, public discourse).</li> <li>3) Document community economic impacts of building youth access to physical activity in support of Active People, Healthy Nation through videos, data, and success stories.</li> <li>4) Engage partners across sectors with government and non-governmental organizations to promote Active People, Healthy Nation.</li> <li>5) Promote Active People, Healthy Nation with other CDC programs with which the funded organization works.</li> <li>6) Collaborations to support Active People, Healthy Nation and its network, a network of organizations dedicated to promoting Active People, Healthy Nation as a national movement.</li> <li>7) Promote Active People, Healthy Nation among the funded organizations' network and member affiliates in routine communications, networking, and strategic engagement.</li> <li>8) Promote Active People, Healthy Nation resources in newsletters, blog posts, podcasts, social media, web materials, presentations, etc.</li> <li>9) Support communities who are interested in Active People, Healthy Nation proclamations with DNPAO funded recipients and other local, state, and Tribal jurisdictions working to increase physical activity through community design.</li> <li>10) Participate in Active People, Healthy Nation national funded partner network meetings and Roundtable meetings.</li> <li>11) Participate in PAPREN meetings.</li> <li>12) Promote and disseminate products developed as well as resources (e.g., tools, trainings, reports) available from DNPAO, Active People, Healthy Nation partners in coordination with DNPAO and where applicable with Active People, Healthy Nation partners.</li> </ol>
<p><i>Process Measures:</i></p>	<ul style="list-style-type: none"> <li>• Representative(s) identified to participate in the Physical Activity Alliance partner meetings. (Relates to Activity 1)</li> <li>• At least 2 success stories, blogs, or other resources highlighting the community economic impacts of building youth access to physical activity. (Relates to Activity 3)</li> <li>• Representative(s) identified to participate in the Active People, Healthy Nation national funded partner network meetings (3 times per year) and Roundtable meetings (3 times per year).</li> <li>• Reference Active People, Healthy Nation in any communication platforms/public discourse at least 40 times: averaging once per week.</li> <li>• At least 2 earned media story on partner activities related to Active People, Healthy Nation.</li> <li>• At least 5 Active People, Healthy Nation proclamations.</li> <li>• Share Active People, Healthy Nation promotional activities at the Active People, Healthy Nation roundtable (3 times per year) and Active People, Healthy Nation national funded partner network (3 times per year) to facilitate peer sharing.</li> <li>• 100% of new and updated developed products branded with Active People, Healthy Nation.</li> <li>• 100% of promotional activities for new and updated products tied to Active People, Healthy Nation.</li> <li>• At least 3 success story highlighting impact of funded organization's work supporting Active People, Healthy Nation.</li> <li>• Participate in at least six PAPREN related meetings a year.</li> </ul>

<p><i>Outputs:</i></p>	<p>Reference Active People, Healthy Nation in any communication platforms/public discourse relevant to developed products and where CDC funding provided support as follows:</p> <ul style="list-style-type: none"> <li>- Include the "Active People, Healthy Nation<sup>SM</sup>" and Active People, Healthy Nation design element.</li> <li>- Include #ActivePeople on social media.</li> </ul> <p>Communication plan that details how Active People, Healthy Nation resources will be promoted in communications platforms/public discourse.</p> <p>Develop Active People, Healthy People messages as part of the organization's communication plan and disseminate existing Active People, Healthy Nation messages.</p> <p>Plan to support communities who are interested in Active People, Healthy Nation proclamations with constituencies.</p> <p>Materials (E.g., website, newsletters, social media, reports, blog posts, success stories) that include the Active People, Healthy Nation design element.</p> <p>Documentation that partner resources and/or recipient work was promoted in social media, on websites, in trainings, meetings, etc.</p> <p>Documentation that Active People was promoted with other CDC programs with which the funded organization works.</p> <p>Documentation that community economic impacts of building youth access to physical activity support in support of Active People.</p> <p>Documentation of national partnership efforts across public health and other sectors to support the goals of Active People to increase implementation of equitable and inclusive evidence-based strategies that support physical activity.</p> <p>Documentation that Active People and/or CDC funding was acknowledged appropriately.</p> <p>Documentation of Active People, Healthy Nation proclamations.</p> <p>Success stories.</p> <p>Participate in PAPREN related meetings.</p>
<p><i>Budget Period Outcomes:</i></p>	<p>Increased engagement with Active People, Healthy Nation partners.</p> <p>Increased population coverage for Active People, Healthy Nation proclamations.</p>
<p><i>Outcome Measures:</i></p>	<p>Expand by 50% the number of impressions on Active People, Healthy Nation resources (e.g., CDC developed or supported products, Active People, Healthy Nation partner products) in newsletters, blog posts, podcasts, social media, web materials, presentations, etc.</p>
<p><b>Strategic Area:</b></p>	<p><b>Policy and Programs</b></p>
<p style="text-align: center;"><b>Strategic Area Details</b></p>	

<p><i>Outcomes:</i></p>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas</p>
<p><i>Activities:</i></p>	<ol style="list-style-type: none"> <li>1) Develop complimentary biannual products in collaboration with CDC that support uptake of the State Report Cards on Support for Walking, Bicycling, and Active Kids and Communities (2022 State Report Cards   Safe Routes Partnership), support capacity of states to improve scores in future years, and/or identify the need for this tool among users. Products may include trend analyses on specific indicators from existing data, and success stories/state profiles of how the Report Card was used to inform changes, etc. The products developed fill a gap in knowledge based on observations and input from subject matter experts in public health, transportation, land use, and state decision makers.</li> <li>2) Implement a continuous quality improvement process to inform the State Report Cards and the complimentary products to ensure they address the capacity building assistance needs of the audience</li> <li>3) Collaborate with CDC to develop resources, trainings, and/or other activities to support equitable implementation of land use and transportation plans and policies to improve community design for PA, including in rural and/or tribal settings and other communities affected by disparities in ability to access safe opportunities for physical activity. These may include activities such as:       <ol style="list-style-type: none"> <li>a) Provide subject matter expertise on embedding transportation and land use plans and policies to create communities designed to support safe and accessible physical activity opportunities into state and local jurisdiction infrastructure to align with a variety of existing Federal, state funding sources and DNPAO's strategic priorities.</li> <li>b) Develop system level resources that all states/health departments can use including but not limited to trainings, model policy statements, white papers, and communication tools</li> <li>c) Provide peer to peer learning opportunities (virtual, in person as the budget allows)</li> <li>d) Supporting communities who are interested in developing Active People, Healthy Nation Action Plans.</li> </ol> </li> <li>4) Engage subject matter experts and end-users of the development of new and updated resources, including DNPAO funded recipients.</li> <li>5) Compile and analyze existing data (e.g., Dangerous by Design) and update trainings to inform data-driven decision-making to support safe and equitable access to physical activity, such as data on the most dangerous places for people walking in the United States.</li> <li>6) Develop and finalize a plan to evaluate the population reach, impressions, and related metrics of the new and updated resources, data products, and trainings (e.g., map, report).       <ol style="list-style-type: none"> <li>a) Provide a summary report describing the reach of the new and updated resources, trainings, and other activities, including any demographic characteristics.</li> </ol> </li> <li>7) Promote and disseminate new and updated resources, training or other activities through social and other modes of communication to the applicant's partners, and DNPAO's funded recipients.</li> <li>8) Ensure updated products are promoted and accessible to DNPAO-funded recipients and Active People, Healthy Nation partners.</li> <li>9) Collaborate with CDC on population coverage of Complete Streets policy adoption and implementation to ensure data are timely and relevant to inform state and community actions.</li> </ol>

<p><i>Process Measures:</i></p>	<ul style="list-style-type: none"> <li>• Number of relevant and actionable indicators that most states need to make improvements in to advance community design to increase physical activity (relates to Activities 1 – 2)</li> <li>• The products contain high quality data, contextual stories and information needed to influence state decision-makers based on the indicators selected for the products. (relates to Activities 1 – 2)</li> <li>• 100% of DNPAO recipients and Active People, Healthy Nation partners receive a link promoting the release of the complimentary biannual products (relates to Activities 1 – 2)</li> <li>• Complimentary biannual products distributed via newsletter, webinars, etc to 100% of the jurisdictions with data represented within the products. (relates to Activities 1 – 2)</li> <li>• Number of resources, including data indicators, technical assistance and trainings, that need to be updated to build capacity of state and local decision-makers and land use planning and transportation professionals to partner with public health practitioners to implement strategies to increase equitable access to places for physical activity. (relates to Activities 3-9)</li> <li>• Completed review on updated data and relevant resources for updated data and training products. (relates to Activities 3-9)</li> <li>• The number and type of new and updated analyses of existing data, training and resources developed by audience type (relates to Activities 3-9)</li> <li>• The number and type of engagement opportunities by audience (e.g. transportation practitioners, land use practitioners, public health department staff) (relates to Activities 3-9)</li> <li>• Quality of contextual stories, data, and information needed to influence state and local decision-makers based on the indicators selected for the products. (relates to Activities 3-9)</li> <li>• At least one mode of dissemination and promotion identified for each new and updated resource (relates to Activities 3-9)</li> <li>• 100% of DNPAO recipients and Active People, Healthy Nation partners receive a link promoting the release of the new and updated resources (relates to Activities 3-9)</li> <li>• At least one activity included in the dissemination plan to engage DNPAO-funded recipients around using updated data and resources. (relates to Activities 3-9)</li> </ul>
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<p><i>Outputs:</i></p>	<ul style="list-style-type: none"> <li>• Identify indicators from the State Report Card that are appropriate for supplementary products with findings from analyses of existing data (e.g., state subsets, trend analyses) in collaboration with CDC. (Relates to Activities 1-2)</li> <li>• Provide monthly updates on the progress to finalize the complimentary biannual products. (Relates to Activities 1-2)</li> <li>• Develop an outline for each complimentary product, including the audience for the products, the action(s) a state can take related to the indicator(s) highlighted in the product. (Relates to Activities 1-2)</li> <li>• Complimentary biannual products (~6) that support uptake of the Report Cards, support capacity of states to improve scores in future years, and/or identify the need for this tool among users, such as trend analyses on specific indicators using existing data, and success stories/state profiles of how the Report Card was used to inform changes. (Relates to Activities 1-2)</li> <li>• Continuous quality improvement process (Relates to Activities 1-2)</li> <li>• Summary of results from the continuous quality improvement process (Relates to Activities 1-2)</li> <li>• Dissemination and promotion plan developed in conjunction with CDC/DNPAO for products developed (Relates to Activities 1-2)</li> <li>• Identify and develop in collaboration with CDC, at least 2 resources or activities to support equitable implementation of land use and transportation plans and policies for communities affected by disparities in accessing safe opportunities for physical activity. These resources may include updated reports from existing data (e.g. Dangerous by Design), resources, tools, and trainings. (relates to Activities 3-9)</li> <li>• Develop an outline for each new resource, tool or training, or a brief summary of the resource, etc to be updated, including the audience for the resource, in collaboration with CDC. (relates to Activities 3-9)</li> <li>• Draft and final evaluation plan that is inclusive of each updates and/or new resources (relates to Activities 3-9)</li> <li>• Report summarizing the findings from the evaluation (relates to Activities 3-9)</li> <li>• Dissemination and promotion plan (relates to Activities 3-9)</li> <li>• At least 2 success stories (relates to Activities 3-9)</li> <li>• Documentation that data products and related trainings and resources are promoted on social media, websites, trainings, meetings, etc., including with CDC recipients.</li> <li>• Documentation that Active People, Healthy Nation and/or CDC funding was acknowledged as appropriate.</li> <li>• Provide monthly updates on the progress</li> </ul>
<p><i>Budget Period Outcomes:</i></p>	<p>Increased availability of data for state and local decisionmakers on how to improve programs, policies, and practices within their state to support healthy community design for physical activity.</p> <p>Improved capacity of state, local, and tribal decision-makers and land use planning and transportation professionals to use data and information on best practices/evidence to implement strategies to increase equitable access to places for physical activity.</p> <p>Increased development of quality action plans by individuals or teams (especially communities experiencing health disparities by income, geography and/or race/ethnicity).</p> <p>Improved coordination and communication within and among states and local jurisdictions related to strategies to improve community design to support physical activity.</p>

<i>Outcome Measures:</i>	<p>Number of hits on the State Report Card and related products posted on the website increases by 25%.</p> <p>10% of Active People, Healthy Nation action plans that cite or reference resources highlighted by this project.</p> <p>Number of hits on the Dangerous by Design, Complete Streets coverage or similar products posted on the website increases by 25%.</p>
<b>Strategic Area:</b>	<b>Workforce</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	<p>Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>

*Activities:*

Design, implement, and manage at least two trainings, such as Champions' Institute or Complete Streets Academy, each with state or local elected officials and representatives from state departments of transportation (DOTs), state health partners, select localities within the state, and transportation and land use planning professionals/practitioners to support increasing physical activity through healthy community design.

- The trainings should bring together DOT and planning professionals, DNPAO-funded recipients, or DNPAO-approved public health participants within a state to tailor land use planning and development and transportation strategies to increase equitable access to activity-friendly communities.

- The trainings should support leaders and decision makers on federal, state, and local levels in identifying funding for transportation and land use projects and taking action to increase physical activity through community design.

- Engage subject matter experts as appropriate to participate in developing and implementing the trainings

Promote the development and implementation of Active People, Healthy Nation action plans as appropriate to support participants in addressing at least one barrier to healthy community design, to implement activity-friendly routes to everyday destinations within their communities, and/or to secure federal, state, and local funding for projects to increase physical activity through community design. Action plans must be developed in coordination with DNPAO/CDC to support Active People, Healthy Nation. Action plans can be used to support evaluation.

Support Active People, Healthy Nation<sup>SM</sup> through promotion of Active People, Healthy Nation resources in training sessions and other outlets including newsletters, blog posts, podcasts, social media, web materials, presentations, and more.

Design, implement and manage a post-training continuous quality improvement process to inform all the training curriculums to ensure they address the capacity building assistance needs of participants. The CQI process will be developed in collaboration with CDC/DNPAO and tailored to the specific issues addressed by the participants in each training. The results of the CQI will be used to inform revisions and updates to the curriculums, materials, training formats, or other aspects of the trainings.

Develop a report summarizing the results of the post-training continuous quality improvement process for each training. The report should summarize process and outcome findings, including if the training achieved its goals (outcomes) and how and why these outcomes were achieved (process). The final report must describe the training's services, activities, policies, and procedures and where improvements can be made for future trainings. The final report must describe pre- and post-outcomes specific to each training, which shall be used to develop at least three success stories.

Develop and disseminate stories to highlight successes that occurred as a result of the implemented trainings

<p><i>Process Measures:</i></p>	<p>At least 2 trainings will occur at the state or local level involving cross-sector teams of officials, practitioners, and other decisionmakers.</p> <p>100% of teams or participants in the trainings develop an Active People, Healthy Nation Action Plan to implement activity-friendly routes to everyday destinations within their communities and/or secure federal, state, and local funding for projects to increase physical activity through community design.</p> <p>Identify at least 9 potential success story topics.</p> <p>Number of individuals or teams invited to, or who applied to, participate in each training, including the number of DNPAO recipients.</p> <p>Number of individuals or teams selected to participate in each training that represent communities with health disparities.</p>
<p><i>Outputs:</i></p>	<p>At least two in-person or hybrid trainings with transportation and land use professionals, public health practitioners, and elected officials on increasing physical activity through healthy community design and addressing barriers to implementation, including:</p> <ul style="list-style-type: none"> <li>- At least one state-specific training with transportation and public health officials and/or practitioners involved (e.g., Complete Streets Academy).</li> <li>- At least one training at the state- or local-level with a focus on identifying available resources to increase physical activity through community design (e.g., Champions Institute).</li> </ul> <p>Active People, Healthy Nation Action plan for each participant or team participating in the trainings</p> <p>A post-training continuous quality improvement plan with DNPAO/CDC-approved process and outcomes measures provided for each training.</p> <p>A report summarizing the results from the post-training continuous quality improvement process for each training implemented.</p> <p>Comprehensive training curriculums with updated data and strategies to incorporate transportation and land use policy, systems, and environmental improvements to increase physical activity.</p> <p>Documentation that developed products and/or DNPAO and related partner resources were promoted in social media, on websites, in trainings, meetings, etc.</p> <p>Documentation that Active People and/or CDC funding was acknowledged as appropriate in the trainings and on any complimentary products developed.</p> <p>A collection of at least three success stories that resulted from current or past trainings.</p> <p>Provide monthly updates on the progress.</p>

<p><i>Budget Period Outcomes:</i></p>	<p>Improved capacity of state, local, and tribal decision-makers and land use planning and transportation professionals to partner with public health practitioners to implement strategies to increase equitable access to places for physical activity.</p> <p>Increased diversity of participants or teams, including representation from communities affected by disparities in access to safe opportunities for physical activity.</p> <p>Increased development of quality action plans by individuals or teams (especially communities experiencing health disparities by income and race/ethnicity).</p> <p>Increased applications for non-public health funding to implement community design strategies to increase physical activity.</p> <p>Increased success stories and earned media on participant outcomes.</p>
<p><i>Outcome Measures:</i></p>	<p>At least 75% of participants who take part in the trainings show evidence of using data, and evidence-based transportation and land use strategies to improve community design to promote physical activity in their jurisdiction.</p> <p>At least 50% of communities participating in the trainings have historical disparities in access to safe opportunities for physical activity.</p>

<b>Project Title:</b>	<b>Building the Capacity of the National DPP Lifestyle Coach Workforce</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Nonprofit and community-based organizations registered in the U.S.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>The National Diabetes Prevention Program (National DPP) is a partnership of public and private organizations working together to build a nationwide delivery system for a lifestyle change program (LCP) proven to prevent or delay onset of type 2 diabetes in adults with prediabetes. The National DPP provides a framework for type 2 diabetes prevention efforts in the U.S. founded on four key pillars, one of which is a trained workforce of Lifestyle Coaches. The Diabetes Prevention Recognition Program Standards and Operating Procedures (DPRP Standards) detail the requirements for successfully delivering the National DPP LCP and achievement of CDC-recognition. The DPRP requires that CDC-recognized organizations have a well-trained workforce of Lifestyle Coaches who deliver the program using a CDC-approved curriculum. Program evaluation findings have demonstrated that well-trained and highly motivated Lifestyle Coaches have a significant impact on participant outcomes. The National DPP has established a small group of training entities with which there are bilaterally signed memoranda of understanding (MOU) to train Lifestyle Coaches and Master Trainers. These MOU-signed training entities also provide advanced coach training to help Lifestyle Coaches and Master Trainers maintain their skills and learn new ones to support changing program and participant needs and demographics. The DPRP Standards and the list of MOU-signed training entities can be found on the National DPP Customer Service Center: <a href="https://nationaldppcsc.cdc.gov/s/">https://nationaldppcsc.cdc.gov/s/</a>.</p> <p>Through RFA-OT18-1802, CDC funded the development of a Group Coaching Certificate Program in partnership with the American College of Preventive Medicine (ACPM), the National Board for Health &amp; Wellness Coaching (NBHWC), and the National Board of Medical Examiners (NBME). CDC, ACPM, NBHWC, and NBME developed this advanced skills training program and examination for National DPP Lifestyle Coaches based on the best evidence and practices for group-based health and wellness coaching. Upon successful completion of the program and achievement of a passing score on the examination, Lifestyle Coaches earn the designation of Group Coaching Specialist. Preliminary qualitative evaluation found a high level of satisfaction with the program as well as evidence that the program strengthened several aspects of important skills for group facilitation, including building trust and rapport with participants and managing difficult group dynamics. Other projects designed and implemented through RFA-OT18-1802 included developing a mechanism to support Lifestyle Coach and advanced coach training for CDC-recognized organizations that enroll participants from priority populations and convening training entity partners to strengthen their capacity and partnership with CDC.</p> <p>The purpose of this new funding opportunity is to build on past work accomplished during RFA-OT18-1802 to develop the capacity of Master Trainers to train and Lifestyle Coaches to deliver the National DPP LCP, with a particular focus on reaching populations that experience a disproportionate burden of type 2 diabetes risk. Efforts will be informed by a long-range strategic plan that identifies goals, priorities, and activities/approaches for Lifestyle Coach development, including but not limited to advanced coach training, peer learning/networking, and mentorship opportunities.</p>

<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division of Diabetes Translation (DDT)
<i>Proposed FY24 Project Funding Total:</i>	\$750,000.00
<i>Funding Appropriation:</i>	75-24-0948; 75-X-0948; H008C41101
<i>Funding Statutory Authority:</i>	Sections 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended; Sections 4002 of the Patient Protection and Affordable Care Act
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	Applicants must have the capacity to convene and collaborate with a range of partners and subcontractors, including National DPP Lifestyle Coach training entities holding MOUs with CDC, a national certification organization for health and wellness coaches, state health departments, Lifestyle Coaches and Master Trainers from CDC-recognized organizations, and other subject matter experts (SMEs) as appropriate to successfully complete the activities described in this project plan. Applicants must be able to facilitate group problem solving and integrate and synthesize the contributions of all partners to minimize duplication and leverage economies of scale for maximum impact. Applicants must have demonstrated ability to use technology for technical assistance, training, meeting planning, and collaboration. Lastly, applicants must have capacity and experience developing and executing a strategic plan. Applicants with experience developing credentialing or certificate programs and/or developing skills-based training programs for National DPP Lifestyle Coaches will be prioritized.
<i>Recipient Program Experience:</i>	Applicants should have experience, either directly or through a partner or subcontractor, in developing National DPP Lifestyle Coach competencies and curricula, certificate or CEU programs, webinars, meetings, and training programs. Applicants should have experience, either directly or through a partner or subcontractor, with strategic planning and in working with a range of partners to develop, conduct, and evaluate pilot projects/demonstration programs.
<i>Expectations for Collaboration:</i>	The successful applicant will be expected to collaborate with CDC, National DPP Lifestyle Coach training entities that have MOUs with CDC, a national certification organization for health and wellness coaches, a national medical accreditation board, state health departments, CDC-RFA-DP23-0020 cooperative agreement recipients, Lifestyle Coaches from CDC-recognized organizations delivering the National DPP LCP, National DPP Master Trainers, and other SMEs as appropriate. The applicant may convene workgroups of specific SMEs to work on individual tasks. Historically, the program has worked with the National Board for Health and Wellness Coaching (NBHWC), and NBHWC might be a good partner to work with on this project.
<i>Expected Subcontractual Work and Criteria:</i>	Subcontracts with National DPP Lifestyle Coach training entities holding MOUs with CDC and a national organization that supports curriculum development for health and wellness coaches are recommended. Subcontracts or consulting agreements with organizations/individuals with the skills and subject matter expertise needed to lead the development of a strategic plan for National DPP Lifestyle Coach development and editorial expertise required to develop well-written and technically accurate reports, best practice documents, training material, and similar resources may be necessary.

<p><i>General Instructions for Use of Funds:</i></p>	<p>The budget narrative should sufficiently describe how proposed costs align with work plan activities and include detailed information about the roles that subcontracted organizations and/or consultants will have in accomplishing the work and the deliverables they will produce.</p> <p>Specific budget considerations include:</p> <ol style="list-style-type: none"> <li>1. Lifestyle Coach Convening – Applicants should budget for costs associated with all aspects of meeting planning, including but not limited to procuring an appropriate meeting venue, managing registration logistics, and providing administrative support during the meeting to cover registration, notetaking during sessions, and production of post-meeting reports/documents. Applicants should also account for the cost of scholarships for up to 20 Lifestyle Coaches who serve populations in areas of the country rated in the top quartile on the Social Vulnerability Index. Scholarships will cover travel, lodging, and per diem expenses.</li> <li>2. Master Trainer Cadre – Applicants should budget appropriately to provide some support for Master Trainers in the cadre to enable them to develop tools and resources tailored for their priority populations of focus.</li> <li>3. Lifestyle Coach Skills Development/Strategic Planning – Applicants should budget for appropriate subject matter expertise to lead the development of a strategic plan that identifies and describes goals and priority activities for National DPP Lifestyle Coach development for the next ~5 years.</li> </ol>
<p><b>Strategic Area:</b></p>	<p><b>Workforce</b></p>
<p style="text-align: center;"><b>Strategic Area Details</b></p>	
<p><i>Outcomes:</i></p>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>
<p><i>Activities:</i></p>	<ol style="list-style-type: none"> <li>1. Plan and host a Lifestyle Coach convening – Collaborate with CDC to plan, implement, and evaluate a hybrid (in-person and virtual) convening for National DPP Lifestyle Coaches, Master Trainers, MOU-signed training entities, and other key stakeholders. The goal of the meeting will be to share best practices on engaging, enrolling, retaining, and supporting priority populations* in the National DPP LCP and to obtain feedback from the field to inform the development of a 5-year strategic plan for National DPP Lifestyle Coach development. It is envisioned that approximately 300 individuals will attend in-person; the successful recipient organization will work with CDC to develop the conference agenda and attendee eligibility criteria. Travel scholarships should be provided for ~20 Lifestyle Coaches serving populations in areas of the country rated in the top quartile on the Social Vulnerability Index. The recipient organization will support and foster engaged virtual attendance and create and share a recording of plenary sessions. The recording should be produced and housed in a manner where the National DPP Customer Service Center can link to it.</li> <li>2. Implement and administer a diverse cadre of Master Trainers with expertise serving priority populations* of focus –Lifestyle Coaches selected for the Master Trainer cadre should have demonstrated experience delivering the National DPP LCP to participants from priority populations* who have historically under-enrolled in the program. Lifestyle Coaches who successfully completed the Group Coaching Certificate Program and earned the designation of Group Coaching</li> </ol>

Specialist are one potential pool of applicants to recruit for the Master Trainer cadre. Members of the cadre will be paired with MOU-signed training entities to receive Master Trainer training and will subsequently work collaboratively to offer basic and advanced Lifestyle Coach training, develop culturally adapted training materials, and provide mentorship and support for coaches in National DPP Lifestyle Coach community, with a goal of improving enrollment and retention of participants from priority populations\*. Priority populations\* include but are not limited to:

- Hispanic and Latino persons
- Black or African American persons
- Asian American persons
- Native Hawaiian or Pacific Islander persons
- American Indian and Alaska Native persons
- Men
- People with lower incomes/ Medicaid beneficiaries
- People who live in rural areas
- People aged 65 and over/Medicare beneficiaries

In close collaboration with CDC, the funded recipient will administer all aspects of this program, including identifying and providing stipends for eligible Master Trainers in the cadre, pairing them with appropriate training entities, and developing of a business model to ensure operational and financial sustainability of the program. Master Trainers, in collaboration with MOU-signed training entities, will provide Lifestyle Coach and advanced coach training for CDC-recognized organizations delivering the LCP to the relevant priority populations. Small communities of practice may also be offered as an option in instances where there is a group of CDC-recognized organizations serving similar priority populations with a desire for peer learning and problem solving.

While the recipient will work with CDC to build out a sustainable business model for the Master Trainer cadre, it is envisioned they will also provide some financial support for members of the cadre; Master Trainers will use this funding to produce tools and resources applicable to the priority populations listed. Master Trainers in the cadre will also contract directly with CDC recipients funded under CDC-RFA-DP23-0020 to provide technical assistance and training to priority populations being supported through that funding opportunity. This will provide an opportunity to further tailor the tools and resources to meet the unique needs of priority populations in various geographic areas.

3. Develop a strategic plan for National DPP Lifestyle Coach development – In year 1, work with CDC and relevant partners to develop a 5-year strategic plan to identify goals and priorities for building and maintaining the capacity of the Lifestyle Coach workforce to deliver optimally effective coaching for participants in the National DPP lifestyle change program, with a particular focus on priority population participants. At a minimum, partners should include Lifestyle Coach training entities that hold an MOU with CDC, national board organizations, members of the Master Trainer cadre, and other individuals with subject matter expertise in coaching and training. While CDC has been invested in this work since 2012, the field of coaching has seen significant advances over the last decade, including the development of various certification/credentialing programs; the integration of coaches into health care/public health/chronic disease management and support; and new methods of reimbursing coaches for their services. Also, while CDC initially adopted a model of working through independently owned and operated training entities, it has become clear that more formal collaboration among the training entities and other partners is necessary to optimize training and support for National DPP Lifestyle Coaches. Components of the strategic plan should include, but are not limited to, agreements with and standards for MOU-holding training entities; the development of curricula for basic and advanced Lifestyle Coach training; new

	ways of administering training (e.g., modifications to the six month long Group Coaching Certificate program, refresher training six months after the completion of basic training, etc.); and the need for networks/communities of practice for specialized groups of coaches (e.g., for graduates of the Group Coaching Certificate program, coaches working exclusively in online environments, bilingual coaches, etc.). The in-person meeting described in activity #1 should be used to gather input from the field to assist with plan development. The plan should include a roadmap for implementation, which will begin in year 2, subject to funding availability.
<i>Process Measures:</i>	<p>Increased participation of Lifestyle Coaches in a national coach convening, including coaches from organizations that serve populations in areas of high social vulnerability</p> <p>Increased number of solutions and resources available for CDC-recognized organizations to use in delivering the National DPP LCP to priority populations</p> <p>Increased number of Master Trainers available to support the National DPP Lifestyle Coach community in engaging, retaining, and supporting participants from priority populations.</p>
<i>Outputs:</i>	<p>Executed contracts, as necessary, for implementation of the National DPP Lifestyle Coach convening, including, but not limited to, vendors for the meeting venue (to include venue capacity to support virtual attendance) and lodging and travel for the ~20 scholarship recipients</p> <p>Final Lifestyle Coach convening report to include qualitative and quantitative evaluation results and key findings of the convening to inform the five-year strategic plan.</p> <p>Established eligibility criteria to fund scholarships to support attendance at the Lifestyle Coach convening</p> <p>Five-year strategic plan outlining priorities for National DPP Lifestyle Coach development</p> <p>Executed agreements and scopes of work with MOU-signed training entities to operationalize the Master Trainer cadre.</p>
<i>Budget Period Outcomes:</i>	<p>Successful execution of the Lifestyle Coach convening, to include in-person and virtual participation</p> <p>Establishment of an effective and sustainable cadre of Master Trainers with expertise in engaging, retaining, and supporting National DPP participants from priority populations</p> <p>Creation and implementation of a 5-year strategic plan for National DPP Lifestyle Coach development, with a goal of improving capacity of National DPP Lifestyle Coaches to engage, retain, and support participants from priority populations.</p>
<i>Outcome Measures:</i>	<p>Lifestyle Coach convening evaluation reflects overall satisfaction, with 90% of participants reporting a score of 4 or 5 on a five-point scale that meeting objectives were met.</p> <p>Evaluation results from advanced coach training and other professional development activities for the National DPP Lifestyle Coach community result in 90% of participants reporting that they have learned a new skill they will use as they facilitate their next LCP cohort.</p> <p>DPRP data reflects a 20% increase in enrollment among at least 2 priority populations of focus.</p>

<b>Project Title:</b>	<b>Supporting medical education and training for health care providers about early onset breast cancer and select gynecologic cancers</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>The population of focus for this project is primary health care providers, specifically those who provide medical care to persons at risk for early onset breast cancer, hereditary breast and ovarian cancer, or gynecologic cancers. HCPs may include but are not limited to family practice physicians, ob/gyns, nurse practitioners, physician assistants, etc.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>The purpose of this project is to explore innovative ways of educating primary care providers about EOBC (including hereditary breast and ovarian cancer (HBOC)) and gynecologic cancer. The effort will include the development and implementation of narrative-based and other innovative continuing medical education resources for primary care providers that address topics related to EOBC (e.g., risk, risk reduction, treatment, and survivorship), breast health in young women (&lt;45 years of age), gynecologic health and gynecologic cancer (e.g., risk, prevention, treatment, etc.). HCP awareness and understanding of factors related to EOBC, HBOC, and gynecologic cancer is critical for patients at risk for or facing any of these diseases. Providers make decisions that involve complex information dealing with the risk factors, detection, and treatment for these cancers, that have to be understood in order to attain the best possible outcomes for individuals facing disease onset. Increased understanding of these complex communication and decision factors will translate to better outcomes at the population level.</p> <p>Early detection of disease is essential to effective treatment in those are at increased risk. It is imperative that young women and their health care providers are aware of factors that contribute to increased risk for disease and ways to manage these risks (e.g., genetic counseling/testing, enhanced screening/surveillance, chemoprevention, surgery, health behaviors, etc.).</p> <p>There is also a need for effective patient and provider communication about early onset breast cancer which affect decision-making and uptake of action-oriented outcomes such as referral to specialists for advanced care. Challenges in these areas have been noted, but not necessarily addressed in a novel or effective manner. These challenges include lack of knowledge about hereditary breast cancer among primary care providers and limited experience in referring women for genetic counseling; poor systematic collection of family history data; provider difficulty in communicating risk (e.g., genetic or cancer-related); and poor patient understanding regarding risks (including hereditary cancer risk), the genetic counseling and testing process, and the meaning of genetic testing results.</p> <p>Additionally, health care providers have noted difficulty in keeping track of current recommendations and guidelines related to breast cancer screening. Given the recent update to the breast cancer screening guidelines recommending that women aged 40-74 get mammograms biannually, updates to current med education guidance related to breast cancer should be updated. Providers with concerns about potentially over treating young women who are unnecessarily concerned about getting breast cancer (e.g., worried well), for example, may need additional information on this topic. Similar issues regarding gynecologic health have been noted (e.g., pap testing; bleeding after menopause and uterine cancer, etc.). The lack of awareness and understanding of important risk, early detection, and treatment-related factors coupled with diminished patient provider communication may lead to delayed diagnosis and/or treatment of disease which could be deadly if not detected early and treated effectively.</p>
<i>CIO:</i>	NCCDPHP

<i>Division/Branch/Office /Unit:</i>	Division of Cancer Prevention and Control (DCPC)
<i>Proposed FY24 Project Funding Total:</i>	\$940,000.00
<i>Funding Appropriation:</i>	75-21-0948
<i>Funding Statutory Authority:</i>	
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	Recipient organization should have the capacity to develop and disseminate/implement innovative continuing medical education and/or training resources to health care providers across the U.S. Proposed project staff should have a general knowledge of cancer epidemiology, cancer screening, cancer treatment, issues and evidence related to breast cancer and breast health and gynecologic cancers and health. They must have expertise in the development of medical education resources for HCPs in practice as well as those in training to become HCPs. Some of the proposed project staff should have expertise in technical writing as related to medical topics and the capacity to translate health information and clinical guidelines. Staff should have experience in evidence-based interventions and implementation. The applicant will need to have the ability to do environmental scans to determine the state of the evidence before beginning work on developing educational messages and training resources. Some of the project staff should have prior experience in developing continuing medical educational materials and securing CME. The evaluation of all tools developed is a critical ability of the project staff. Project staff lead will need to appropriate project management experience and capacity to oversee all aspects of the effort and facilitate project completion.
<i>Recipient Program Experience:</i>	To effectively conduct the work described under the project description, the applicant should have experience in cancer epidemiology, cancer screening and treatment and issues related to early onset breast and gynecologic cancer detection and treatment guidelines. The applicant should be able to translate these guidelines/recommendations into messages, materials, and training for use by health care providers who care for persons at risk for EOBC, HBOC, and gynecologic cancers. The applicant should also have experience in using traditional and nontraditional channels to disseminate training and materials out to the target audiences (e.g., CME courses and modules, mini-courses, innovative classroom education like medical improv training, etc.). The applicant should also have experience with monitoring and evaluation of medical education uptake (e.g., metrics related to promotion, completions, etc.) To maximize the utility of the project, the applicant must be able to demonstrate access to the target populations, including the existence of partnerships or prior engagements. The applicant should have experience marketing and dissemination of medical education training and maintenance of appropriate metrics associated with this effort.
<i>Expectations for Collaboration:</i>	The applicant will be expected to collaborate with the TM, the CDC project team, and the relevant experts on all aspects of the project. All material developed will be reviewed and approved by TM and CDC project staff. CDC has a successful early onset breast cancer (Bring Your Brave) and gynecologic cancer (Inside Knowledge). All of CDC's materials are free for use and can be cobranded as needed. Between 2018 and 2023, CDC developed CME training modules on topics related to EOBC, HBOC, uterine cancer, ovarian cancer, and vaginal/vulvar/anal cancer. The recipient may be expected to collaborate for CDC and its partners to review and/or update these training resources.

<i>Expected Subcontractual Work and Criteria:</i>	The applicant will be expected to secure subcontractors as needed to fulfill the needs of the goals and activities outlined in the project plan. The applicant may need to secure a subcontractor for expertise in developing and deploying continuing medical education program that are video based and getting messages out to the target audience in unique ways. The applicant may need to secure one or more contractors to support the needs of the rigorous evaluation of the traditional and nontraditional channels used to disseminate messages consistent with the project design, objectives, and project plans. With regards to this project effort, CDC will be looking for the project team to explore innovative methods and present them to CDC for consideration and approval.
<i>General Instructions for Use of Funds:</i>	The funds provided for this project should be used to directly address the goals outlined in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, accessing peer-reviewed journal articles and materials, securing CME platforms and audiovisual equipment, producing educational materials, paying for travel (if needed), disseminating educational resources , conducting review and revisions, conducting usability testing, and evaluating the materials. Any travel related expenses to be paid using project funds should be consistent with per diem rates established by the US General Service Administration ( <a href="http://gsa.gov">http://gsa.gov</a> ).
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	1. Active outreach, engagement, and establishment of partnerships with national organizations (e.g., medical societies, medical/professional liability insurance providers, etc.) or medical education institutions for the dissemination and implementation of med ed resources; 2. Implementation of developed resources in relevant venues based on partnerships; 3. Monitoring of program impact
<i>Process Measures:</i>	1. outreach to potential partners for project 2. partnership agreements established between recipient and identified partners
<i>Outputs:</i>	1. up to 5 training/ed resources developed and disseminated reaching a broad group of HCPs and those in training.
<i>Budget Period Outcomes:</i>	See workforce strategy budget outcomes
<i>Outcome Measures:</i>	1. number of partners 2. training participation metrics (e.g., no. of participants; course/training completions, etc.) 3. formal relationship established for innovative training;
<b>Strategic Area:</b>	<b>Workforce</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

<i>Activities:</i>	Activities needed to support and complete this project include, but may not be limited to: 1) environmental scan/literature review of relevant content related to selected topics; 2) identification of platform or venue for developing and delivering innovative medical education/training (e.g., CME, classroom; rounds, etc.); 3) development of novel narrative -based training resources (e.g., video; in-person and online medical training courses, etc.); 4) supporting CDC scientific and communications clearance of all resources; 5) securing appropriate accreditation or credit for developed resource; 5) establishing relevant partnerships with entities to support resource development and dissemination; etc.
<i>Process Measures:</i>	<ol style="list-style-type: none"> <li>1. engaged 2-3 organizations or ed institutions for partnership consideration;</li> <li>2. conducted evidence/content reviews for each training resource</li> <li>3. identified training resource modalities that are innovative and achievable;</li> <li>4. identified training needs or gaps;</li> <li>5. established clearance timeline for delivering resources to CDC for review;</li> <li>6. identified metrics needed for assessment implementation</li> </ol>
<i>Outputs:</i>	1) Completed environmental scan/literature review report of relevant content related to selected topics; 2) Clearance-ready narrative-based training resource (s); 3) established up to 4 relevant partnerships with entities to support resource development and dissemination; 4) completed (cleared) training resource(s); 5) dissemination plan for CME and related resources for selected platform; final metrics report from the all training (e.g., number of learners; completed CME credits delivered, etc.); etc.
<i>Budget Period Outcomes:</i>	2024-2029 Expected outcomes: ~4000 CME/CNE/CEU course completions by health care providers; +10,000 CME/CNE/CEU credits issued; up to 4 partnerships established with educational institutions or national organizations towards dissemination and implementation of training resources;
<i>Outcome Measures:</i>	CME training opportunities and messages related to early onset breast cancer topics (e.g., risk, risk reduction, detection, and survivorship including metastasis) using traditional and nontraditional channels to reach primary care providers who serve young women at risk for early onset breast cancer. Educational resources and channels will be assessed during the project period and a report of challenges and successes delivered to the Division of Cancer Prevention and Control.

<b>Project Title:</b>	<b>Spreading and Scaling Family Healthy Weight Programs in Community Centers</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community centers nationwide that support individuals' physical activity, nutrition, and overall health, and which are staffed to support the implementation of community-based chronic disease prevention and management programs.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>This project will support national efforts to spread and scale Family Healthy Weight Programs (FHWPs) with fidelity to dose and content to support child health and wellness. The goal of this project is to facilitate community access to evidence-based overweight and obesity pediatric treatment including physical activity supports, build community-clinical linkages, and foster sustainability through the following:</p> <p>Provide children and families taking part in family healthy weight programs with access to community locations (e.g., local youth organizations, faith-based organizations, parks and recreation centers) that support safe physical activity, healthy family practices, and overall health.</p> <p>In collaboration with key partners, strengthen clinical-community linkages between pediatric primary healthcare locations, pediatrician knowledge of local community sites for Family Healthy Weight Program (FHWP) referrals and community supports for active living and wellness per translation of the 2023 American Academy of Pediatrics (AAP) "Clinical Practice Guidelines for the Evaluation and Treatment of Children and Adolescents with Obesity."</p> <p>Assess and address key aspects of Family Healthy Weight Program implementation, including state and local infrastructure and readiness, sustainability and reimbursement.</p> <p>Partner with DNPAO SPAN, HOP, REACH funded recipients and develop and disseminate successes and outcomes achieved, including but is not limited to, compiling a list of the actions implemented, a collection of success stories using common implementation metrics, and information on leveraged resources for multiple audiences.</p> <p>Increase capacity for delivery of one of six CDC recognized Family Healthy Weight Programs at local community facilities across the United States, prioritizing those regions with higher obesity burden and/or low availability of FHWPs by increasing support available from a national organization with rights to the curriculum and ability to train community-based staff to deliver such an intervention safely and with fidelity.</p>
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division of Nutrition, Physical Activity, and Obesity (DNPAO)
<i>Proposed FY24 Project Funding Total:</i>	\$250,000.00
<i>Funding Appropriation:</i>	75-24-0948
<i>Funding Statutory Authority:</i>	Public Health Service Act , Title 42, Sections 307 and 301 U.S.C. 241I and 241 (a).

<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	<p>The applicant must have the capacity to access a national network of community-based youth organizations that provides comprehensive programs and services such as youth development; healthy living; and social responsibility.</p> <p>The applicant must have the ability to increase community access to athletic facilities and the capacity to increase access for evidence-based programs that promote health.</p> <p>The applicant must be able to reach community centers focused on improving health and chronic disease prevention across the United States (e.g., state affiliates, local centers), show significant organizational experience and knowledge in promoting healthier individuals, be a recognized leader in these areas, have long-standing credibility and relationships in communities throughout the country, have credibility with the intended target audiences and identified collaborators, and have locations throughout the nation.</p> <p>The applicant should demonstrate a proven track record in successful program management, meeting program goals, and advancing healthier communities.</p> <p>The applicant must have an existing license to a CDC-recognized family healthy weight program and a demonstrated history of training community organizations to deliver the program with fidelity.</p> <p>The applicant should have the capacity to appropriately staff and manage the project and have adequate budget management systems in place.</p>
<i>Recipient Program Experience:</i>	<p>The applicant must show significant experience in implementing sustainable nationwide programs, including evidence-based chronic disease prevention and treatment programs. Additionally, the applicant must have experience with workforce development, training models, and communities of practice and other mechanisms that support implementation of a CDC recognized, evidence-based family healthy weight program in local community organizations. Lastly, the applicant should have experience in supporting local community organizations in how to form and sustain clinical linkages, how to partner with federally qualified health centers, how to provide culturally sensitive care.</p>
<i>Expectations for Collaboration:</i>	<p>Collaboration is expected with CDC staff and DNPAO recipients to support state and local efforts to improve health, prevent chronic diseases, and reduce health disparities among priority populations with overweight and obesity.</p> <p>Collaboration is expected with other national partners, including the American Academy of Pediatrics and the National Association of Community Health Centers. Historically, the program has worked with YMCA facilities that might be a good partner to work with for this project.</p>
<i>Expected Subcontractual Work and Criteria:</i>	<p>To the degree that specific content expertise is required to effectively conduct the work described above does not exist within applicant's organization, sub-contractual activities are encouraged.</p>

<p><i>General Instructions for Use of Funds:</i></p>	<p>Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. Funds may be used for necessary labor, materials, travel, subcontracts and other appropriate direct and indirect costs associated with the project and project outcomes.</p> <p>Funds may be used to access/acquire an intervention, and associated training. The selected intervention must meet the USPSTF recommendation dose, intensity &amp; components to improve weight status and child health, selected from CDC-recognized programs at <a href="https://www.cdc.gov/obesity/strategies/family-healthy-weight-programs.html">https://www.cdc.gov/obesity/strategies/family-healthy-weight-programs.html</a> .</p> <p>Funds may be used to organize an in-person meeting, if necessary, as an adjunct to other activities. Funds may be used to meet with DNPAO staff and/or attend DNPAO training events or site-visits with partners and recipients.</p>
<p><b>Strategic Area:</b></p>	<p><b>Policy and Programs</b></p>
<p style="text-align: center;"><b>Strategic Area Details</b></p>	
<p><i>Outcomes:</i></p>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>
<p><i>Activities:</i></p>	<p>Increase capacity for delivery of a CDC recognized Family Healthy Weight Program at community-based youth facilities through training of youth facility staff to deliver the intervention safely and with fidelity to the curriculum.</p> <p>Organize learning communities and other collaborative opportunities for local community-based youth facility staff to learn from one another in pre-implementation and implementation stages.</p> <p>During pre-implementation and implementation phases, encourage and support local community-based youth facilities in partnering with community and clinical organizations that also provide services to children and families with overweight and obesity. This should include clinical organizations such as pediatric primary care practices that serve as a referral source or as a child’s primary medical home, or community organizations such as food pantries or local parks and recreation venues.</p> <p>Gather and share updates on partnership activities and pre-implementation and implementation progress through newsletters, meetings or other appropriate venues.</p>
<p><i>Process Measures:</i></p>	<p>Number of community-based youth organizations invited to participate.</p> <p>Number of community-based youth organizations trained in CDC-recognized Family Healthy Weight Program curriculum.</p> <p>Number of community-clinical linkages established.</p>

<i>Outputs:</i>	<p>Agreements signed by community-based youth organizations to deliver the Family Healthy Weight Program.</p> <p>Brief summary report or infographic documenting the technical assistance provided, resources shared, community-based youth organization experience in implementing the Family Healthy Weight Program.</p> <p>Develop and disseminate a collection of success stories (including facilitators and barriers) using common implementation metrics and information on leveraged resources for multiple audiences.</p>
<i>Budget Period Outcomes:</i>	<p>Partnerships established to support implementation of a CDC-recognized family healthy weight program.</p> <p>Increased capacity for delivery of a CDC recognized Family Healthy Weight Program at local community facilities across the US including the training of center staff to deliver such an intervention safely and with fidelity.</p>
<i>Outcome Measures:</i>	<p>Number of children and families enrolled in a FHWP.</p>

<b>Project Title:</b>	<b>Supporting a National Public - Private Partner Coalition for Hypertension Control</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Public health decision makers that address or prevent cardiovascular disease, as representatives of non-governmental organizations from various sectors. These sectors could include non-governmental public health organizations, clinical organizations, professional organizations, payers, and employers who are focused on improving hypertension control.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>The project purpose is to provide necessary financial, administrative, strategic, and logistical support to an existing national public-private partner coalition working to build the capacity of the non-governmental sector, particularly public health system decision makers leading non-governmental organizations, to improve control of hypertension, the leading modifiable risk factor for heart disease and stroke which are the #1 and #5 killers of Americans. The national partner coalition seeks to build the capacity of public health system decision makers and non-governmental organizations from many non-governmental sectors (e.g., non-profit public health, clinical groups, employers, payers, academia) to drive equitable improvement in hypertension control through the spread, promotion, and adoption of best practices, techniques and proven interventions. It also seeks to build capacity through the spread of new groundbreaking science related to hypertension and implementation of best practices.</p> <p>The national partner coalition brings together these decision makers and organizations from many sectors to develop a comprehensive approach to improving hypertension control rates and reducing disparities in hypertension control. The expertise from members drives the mission through creating new partnerships, spreading best practices, and uplifting national efforts, and creating and convening a forum to share and discuss all this across sectors. The information and tools shared by the national partner coalition and the connections facilitated between members directly increase the capacity of members (and non-members receiving partner messaging) to take action to improve hypertension control within their sphere of influence.</p> <p>This national partner coalition cannot do its work without financial, administrative, and logistical support. The project will fund the recipient to directly, or through a subcontractor, administer the coalition, serve as executive director in charge of working with the steering committee to set the strategic direction of this partner coalition, recruit new members, promote the coalition and spread its resources in other settings, oversee and facilitate the work of existing and new task forces, organize and facilitate webinars, maintain and update the coalition website, organize the annual membership summit, and establish relationships with other collaborative groups to advance shared priorities. To date, this coalition has worked successfully with such organizations as the CDC Foundation, Commonality, and the National Association of Chronic Disease Directors.</p>
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division for Heart Disease and Stroke Prevention (DHDSP)
<i>Proposed FY24 Project Funding Total:</i>	\$300,000.00
<i>Funding Appropriation:</i>	FY 2024 Further Consolidated Appropriations Act, P.L. 118-47

<i>Funding Statutory Authority:</i>	Sec. 301(a) of the Public Health Service Act (42 U.S.C. 241(a)); Sec. 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2))
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	<ul style="list-style-type: none"> <li>• Demonstrated capacity to convene a multi-sectoral group of partners aimed at boosting capacity to improve hypertension control.</li> <li>• Demonstrated capacity to develop strategic plans for using a multi-sector collaboration to increase the capacity of non-governmental organizations to improve hypertension prevention and treatment.</li> <li>• Capacity to form strong working relationships with a variety of non-governmental organizations from different sectors.</li> <li>• Capacity to seek out and recruit new members to a multi-sectoral roundtable focused on hypertension control.</li> <li>• Capacity to manage any subcontractors who might provide services managing the strategic initiatives and operations of a multi-sectoral roundtable.</li> <li>• Capacity to develop and maintain a website used to promote capacity-building best practices for chronic disease prevention.</li> <li>• Capacity to hold informational, capacity-building webinars on hypertension control-related topics aimed at different sectors.</li> <li>• Capacity to manage smaller task forces; provide them with strategic advice; and keep them on task; and ensure completion of their strategic goals.</li> <li>• Capacity to hold and organize an annual convening of membership for a multi-sectoral roundtable.</li> <li>• Capacity to promote hypertension-related best practices through a variety of forums.</li> </ul>
<i>Recipient Program Experience:</i>	<ul style="list-style-type: none"> <li>• Experience convening and maintaining collaboratives or roundtables comprised of multi-sectoral organizations related to public health.</li> <li>• Experience holding informational/capacity building webinars related to chronic disease prevention, preferably hypertension control or cardiovascular disease prevention.</li> <li>• Experience forming strong relationships with non-governmental organizations from the following sectors: public health, clinical, pharmacy, academic, payers, and employers.</li> <li>• Experience providing strategic advice to the leadership of roundtables or collaboratives related to chronic disease issues.</li> <li>• Experience convening and maintaining task forces related to chronic disease prevention.</li> <li>• Experience creating and releasing newsletters or other regular communications to provide capacity building information on best practices or interventions for chronic disease prevention</li> <li>• Experience maintaining a website related to chronic disease prevention.</li> <li>• Experience recruiting new members to a roundtable or multi-sectoral collaboration about chronic disease prevention.</li> <li>• Experience managing smaller task forces related to chronic disease prevention.</li> <li>• Experience spreading capacity-building information regarding chronic disease prevention via a variety of forums.</li> <li>• Experience organizing a national summit or convening to bring together stakeholders to share capacity building information on chronic disease prevention.</li> </ul>
<i>Expectations for Collaboration:</i>	<p>Recipient will collaborate with existing elected partner coalition leadership and the steering committee to chart the strategic direction.</p> <ul style="list-style-type: none"> <li>• Recipient will need to collaborate with organizations to recruit new members to the partner coalition.</li> <li>• Recipient will need to collaborate with coalition members and other external groups as necessary to advance the coalition's strategic priorities.</li> </ul>

<p><i>Expected Subcontractual Work and Criteria:</i></p>	<p>After consultation with partner coalition leadership, Recipient may subcontract the day-to-day management and strategic responsibilities to a person or firm to serve as Executive Director. The subcontractor should have demonstrated experience directing and advising partner coalitions or similar collaboratives related to chronic disease prevention. The subcontractor should have the capacity and experience to recruit new members to a partner collaborative. The subcontractor should also have strategic planning experience, preferably related to efforts on chronic disease prevention. Recipient shall be able to allocate such funds to a subcontractor as is necessary to achieve the subcontracted work while also retaining such funds to accomplish the non-subcontracted work.</p>
<p><i>General Instructions for Use of Funds:</i></p>	<ul style="list-style-type: none"> <li>• Recipients may not use funds for research.</li> <li>• Recipients may not use funds for clinical care except as allowed by law.</li> <li>• Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.</li> <li>• Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.</li> <li>• Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.</li> <li>• Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.</li> <li>• The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.</li> <li>• Food and travel allowance requests can be permitted but will require justification.</li> <li>• Provision of food cannot occur at a site visit and/or reverse site visit meeting.</li> <li>• Food allowance requests must be coordinated between the CIO Technical Monitor and PRMB staff, prior to granting of approval to recipients.</li> <li>• Recipients should not purchase food nor secure travel arrangements prior to receiving approval. Failure to comply with this requirement can result in the recipient being held responsible for unapproved expenses.</li> <li>• Recipients may not use funds to support projects where the primary activity is planning and implementation of a conference or meeting. CDC-RFA-PW-24-0080 is not a conference grant; therefore, conferences and convenings funded under this mechanism must be ancillary to the individual project.</li> <li>• A conference is a meeting, retreat, seminar, symposium, or event that involves attendee travel. The term “conference” also applies to conferences considered to be training activities under 5 CFR 410.404.</li> <li>• Projects where the primary goal or activity is to plan and implement a convening are more appropriate for a conference grant or contract.</li> <li>• For Non-CDC hosted conferences, the CIO must determine whether the event should be announced in CDC’s Conference Approval Management System (CAMS). Additionally, the CIO should coordinate with their Travel Resource Contact (TRC) to obtain guidance in determining requirements to announce an event.</li> <li>• CIO Technical Monitors must collaborate with PRMB to inform of proposed events that will require CAMS approval.</li> <li>• Recipients may not use funds to advise or support federal advisory committees or other inherently federal activities.</li> <li>• Recipients may not use funds to hire staff and place them at a federal agency to perform work on behalf of the agency.</li> </ul>

<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Support partner coalition committees and action teams to implement activities that improve hypertension control rates and reduce disparities through the annual convening and other meetings.</li> <li>• Develop and implement tools and strategies to improve internal and external communications for partner coalition members and stakeholders, including but not limited to posting them on the coalition website.</li> <li>• Increase the number of non-traditional partners and organizations that reach health disparate populations participating on the partner coalition.</li> <li>• Refine and implement partner coalition strategic priorities.</li> <li>• Document and spread the ongoing activities and resources coalition members and other interested organizations to improve national hypertension control rate and reduce disparities.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Number of communication tools developed to feature capacity building resources/information.</li> <li>• Number of coalition members using communications tools.</li> <li>• Number of coalition members representing employers, payers, industry, and health systems.</li> <li>• Number of coalition members reaching health disparate populations.</li> <li>• Number of priorities identified.</li> <li>• Number of actions taken to advance coalition strategic priorities.</li> <li>• Number of summary documents created.</li> <li>• Number of forums in which coalition-created or coalition member-created capacity building documents/tools/resources are shared by those representing the partner coalition.</li> <li>• Number of committees, action teams, number of organizations participating, number of convenings held.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Monthly summary reports of coalition committee and action team plans and actions, annual convening, report.</li> <li>• Tools/resources developed</li> <li>• Monthly status reports on the messages and resources disseminated to partner organizations and/or other interested stakeholders</li> <li>• Annual membership summary report</li> <li>• Coalition strategic plan</li> <li>• Coalition webinars</li> <li>• New members recruited to the partner coalition</li> <li>• Actions teams formed</li> <li>• Products produced by action teams, task forces, others acting on behalf of or in concert with the partner coalition</li> </ul>

<p><i>Budget Period Outcomes:</i></p>	<ul style="list-style-type: none"> <li>• Increased opportunities for non-governmental organizations interested in blood pressure control to collaborate and boost their capacity to address blood pressure control.</li> <li>• Increased number of coalition members and other interested organizations sharing resources, successes, and lessons learned that can help build capacity to improve blood pressure control.</li> <li>• Increased number of non-traditional partners and organizations that reach health disparate populations joining the partner coalition or participating on coalition action teams.</li> <li>• Increased number of organizations receiving capacity building information from the coalition in the form of webinars, receiving tools/resources via official communications, presentations at events, participating in coalition-sponsored forums, or collaborations developed as a result of partner coalition activities.</li> </ul>
<p><i>Outcome Measures:</i></p>	<p>Partner coalition members report improved capacity to act to improve hypertension control and to establish and maintain partnerships within and across sectors to create a shared vision of hypertension control.</p>

<b>Project Title:</b>	<b>Education for Healthcare Workers Navigating Brain Health and Dementia</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Physicians, residents, and medical students</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	Alzheimer’s disease affects an estimated 7 million US adults aged 65 years or older. Recent evidence has identified modifiable risk factors for Alzheimer’s disease and related dementias (ADRD). Healthcare professionals have a clear role in the assessment and management of dementia and many of these risk factors. The purpose of this project is to develop and widely disseminate effective provider education opportunities, training, communication strategies, and resources for healthcare workers that impact healthcare practices addressing brain health and dementia with a focus on risk reduction, early detection, and dementia care. Resources may include continuing medical education (CMEs) or continuing education credits, grand rounds, podcasts, or social media advertising. These resources will then be promoted and disseminated to appropriate segments of the healthcare workforce. In addition, strategies may be developed to influence requirements for licensing, training, or certification of various types of healthcare professionals, such as physicians, nurses, community health workers, and other healthcare professionals.
<i>CIO:</i>	NCCDPHP
<i>Division/Branch/Office /Unit:</i>	Division of Population Health (DPH)
<i>Proposed FY24 Project Funding Total:</i>	\$500,000.00
<i>Funding Appropriation:</i>	The Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act; PL115-406 that amends the Public Health Service Act (Section 398A; 42 U.S.C. 280c-3-4.)
<i>Funding Statutory Authority:</i>	Section 398A of the Public Health Service Act, 42 U.S.C. 280c-4.
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	<p>Applicant should have the organizational capacity to work with healthcare professionals, including those in training. The applicant should also have the technological capacity to develop and disseminate trainings, webinars, podcasts, grand rounds, and other communications strategies through avenues such as websites and social media.</p> <p>In addition, the applicant should have the following:</p> <ul style="list-style-type: none"> <li>• substantial authority or influence with at least one type of healthcare profession in the U.S.;</li> <li>• capacity to coordinate with professional member organizations to expand potential reach;</li> <li>• capacity to reach, engage, and activate large numbers of healthcare professionals throughout the U.S. efficiently and effectively through existing networks (e.g., professional meetings/conferences, webinars, grand rounds, podcasts, etc.);</li> <li>• access to professionally trained healthcare profession staff and members with adequate skills, including experience to understand and successfully carry out the strategies described.</li> </ul>

<i>Recipient Program Experience:</i>	<p>Successful applicants should have prior experience and demonstrated success in:</p> <ul style="list-style-type: none"> <li>• engaging and activating large numbers of people in one or more healthcare professions throughout the U.S.;</li> <li>• influencing change in healthcare professional training and practice;</li> <li>• coordinating/collaborating with other professional organizations to advance mutual goals;</li> <li>• producing effective, high-quality, scientifically accurate resources and communications materials to educate healthcare professionals across the career trajectory from initial training to continuing education for experienced healthcare professionals;</li> <li>• planning, implementing, and evaluating the outcome of interventions or demonstration projects targeting specific healthcare issues/needs.</li> </ul>
<i>Expectations for Collaboration:</i>	<p>In partnership with public health officials and organizations who work with state, local, territorial, and tribal public health departments to promote brain health, early detection of dementia, and the support of people living with dementia and their caregivers, the applicant will:</p> <ol style="list-style-type: none"> <li>1. Increase awareness of brain health, including Alzheimer’s disease and other dementias, as a serious health condition among healthcare professionals, increase the number of professionals implementing relevant dementia risk reduction strategies among patients, and integrating brain health into the clinical management of modifiable risk factors for dementia. For professions involved in caring for those with dementia, increase availability of training to learn techniques to address behavioral challenges and provide comprehensive care using a cooperative approach with the patient and their caregivers.</li> <li>2. Collaborate or subcontract with other professional member organizations and national organizations relevant to brain health to build on, or enhance, the educational resources and communications materials.</li> </ol>
<i>Expected Subcontractual Work and Criteria:</i>	<p>Applicants are encouraged to collaborate or subcontract with other professional member organizations or national organizations relevant to brain health to build on or enhance the tools, approaches, and strategies. Applicants may also subcontract for services related to media development or communications.</p>
<i>General Instructions for Use of Funds:</i>	<p>The funds provided for this project should be used to directly address the goals outlined in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, and the development, production, and dissemination of educational materials. Other expenses may be allowed upon consultation with the funding organization and creation of the final work plan.</p>
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>

<i>Activities:</i>	<ul style="list-style-type: none"> <li>- Identify and integrate subject matter experts in the design and development of educational resources and courses relevant to brain health, early detection of dementia, and comprehensive dementia care for healthcare professionals.</li> <li>-Collaborate with public health officials and organizations who work with state, local, territorial, and tribal public health departments to promote brain health, early detection of dementia, and the support of people living with dementia and their caregivers to implement, promote, disseminate, and evaluate the developed educational resources and messages.</li> </ul>
<i>Process Measures:</i>	- Identify relevant organizations and subject matter experts within the field of cognitive decline and/or the targeted modifiable risk factor topic areas. For professions involved in caring for patients with dementia, identify professional needs and challenges faced for specific types of care.
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>- Collaborative participation in development of training and education courses, communication materials, and other resources that address brain health, dementia risk reduction, care of patients with dementia, and comprehensive management of chronic conditions in those patients.</li> <li>- Collaborative participation in ongoing training and education initiatives.</li> <li>- Leading/co-authoring abstracts, presentations, papers on related topics.</li> <li>- Dissemination of effective, relevant, and timely education, training, communication strategies, and resources across partner networks and channels that address brain health, dementia risk reduction, care of patients with dementia, and comprehensive management of chronic conditions in those patients.</li> </ul>
<i>Budget Period Outcomes:</i>	Leverage collaborative efforts to improve educational initiatives and dissemination.
<i>Outcome Measures:</i>	Increased impact of educational initiatives through input, participation, and dissemination by relevant partner organizations and subject matter experts.
<b>Strategic Area:</b>	<b>Workforce</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

<p><i>Activities:</i></p>	<ul style="list-style-type: none"> <li>- Develop continuing education and other educational resources with content focused on brain health, dementia risk reduction, and early detection, based on the latest research, for one or more types of healthcare professions. For healthcare professionals involved in caring for patients with dementia, develop continuing education and other educational resources with content focused on comprehensive dementia care based on the latest research.</li> <li>- Develop educational messages and materials for healthcare professionals, based on the latest research, to increase awareness about brain health, dementia risk reduction, early detection, and comprehensive dementia care.</li> <li>- Develop resources on comprehensive management of chronic conditions that incorporates brain health.</li> <li>- Promote and disseminate educational resources widely across the career trajectory, including initial training and continuing education of healthcare professionals.</li> <li>- Plan session to educate interested collaborators or partners at relevant scientific conference(s).</li> <li>- Publish journal article(s) to inform one or more types of healthcare professions about brain health evidence.</li> <li>- Develop and disseminate resources and communications materials to educate healthcare professionals through grand rounds, podcasts, social media etc.</li> <li>- Develop strategies to influence the licensing/training/certification requirements of one or more healthcare professions, across the career trajectory, to include content on brain health, dementia risk reduction, early detection, and, where applicable, comprehensive dementia care.</li> <li>- Evaluate any developed content to determine the effectiveness of the messages and reach to the intended audiences.</li> </ul>
<p><i>Process Measures:</i></p>	<ul style="list-style-type: none"> <li>- Increase the number and availability of educational resources for healthcare professionals about brain health, dementia risk reduction, early detection, and comprehensive dementia care.</li> <li>- Increase the number and availability of resources that provide guidance to healthcare professionals caring for patients with dementia about the comprehensive management of chronic conditions.</li> <li>- Increase healthcare education about brain health and dementia through scientific sessions, presentations, and journal articles.</li> <li>- Increase the number of trainees in healthcare professional programs that receive education on brain health, dementia risk reduction, early detection, and, where applicable, comprehensive dementia care.</li> </ul>
<p><i>Outputs:</i></p>	<ul style="list-style-type: none"> <li>-Development of education courses about brain health, dementia risk reduction, early detection, and, where applicable, comprehensive dementia care tailored for specific audiences such as trainees in healthcare professional programs and healthcare professionals.</li> <li>- Published article(s) about promising practices that address brain health, dementia risk reduction, early detection, and comprehensive dementia care.</li> <li>- Additional resources and communications materials to educate and provide guidance to healthcare professionals on brain health, dementia risk reduction, care of patients with dementia, and comprehensive management of chronic conditions in those patients through methods such as grand rounds, podcasts, social media, etc.</li> <li>- Dissemination of effective education, training, communication strategies, and resources that influence professional practices to include timely and relevant information about brain health, dementia risk reduction, care of patients with dementia, and comprehensive management of chronic conditions in those patients in curricula developed for healthcare professionals across the career trajectory.</li> </ul>

<i>Budget Period Outcomes:</i>	Improved knowledge, awareness, and use of strategies to address brain health, dementia risk reduction, care of patients with dementia, and comprehensive management of chronic conditions in those patients among healthcare professionals.
<i>Outcome Measures:</i>	Improved knowledge, awareness, and use of strategies to address brain health, dementia risk reduction, care of patients with dementia, and comprehensive management of chronic conditions in those patients among healthcare professionals via increased enrollment and uptake of relevant continuing education courses, other educational materials, and supporting resources.

<b>Project Title:</b>	<b>A National Council focused on Environmental Health and Equity</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Persons in formal leadership roles of nonprofit, voluntary, and private entities that support public health services delivery systems.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	The purpose of this collaborative is to build capacity among non-governmental organizations and associations who support the environmental health and public health system to: 1) increase the knowledge and support needed to provide environmental health services, and 2) raise awareness of decisions, actions and policies that work together to create healthy environments for all US residents. The objective of this project is to strengthen collaborations between environmental health partners through a national council focused on environmental health and equity, creating new opportunities to collaborate through coordinating meetings, supporting a national council leadership group, and facilitating implementation of national council annual workplans.
<i>CIO:</i>	NCEH
<i>Division/Branch/Office /Unit:</i>	Office of the Director (OD)
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	base appropriations
<i>Funding Statutory Authority:</i>	TBC
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	<p>Applicant must demonstrate:</p> <ul style="list-style-type: none"> <li>• ability to successfully execute strategies, meet project outcomes.</li> <li>• status as a premiere public health association with national presence, have a strong environmental health program capacity and agenda.</li> <li>• ability to disseminate information to large network of public &amp; environmental health practitioners, demonstrated experience in educating decision-makers.</li> <li>• ability to provide significant level of staff time and diligence to ensure constant communication with national council members.</li> <li>• capacity to facilitate discussions in a collaborative environment to carry-out annual work plan.</li> <li>• ability to implement workplan activities and meet specified objectives with defined deliverables in time-oriented manner as identified in work plan.</li> <li>• success in building capacity with target audience and include a description of the relationship (including history and length of time).</li> <li>• experience working with non-health sectors in advancing environmental health issues.</li> <li>• evidence of past success in organizing, managing, and implementing meetings of environmental health professionals, particularly meetings of similar size and scope.</li> <li>• proven successful program management track record, meeting program goals, and advancing environmental health.</li> </ul> <p>The applicant must have: 1) internal infrastructure (physical space and equipment); 2) staff with relevant skill sets; and 3) appropriate data systems including electronic information and communication systems to fully implement all activities.</p>

<p><i>Recipient Program Experience:</i></p>	<p>Applicant must have demonstrated experience coordinating/fostering coalitions and collaboratives focused on environmental health.</p> <p>Show significant experience and knowledge in public and environmental health, be a recognized leader in these areas, have long-standing credibility and relationships with intended audiences and identified collaborators, and have internal core capacity needed for program. Ability to make connections between environmental health, public health, and non-public health sectors is essential.</p> <p>Existing portfolio and efforts in effective messaging and communication of environmental health is critical. Applicant must understand cultural and organizational differences with respect to environmental health priorities and decision-making and have experience working with diverse groups such as environmental justice, conservation groups, and organizations with a specific environmental health agenda (e.g., housing). Experience working across non-health sectors (e.g., active transportation, environmental protection) to achieve and advance environmental health goals is necessary. Experience in program/process evaluation is essential.</p> <p>The applicant must also provide evidence of: 1) environmental health program management/staffing plans; 2) the ability to develop performance measures and conduct evaluation; 3) maintain financial reporting including management of travel arrangements, and capacity to manage the required procurement efforts, including the ability to write and award subcontracts and subawards.</p>
<p><i>Expectations for Collaboration:</i></p>	<p>Collaboration is essential to the success of this initiative. The applicant is expected to collaborate with recognized organizations, leaders, and agents in the environmental and public health system (governmental, nongovernmental, and Tribal), including partners that are issue or program specific.</p>
<p><i>Expected Subcontractual Work and Criteria:</i></p>	<p>Subcontracting may be used. If directed by CDC/ATSDR, the applicant will be expected to work with subcontractors as necessary to achieve the goals/outcomes of the project. Selecting the subcontractors will occur in consultation with CDC/ATSDR.</p>
<p><i>General Instructions for Use of Funds:</i></p>	<p>To meet deliverables of project, applicant should plan for:</p> <ol style="list-style-type: none"> <li>1) Travel costs and per diem for national council members</li> <li>2) Costs associated with developing communications materials and forums, including graphic design services</li> <li>3) Additional staff support needed to meet project objectives</li> <li>4) Subcontract for meeting facilitation</li> <li>5) Allocated funds for national council leadership group-directed projects.</li> <li>6) Any other additional costs associated with the project</li> </ol> <p>Proposed funding amount is subject to availability of funds. Proposals should be scalable. If less funds are available, CDC/ATSDR and applicant will work together to revise and prioritize activities in work plan.</p> <p>Applicants must provide an itemized budget with following headers:</p> <ul style="list-style-type: none"> <li>• Salaries and wages</li> <li>• Fringe benefits</li> <li>• Consultant costs</li> <li>• Equipment</li> <li>• Supplies</li> <li>• Travel</li> <li>• Other categories</li> <li>• Direct costs</li> <li>• Contractual costs</li> </ul>
<p><b>Strategic Area:</b></p>	<p><b>Partnership Development and Engagement</b></p>

<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Continually reassess national council membership and work to incorporate new and/or non-traditional partners that support the strategic plan objectives and stated core values of the national council, as applicable in consultation with CDC/ATSDR and the national council leadership group.</li> <li>• Develop and maintain accountability structures and systems for national council membership and national council leadership group participation.</li> <li>• Convene two in-person meetings and at least four to six virtual meetings of the national council annually. In-person meetings must be held in accessible spaces conducive to group interaction and relationship building, as mutually decided between applicant and CDC/ATSDR.</li> <li>• Support the national council leadership group in implementing the national council charter, strategic plan, and annual workplan, including facilitating updates to these documents as needed and providing project management support to ensure accomplishment of the annual workplan.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Number of national council members fulfilling membership commitments.</li> <li>• Number of national council members engaged in implementing the annual workplan.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• 25-45 individual national council members representing a range of environmental health organizations with ties to cross-sectoral efforts.</li> <li>• Maintained full schedule for national council full membership and national council leadership group meetings, ensuring calendar invitations with specific dates, times, and locations are sent to all members and supporting project staff as soon as these details are confirmed for effective coordination with member calendars/schedules.</li> <li>• 2 in-person meetings and at least 4-6 virtual meetings per year, including working with CDC/ATSDR for agenda setting, creating the participants roster, developing and disseminating associated materials, preparing and distributing detailed meeting notes including action items for NCEH/ATSDR review followed by distributing to the larger group.</li> <li>• At least two associated documents/tools/deliverables for the national council in support of annual workplan implementation.</li> </ul>
<i>Budget Period Outcomes:</i>	<p>Ultimately, we are working to support healthy people by working for healthier environments, by bringing together diverse stakeholders to help expand and sustain awareness, education, policies, and practices related to environmental health. Specific long-term outcomes include:</p> <ol style="list-style-type: none"> <li>1. A collective voice in support of priority environmental health issues.</li> <li>2. Coordinated activities to advance environmental health.</li> <li>3. Better and more effective environmental health programs, practices and policies, through sharing of new information and research.</li> <li>4. Leverage current and future resources to maximize the impact of environmental health activities.</li> <li>5. Build greater public awareness of the role that environmental health plays in sustaining and promoting human health.</li> <li>6. Alliances between environmental health, public health, and across a range of sectors to achieve results-driven partnerships.</li> </ol>
<i>Outcome Measures:</i>	Number of partners reporting increased collaboration following the meetings. CDC/ATSDR will work with applicant to identify at least one EJ and cross-sector coordination-related performance measure.

<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Coordinate mini-grant programs and subcontractor awards, as needed, in support of the national council's strategic plan, charter, and annual workplan.</li> <li>• Host at least one scientific sessions at upcoming conferences or meetings highlighting the work of the national council.</li> <li>• Conduct national council member satisfaction evaluation, utilizing existing assessment tools.</li> <li>• Evaluate national council reach and impact, including concrete actions and successes resulting from national council meetings, workplan actions, and other activities.</li> </ul>
<i>Process Measures:</i>	Number of national council meetings with member satisfaction evaluations.
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Maintained progress tracker for national council activities as agreed to by the applicant and CDC/ATSDR</li> <li>• At least one scientific session hosted</li> <li>• Internal national council member satisfaction evaluation report and identified actions for quality improvement.</li> <li>• National council reach and impact report</li> </ul>
<i>Budget Period Outcomes:</i>	Build greater public health awareness of the role that environmental health plays in sustaining and promoting human health
<i>Outcome Measures:</i>	Number of evaluation responses reporting how the national council leads a collective voice in supporting environmental health issues

<b>Project Title:</b>	<b>Evaluating the Heat and Health Initiative</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community-based organizations (CBOs) serving rural, immigrant, and migrant workers (RIM) working and living in rural or semi-rural communities</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>In April 2024, as part of an agency priority on heat and health, CDC released guidance to help reduce the impact of heat on human health for clinicians to use with their patients, particularly those at increased risk from heat, including children with asthma, pregnant women, and adults with cardiovascular disease, and for the public. The intended primary users of the guidance are front-line clinicians practicing at Community Health Centers (CHCs) across the US.</p> <p>CDC will conduct a multi-component evaluation to inform performance improvement and continued uptake of this guidance by this user group. The 3 evaluation components include: 1) a quantitative assessment of number of visits to the CDC website and/or downloads of the materials through end of 2024 (conducted by CDC) , 2) impact on specific health outcomes [e.g. reduction in heat-related ED visits, reduction in heat-related mortality, or changes in health care costs over the next 3-5 years, in temporal association with use of the guidance tools] (conducted by CDC), and 3) a qualitative assessment of the guidance by frontline CHC clinicians, including facilitators and barriers to use. The purpose of this project is to support the activities related to the third (qualitative) component of the evaluation, including informing the design of, implementing, and analyzing the qualitative evaluation component in collaboration with CDC.</p>
<i>CIO:</i>	NCEH
<i>Division/Branch/Office /Unit:</i>	Office of the Director (OD)
<i>Proposed FY24 Project Funding Total:</i>	\$300,000.00
<i>Funding Appropriation:</i>	to be determined, funds if available
<i>Funding Statutory Authority:</i>	FY 2024 NCEH funding
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	To effectively conduct the work described in this project, the candidate recipient must demonstrate skills and experience in program evaluation, including sample size determination, design and conduct of a survey, design and conduct of a focus group, and experiencing analyzing survey and focus group data. The candidate recipient must also describe and demonstrate existing reach to, relationships with, and infrastructure for engaging community health centers (CHCs) across the nation. CHCs are the intended audience of this project. The recipient can also describe experience with and the ability to engage additional health systems that also interface with CHCs, should CDC expand the reach to additional health systems.

<i>Recipient Program Experience:</i>	The candidate recipient must demonstrate content expertise related to the impact of the changing climate on human health, ideally heat and health. To effectively conduct the work described in this project, the candidate recipient must also demonstrate experience delivering health interventions to community health centers (CHCs) on climate hazards and health (ideally heat and health), in addition to demonstrating basic context expertise in this topic. The candidate recipient must demonstrate existing and well-developed relationships with CHCs, including through such activities as provision of technical assistance to CHCs, provision of support services to CHCs, delivery of educational content to CHCs, experience evaluating programs delivered within CHCs, provision of routine health messaging to CHCs, experience seeking process improvement input from CHCs, and overall routine interface with CHCs. Ideally, the candidate recipient also demonstrates experience interfacing with other health systems outside of the CHC systems, with federal health agencies, and with entities engaging in integration of public health and health care data systems. Direct or indirect experience linking health programs delivered within CHCs to electronic health systems or other IT activities such as health-related text prompts may help the candidate recipient effectively conduct work described in this project.
<i>Expectations for Collaboration:</i>	As a component of this project, the recipient may collaborate with other health systems delivering healthcare-based heat and health interventions and with entities managing electronic health record platforms as a step to systematizing and sustaining delivery of heat related guidance.
<i>Expected Subcontractual Work and Criteria:</i>	No subcontractual work is anticipated at this time.
<i>General Instructions for Use of Funds:</i>	Funds will be used for: <ul style="list-style-type: none"> <li>• Personnel with demonstrated evaluation expertise, specifically with skills and experience required to conduct activities described in Section 5.</li> <li>• Personnel with demonstrated experience in engaging the population of focus, specifically with skills and experience required to conduct activities described in Section 5.</li> <li>• Design, implementation, analysis and reports summarizing and recommending action steps based on national survey, including funds for incentives for participation.</li> <li>• Design, implementation, analysis and reports summarizing and recommending actions steps of focus groups, including funds for incentives for participation.</li> <li>• Travel to up to 5 sites to hold focus group discussions.</li> </ul>
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	Year 1 <ul style="list-style-type: none"> <li>• In fall 2024, administer a survey, developed and pilot tested by CDC during summer 2024, to a national sample of CHCs across the US to elucidate facilitators and barriers to achieving the short and intermediate term outcomes listed above. This survey would be conducted as a fall 2024 look back on the materials used during summer 2024. Tasks include: <ul style="list-style-type: none"> <li>o Socialize the intended population to the survey and its intent.</li> </ul> </li> </ul>

- o Collaborate with CDC on developing the sampling frame.
  - o Administer the survey.
  - o Design a process that will result in an >70% response rate, accounting for pre-defined representation by clinic, by clinic staff type, and by other sociodemographic characteristics.
  - o Provide an incentive for participation.
  - o Partner with CDC in analyzing the survey data.
  - o Prepare a report summarizing survey results including a) facilitators and barriers to future use of the heat and health guidance materials, b) identification of any additional high risk priority populations or health care conditions for whom future heat materials could be developed, c) identification of specific processes or activities that would help increase uptake of the heat and health materials in health center settings, including such things as linkages of heat guidance materials to electronic health records, and d) an assessment of generalizability of these findings to similar future materials for additional climate hazards and health.
    - Assist CDC in designing and conducting up to 5 focus groups in late winter 2025, informed by results of the fall survey, to provide additional qualitative understanding to facilitators and barriers to the use of the heat and health tools. These focus group discussions would build capacity for and inform refinement of heat and health tools for spring/summer 2025.
  - o Recommend to CDC number of focus groups needed, sample size, attendee participants makeup with diversity of staff and patient population in geography, race, ethnicity, indigeneity, health condition of interest, staff type, specialty of subspecialty of the clinicians, etc.
  - o Manage planning and logistics related to focus group discussion.
  - o Host and facilitate focus group discussions.
  - o Provide an incentive for participation.
  - o Using qualitative data analytic methods, analyze the data and develop a report summarizing themes from the focus group discussions. The report would include a) facilitators and barriers to future use of the heat and health guidance materials, b) recommended design changes to the summer 2024 materials that would help achieve greater uptake, and c) identification of specific processes or activities that would help increase uptake of the heat and health materials in health center settings, including such things as linkages of heat guidance materials to electronic health records.
- Year 2, beginning summer 2025
- Assist CDC in designing and conducting up to 10 observation sessions during summer 2025 that would add additional qualitative understanding to facilitators and barriers to the use of the heat and health tools and build capacity for their future use.
    - o Recommend to CDC a sample size, recommended number of observation sessions, and a range of representative participants that represent diversity in geography, race, ethnicity, health condition of interest.
    - o Manage planning and logistics of site visits.
    - o Conduct observations of heat related patient interactions during heat season around the United States.
    - o Provide an incentive for participation.
    - o Using qualitative data analytic methods, analyze the data and develop a report summarizing themes from the focus group discussions.
      - If linkages of heat materials to electronic health records is identified through qualitative evaluative activities as a continued gap and an important lever by which to increase uptake of heat and health materials, the candidate recipient will partner with CDC to build on ongoing efforts to link heat and health materials to electronic medical record platforms and text alert systems to promote use of materials by clinicians and patients.

<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• &gt; 70% response rate to survey, accounting for pre-determined representation by clinic, by clinic staff type, and by other sociodemographic characteristics</li> <li>• Successful completion of full set of focus groups with an &gt; 70% participation attendee rate, accounting for representation by clinic, by clinic staff type, and by other sociodemographic characteristics</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Year 1: Data and report from the survey and focus groups.</li> <li>• Year 2: Data and reports from observations. Activities/products implemented to increase uptake of heat and health materials, TBD and informed by results of year 1 evaluative activities.</li> </ul>
<i>Budget Period Outcomes:</i>	<p>Completed survey and report as described in Activities section above.</p> <p>Completed focus groups and report as described in Activities section above.</p>
<i>Outcome Measures:</i>	<p>Year 1: 1) Report from the survey and focus group provided to CDC at the mid-point of the budget period, enabling CDC to make process improvements to the materials for summer 2025; 2) Reports from survey and focus groups available at mid-point of budget period to inform Year 2 evaluative activities.</p> <p>Year 2: Reports from observations providing an in-depth qualitative assessment of barriers and facilitators to use of new CDC Heat and Health Resources by CHCs nationwide to inform implementation and capacity building related to heat and health materials for 2026 and beyond.</p>

<b>Project Title:</b>	<b>Water and Wastewater Systems Sector cross-sector training for preventing and controlling emerging and reemerging infectious disease threats</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Wastewater utilities and operators</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>The overall purpose of this project is to: promote the participation of wastewater utilities in wastewater surveillance for public health; develop technical resources for participating wastewater utilities; continue development and support of a wastewater surveillance Utility Community of Practice; promote cross-sector relationships between wastewater utilities and public health; build wastewater utility capacity for effective and efficient wastewater surveillance.</p> <p>The use of wastewater surveillance methods has rapidly increased in the United States for public health response. The implementation of wastewater surveillance for pathogen detection and health threat monitoring has created a need for enhanced training and workforce development activities aimed at wastewater utilities to build an effective and resilient wastewater surveillance network. This project aims to strengthen leadership and workforce competencies of the wastewater utility workforce on workforce development activities for wastewater operators supporting wastewater surveillance. This project will support a wastewater surveillance Utility Community of Practice by coordinating monthly calls and providing timely and relevant updates and information to the wastewater sector. This project will also host a series of Wastewater Surveillance Workshops to support the exchange of best practices across wastewater utilities nationwide and to provide wastewater surveillance training to participants. In addition, this project will support an annual meeting of wastewater surveillance implementers including wastewater operators, public health agencies, industry, and academic partners.</p>
<i>CIO:</i>	NCEZID
<i>Division/Branch/Office /Unit:</i>	Division of Infectious Disease Readiness and Innovation (DIDRI)
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	American Rescue Plan Act of 2021 PL 117, CARES Act PL 116-136 and Further Consolidated Appropriations Act, 2024, 75-2024-0943 EI funding
<i>Funding Statutory Authority:</i>	American Rescue Plan Act of 2021 PL 117, CARES Act PL 116-136 and Further Consolidated Appropriations Act, 2024, 42 USC 247b-24: Addressing factors related to improving health outcomes
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	Recipient organization should have demonstrated experience supporting wastewater utilities of all sizes nationwide, developing technical resources, coordinating workshops and other meetings.
<i>Recipient Program Experience:</i>	Recipient should have demonstrated experience developing wastewater technical resources and programs, and associated training activities, to build wastewater surveillance capacity for wastewater operators.
<i>Expectations for Collaboration:</i>	Recipient is expected to collaborate with wastewater utilities or organizations that represent them and public health agencies.

<i>Expected Subcontractual Work and Criteria:</i>	Subcontracting work is not required; however, should it be deemed necessary by the recipient, all pertinent grants management rules and regulations should be followed.
<i>General Instructions for Use of Funds:</i>	No specific cost categories are prohibited from being requested; however line items reflected in the budget will be evaluated against the proposed workplan. Costs not directly applicable to the successful completion of the stated activities will not be programmatically recommended for approval.
<b>Strategic Area:</b>	<b>Workforce</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ol style="list-style-type: none"> <li>1. Develop wastewater surveillance technical resources for utilities participating in wastewater surveillance.</li> <li>2. Coordinate and maintain a wastewater utility Community of Practice.</li> <li>3. Host wastewater surveillance workshops to identify barriers to effective participation and facilitate peer-to-peer learning.</li> <li>4. Host a national meeting of wastewater surveillance implementers to identify best practices and knowledge gaps</li> </ol>
<i>Process Measures:</i>	<p>Develop at least 4 new technical resources during the initial budget period.</p> <p>Increase the number of participants in wastewater utility Community of Practice at least 5 during the initial budget period.</p> <p>Maintain the baseline number of jurisdictions participating in wastewater surveillance workshops and mix of professions in the initial budget period.</p> <p>Develop at least 2-3 national meeting materials and 1 evaluation report to assess participation.</p>
<i>Outputs:</i>	Technical resources for utilities and public health departments for wastewater surveillance; Wastewater surveillance Community of Practice meetings; Wastewater surveillance workshops; National meeting of wastewater surveillance implementers; Evaluation report
<i>Budget Period Outcomes:</i>	Individuals participating in the wastewater utility Community of Practice indicate improved awareness of wastewater surveillance activities. Attendees at hosted wastewater surveillance workshop indicate increased knowledge and improved competence.
<i>Outcome Measures:</i>	At least 60% of wastewater utility Community of Practice participants report increased awareness of NWSS activities and resources. At least 60% of attendees at hosted wastewater surveillance workshop report increased knowledge and competency.

<b>Project Title:</b>	<b>Healthcare System Living Learning Network on Sepsis Core Elements</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Hospitals and healthcare systems</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	To improve information sharing and support implementation of CDC’s Hospital Sepsis Program Core Elements among healthcare administrators of facilities, and to providing a platform for expertise and resource dissemination, within hospitals and health systems as well as elements of the broader public health system.
<i>CIO:</i>	NCEZID
<i>Division/Branch/Office /Unit:</i>	Division of Healthcare Quality Promotion (DHQP)
<i>Proposed FY24 Project Funding Total:</i>	\$225,000.00
<i>Funding Appropriation:</i>	Further Consolidated 7 Appropriations Act, 2024
<i>Funding Statutory Authority:</i>	Titles II, III, and XVII, and section 9 2821 of the PHS Act, and titles II and IV of the Immigra10 tion and Nationality Act
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	<p>Recipients should have experience building and maintaining living learning networks platform that can provide information dissemination and program implementation support. This virtual platform will disseminate technical, logistical, and clinical information and offer technical assistance support on CDC’s Sepsis Core Elements. Recipients should have the capacity to build a platform that will</p> <ul style="list-style-type: none"> <li>• Facilitate peer-to-peer information sharing</li> <li>• Host learning networks</li> <li>• Host and manage real-time information dissemination through online discussion forums or other means</li> <li>• Help to rapidly disseminate CDC guidelines core elements, and resources</li> <li>• Identify job aides and tools that are needed to support sepsis core elements implementation</li> <li>• Disseminate job aides and tools developed by CDC and/or developed and utilized by health systems that support sepsis core elements implementation.</li> <li>• Inform healthcare facility administrators of relevant CDC educational offerings for themselves, clinicians and healthcare workers</li> <li>• Provide healthcare systems input to CDC for the development and refinement of tools</li> </ul>
<i>Recipient Program Experience:</i>	Recipient should have experience and expertise engaging and supporting hospitals and healthcare systems, particularly critical access hospitals and those in rural or under resourced areas. Please note activities and education offerings funded through with initiative should be freely available and not limited based on organizational membership
<i>Expectations for Collaboration:</i>	Recipient may collaborate with segments of the healthcare sector in order to increase engagement with hospitals and health systems, particularly those in rural areas.
<i>Expected Subcontractual Work and Criteria:</i>	Recipient may implement sub-contracts to support the technology infrastructure required for a virtual platform.

<i>General Instructions for Use of Funds:</i>	Funds should be planned based on what is required to meet the objectives, activities, and deliverables, Funds may be used for direct salaries and wages, including fringe for the funded organization, cost of supplies and printing that will be required to meet the objectives, activities, and deliverables, any estimated travel that may be required, or contracts that are deemed necessary by the recipient.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Short-term: Increased use of CBA services and products by populations of focus;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	A1: An enhanced communications platform designed especially to encourage and incentivize collaborations between hospital, health system, state hospital association and public health departments with a focus on, but not limited to CDC's Sepsis Core Elements.  A2: Hosting and managing real-time information dissemination through online discussion forums, webinars, fireside chats, open house discussions
<i>Process Measures:</i>	PM1: In order to increase cross-sector collaboration to implement CDC's Sepsis Core Elements, at least 500 hospitals, health systems, public health departments and/or other organizations will be invited to participate in a Sepsis Core Elements Living Learning Network.  PM2: In order to increase cross-sector collaboration to implement CDC's Sepsis Core Elements, at least 1 virtual convening will be on the topic of collaboration approaches and/or barriers for implementation.
<i>Outputs:</i>	Lessons learned from LLN member engagement on virtual platform, through virtual events, and from site visit discussions for spread and dissemination across the healthcare sector.
<i>Budget Period Outcomes:</i>	BPO1: Streamlining the dissemination of resources and guidance related but not limited to sepsis. BPO2: Strengthened hospital, health system and public health response capabilities to establish and maintain sepsis prevention programming. BPO3: Improved information sharing among hospitals and healthcare systems providing care to patients to help improve capacity and expertise and to better prevent, identify, and manage sepsis.
<i>Outcome Measures:</i>	OMST-1: At least 60% of virtual convening participants report a strengthened capability to collaboratively and strategically respond to and reduce Sepsis cases.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

<i>Activities:</i>	A1: Disseminate evidence-based sepsis programming information and spread practices to facilitate peer-to-peer discussion and implementation (e.g. Sepsis Core Elements) A2: Plan engagement with organizational leadership and CDC to discuss shared priorities and goals including but not limited to sepsis prevention.
<i>Process Measures:</i>	PM1: To increase awareness and/or adoption of CDC Sepsis Core Elements, the awardee will meet at least once monthly with CDC to provide project updates PM2: To increase awareness of CDC's Sepsis Core Elements, awardee will plan at least 2 in-person and/or virtual engagements with CDC and awardees' organizational leadership to discuss sepsis programs and related activities and priorities.
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>· Awardee develops communications pathways (e.g., web-based functionality) to further disseminate and uptake of best practices. Products could include things like best practices or tips for healthcare administrators and systems; a guideline, algorithm or checklist that serves as a resource for healthcare systems and/or hospitals to follow; and/or templates for systems to use and modify, including those for process improvement, roles and responsibilities RACI matrix, monitoring and evaluation procedures, data collection, and context diagrams.</li> <li>· Easy-to-use, easy-to-share summary documents on how to prevent the spread and promote prevention of infections.</li> </ul>
<i>Budget Period Outcomes:</i>	BPO1: Streamlining the dissemination of resources and guidance related but not limited to sepsis prevention. BPO2: Strengthened hospital, health system and public health response capabilities to establish and maintain sepsis prevention programming. BPO3: Improved information sharing among hospitals and healthcare systems providing care to patients to help improve capacity and expertise and to better prevent, identify, and manage sepsis.
<i>Outcome Measures:</i>	OMST-1: At least 65% of participants an increased capability to use the Sepsis Core Elements to inform decision-making and support evidence-based practices and policies related to sepsis programs and response.
<b>Strategic Area:</b>	<b>Workforce</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	A1: An enhanced communications platform designed especially to encourage and incentivize collaborations between hospitals, health systems, state hospital associations, public health departments and their administrators, program directors and decision-makers including but not limited to infectious disease directors, quality directors, and preparedness directors in hospital health care facilities (e.g., ambulatory care, other in-system care settings). A2: Inform health care facility administrators of relevant public health, CDC and other federal partner educational offerings for themselves, clinicians, other decision-makers (not intended to inform clinical decision making or patient management).
<i>Process Measures:</i>	PM1: To increase the adoption of CDC's Sepsis Core Elements, at least 50% of public health departments invited to participate in Sepsis Core Elements living learning network will participate and attend an event.

<i>Outputs:</i>	A summary report of the activities and lessons learned from the Sepsis Core Elements Living Learning Network, including lessons learned of implementing the Sepsis Core Elements in facilities and communities with below average implementation as of July 2023.
<i>Budget Period Outcomes:</i>	BPO1: Strengthened hospital and health system capabilities to establish and maintain CDC's Sepsis Core Elements BPO2: Improved information sharing among hospitals and healthcare systems in providing care to patients to help improve capacity and expertise to prevention sepsis.
<i>Outcome Measures:</i>	OMST-1: At least 60% of Sepsis Core Elements Living Learning Network participants report increased confidence and/or capacity to implement the Sepsis Core Elements.

<b>Project Title:</b>	<b>Information Sharing on Sepsis Among Pediatric Clinicians and Summer Camp Healthcare Providers</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>pediatric healthcare providers</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	To improve information sharing and support prevention, identification, and treatment of sepsis in pediatric summer camps through outreach to camp clinicians and other pediatric healthcare providers.
<i>CIO:</i>	NCEZID
<i>Division/Branch/Office /Unit:</i>	Division of Healthcare Quality Promotion (DHQP)
<i>Proposed FY24 Project Funding Total:</i>	\$100,000.00
<i>Funding Appropriation:</i>	Further Consolidated 7 Appropriations Act, 2024
<i>Funding Statutory Authority:</i>	Titles II, III, and XVII, and section 9 2821 of the PHS Act, and titles II and IV of the Immigration and Nationality Act
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Recipient should have experience engaging, educating and disseminating healthcare messaging to pediatric healthcare providers, coaches, and volunteers in both outpatient and in community settings, especially summer camps. Recipient should have experience and/or expertise within their organization or membership on the topic of pediatric sepsis.
<i>Recipient Program Experience:</i>	Recipient should have experience and expertise engaging and supporting healthcare providers, coaches, and volunteers in summer camp settings.
<i>Expectations for Collaboration:</i>	Recipient may collaborate with organizations in the pediatric summer camp sector.
<i>Expected Subcontractual Work and Criteria:</i>	Recipient may likely implement sub-contracts for a period of performance of one year to support dissemination of sepsis information in summer camp settings via funded partnership with camping youth-focused camp organizations, youth activity organizations, or summer camp eHR companies.
<i>General Instructions for Use of Funds:</i>	Funds should be planned based on what is required to meet the objectives, activities, and deliverables, Funds may be used for direct salaries and wages, including fringe for the funded organization, cost of supplies and printing that will be required to meet the objectives, activities, and deliverables, any estimated travel that may be required, or contracts that are deemed necessary by the recipient.
<b>Strategic Area:</b>	<b>Data Modernization, Informatics, and Information Technology</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	A1. Explore the feasibility on including a sepsis alert in summer camp eHR systems.

<i>Process Measures:</i>	P1. Identify common eHR systems utilized by summer camp organizations. P2. Implement scoping conversations with identified eHR vendors to determine existence of sepsis alerts in their systems and/or the feasibility of integrating sepsis alerts in their systems.
<i>Outputs:</i>	Feasibility determination on the integration of sepsis alerts/clinical support tools into summer camp eHRs.
<i>Budget Period Outcomes:</i>	Improved awareness by healthcare providers in camp settings of emergent sepsis risk.
<i>Outcome Measures:</i>	Increased identification of sepsis and/or sepsis risk in pediatric camp settings.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	A1: Implementation of partnerships with summer camp organizations and summer camp healthcare providers.  A2: Hosting and managing information dissemination through online discussion forums, webinars, fireside chats, open house discussions, live events, or other means.
<i>Process Measures:</i>	PM1: Total number of providers and affiliated staff reached  PM2: Total number of attendees during virtual convenings.
<i>Outputs:</i>	Increased awareness of sepsis due to spread and dissemination of CDC and other technically accurate sepsis materials.
<i>Budget Period Outcomes:</i>	BPO1: Streamlining the dissemination of resources and guidance related but not limited to sepsis. BPO2: Strengthened summer camp capabilities to prevent, identify, and manage sepsis.
<i>Outcome Measures:</i>	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health and capacity to prevent and manage pediatric sepsis.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	A1: Disseminate evidence-based sepsis programming information
<i>Process Measures:</i>	PM1: Awardee will provide project updates to CDC on a regular basis, but no less than monthly.
<i>Outputs:</i>	Easy-to-use, easy-to-share summary documents on how sepsis information was shared with the summer camp sector.
<i>Budget Period Outcomes:</i>	BPO1: Streamlining the dissemination of resources and guidance related but not limited to sepsis prevention.

<i>Outcome Measures:</i>	OMI-1: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
<b>Strategic Area:</b>	<b>Workforce</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	A1: Convene a series of at least 2 remote trainings or webinars for healthcare providers serving pediatric camp settings on sepsis prevention, identification, and treatment.  A2: Leverage existing channels to disseminate resources on pediatric sepsis development by CDC.
<i>Process Measures:</i>	PM1: Delivery of sepsis information to at least 50 healthcare providers in pediatric summer camp settings through virtual training events. PM2: CDC resources on sepsis disseminated via at least 3 information channels or events.
<i>Outputs:</i>	Healthcare providers serving pediatric summer camps are able to access up-to-date medical and scientific evidence to better prevent, identify and manage sepsis.
<i>Budget Period Outcomes:</i>	BPO1: Strengthened capability of healthcare providers in summer camp settings to prevent, identify and manage pediatric sepsis. BPO2: Improved awareness of pediatric sepsis risk in their the camper population.
<i>Outcome Measures:</i>	At least 70% of healthcare providers and affiliated youth camp/activity staff reached through virtual events report increased awareness of sepsis and how to prevent it.

<b>Project Title:</b>	<b>Tuberculosis Community Engagement Network</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community health centers serving Asian, Asian American, Native Hawaiian and Pacific Islander communities.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>Eliminating tuberculosis (TB) requires expanding testing and treatment of latent TB infection for populations at increased risk, including people born in or who frequently travel to countries where TB disease is common. Many of those at high risk for TB infection and TB disease receive care from private health care providers and community health centers, not state and local public health departments. The purpose of this project is to lead and strengthen an existing community engagement network of organizations serving populations at risk for TB, primarily non–U.S.-born Asian Americans and Native Hawaiian and Pacific Islander communities and their health care providers with the capacity to build additional partnerships with organizations that serve non–U.S.-born Hispanic and Latino and U.S.-born African American communities. The project includes activities to:</p> <ul style="list-style-type: none"> <li>• Provide technical assistance and training to community engagement network members to conduct culturally competent outreach to populations at risk</li> <li>• Increase TB awareness among health care agencies and organizations who serve populations at risk</li> <li>• Develop and administer a mini-grant program to support community-based organizations and community health center TB elimination efforts</li> <li>• Share strategies, materials, and lessons learned through networking, education, training, and other collaborative opportunities</li> </ul>
<i>CIO:</i>	NCHHSTP
<i>Division/Branch/Office /Unit:</i>	Division of TB Elimination (DTBE)
<i>Proposed FY24 Project Funding Total:</i>	\$610,000.00
<i>Funding Appropriation:</i>	75-24-0950
<i>Funding Statutory Authority:</i>	Consolidated Appropriations Act of 2024, P.L. 118-42
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	The recipient organization should have the capacity to lead a network of community-based organizations, community health centers, and other partners working with non–U.S.-born Asian Americans and Native Hawaiian and Pacific Islander communities at the regional, state, and local levels (not necessarily funded by CDC), with the capacity to build additional partnerships with organizations that serve non–U.S.-born Hispanic and Latino and U.S.-born African American communities. The recipient organization should already possess internal capacity to provide technical assistance to a variety of organizations.

<i>Recipient Program Experience:</i>	The recipient organization should have prior experience providing capacity building assistance to community-based organizations that serve non–U.S.-born Asian Americans and Native Hawaiian and Pacific Islander communities developing communication and education tailored to the community, providing technical assistance, and in building coalitions and networks. The recipient organization should have a leadership role with an existing network or coalition comprised of a variety of community-based organizations and other institutions at the regional, state and local levels.
<i>Expectations for Collaboration:</i>	Given the underlying premise of this work is to maintain and strengthen a community engagement network that serves communities at risk for TB and their health care providers, across the United States, the collaboration envisioned would be in connecting with a variety of organizations. Other collaborations would include organizations with experience in tuberculosis and partnership building. When appropriate, the recipient organization may work with other organizations that have similar goals and objectives, including TB education and communication, networking, capacity building and/or professional education and training, or who work with the same populations of focus. These groups can include but are not limited to State and big city TB programs and the CDC-funded TB Centers of Excellence for Training, Education, and Medical Consultation, as well as the National Tuberculosis Coalition of America, Stop TB USA, and other TB partners. The recipient organization should collaborate with coalitions who are working with similar groups on different health topics.
<i>Expected Subcontractual Work and Criteria:</i>	To the extent the expertise is needed to assist with the prospective scope of work, it is expected that the recipient organization carefully consider where the gaps are and the organizations best suited to address those gaps. In terms of recommended criteria for selecting subcontractors, factors to consider would include the standing and reputation of the organizations, the extent to which the organization possesses the knowledge and expertise that fills the identified gap, further expands partnership and network opportunities, and prior experience working with the organization that gives indication of utility in considering another collaborative arrangement.
<i>General Instructions for Use of Funds:</i>	Funds should be used to support the recipient organization’s staff and programmatic activity as described in the strategic areas section. Funds should be used for sub-awarding as needed to organizations to help fill gaps in expertise or expand reach and network; establishing and administering a mini-grant program for community-based organizations, community health clinics, and other eligible partners; and facilitate opportunities for technical assistance (webinars, etc.). The recipient organization should budget for travel for up to two domestic trips per project year to attend the National Tuberculosis Conference (3-4 days) and participate in other TB partner gatherings and meetings. Attendance at the National TB Conference is also recommended for collaborating organizations and current Network members.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas

<p><i>Activities:</i></p>	<ul style="list-style-type: none"> <li>• Sustain and expand a community engagement network of diverse organizations to provide technical assistance and training and conduct culturally competent outreach to communities at high risk for TB infection and TB disease and places where they receive care, including private health care providers and community health centers.</li> <li>• Develop and implement a strategic plan to outline the mission, vision, values, strategic priorities, implementation, and evaluation activities. Conduct needs assessments and evaluation data analysis with current and potential network member and past mini-grantees as needed to inform the plan.</li> <li>• Develop and implement a network engagement communication and outreach plan to expand the network membership, disseminate best practices, accomplishments, and lessons learned through mechanisms such as: conducting conference calls, workgroup meetings, discussion groups, trainings, webinars, and other activities; and through other digital communication channels, guidance documents, case studies, tools, and other products.</li> <li>• Conduct at least one webinar to share strategic plan, communication and outreach plan, and mini-grant plan with network members, partners, and others in the TB community.</li> <li>• Engage with national, state, and local partners in TB elimination, including health departments and TB Centers of Excellence, including, but not limited to attendance at the annual National TB Conference and other meetings and conferences as appropriate. Participation in the conference planning committee is also encouraged. Additional opportunities for engagement may include participation in various TB partner workgroups at the national, state, or local levels, communication activities, and observance day activities.</li> <li>• Connect network members, mini-grantees, and other partners with relevant TB information by sharing and promoting resources to inform and support activities. Examples of these resources include new TB guidelines or recommendations, CDC’s Think. Test. Treat TB Campaign, World TB Day promotional materials, and other education and training products and opportunities.</li> </ul>
<p><i>Process Measures:</i></p>	<ul style="list-style-type: none"> <li>• By November 30, 2024, host at least one virtual meeting with attendance from at least 10 current network members and establish meeting cadence and potential agenda items for the project period.</li> <li>• By December 31, 2024, complete an outline of the strategic planning process.</li> <li>• By March 31, 2025, complete Strategic Plan and begin implementation</li> <li>• By April 30, 2025, complete Communication and Outreach Plan and begin implementation</li> <li>• By June 30, 2025, conduct at least one webinar to share the strategic plan, communication and outreach plan, and mini-grant plan.</li> <li>• Network leadership will submit at least one abstract for the National TB Conference on network activities.</li> </ul>
<p><i>Outputs:</i></p>	<ul style="list-style-type: none"> <li>• Development of a Strategic Plan for the Network.</li> <li>• Development of a Network Communications and Outreach plan.</li> <li>• Hosting at least one webinar to share strategic plan, communication and outreach plan, and mini-grant plan with network members, partners, and others in the TB community.</li> </ul>
<p><i>Budget Period Outcomes:</i></p>	<ul style="list-style-type: none"> <li>• Established vision, mission, strategic priorities and goals and objectives for the network.</li> <li>• Established priorities and strategies for communication and outreach to current and potential network members and partners.</li> <li>• Increased awareness of Network strategies, activities, and priorities among current and potential network members and partners, including state and local health departments</li> </ul>

<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• At least 90% of current network members attend at least two virtual member meetings.</li> <li>• At least 75% of webinar attendees report increased understanding of Network goals and objectives following webinar(s).</li> </ul>
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Develop and implement a plan/process to promote, select, award, and evaluate mini-grants to community-based organization and/or community health centers to support culturally appropriate TB outreach, raise TB awareness, and/or implement quality improvement practices/initiatives within health systems, clinics, and/or agencies.</li> <li>• Disseminate promising practices and lessons learned from mini-grant activities and other network projects (for example, needs assessments, learning collaborations, case studies, evaluations, etc.) to promote innovations, successes, and initiatives that other organizations could scale up to support TB elimination efforts.</li> </ul>
<i>Process Measures:</i>	• By May 31, 2025, complete Mini-Grant Program Plan and publicize to potential applicants.
<i>Outputs:</i>	• Development of a Mini-Grant program, including project timeline, application and review process, scope of grant program, identification of potential reviewers, application evaluation criteria, technical assistance to applicants and awardees, and project evaluation criteria.
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Development and implementation of a Mini-Grant program to support outreach and awareness efforts by community based organizations and health clinics.</li> <li>• Dissemination strategy/platform to showcase mini-grant projects and other network activities to share lessons learned and best practices that can be used as models for other organizations.</li> </ul>
<i>Outcome Measures:</i>	At least 75% of network members and/or mini-grantees report increased capacity to deliver culturally competent and appropriate educational outreach to populations of focus

<b>Project Title:</b>	<b>Community of Practice: Strengthen infectious disease screening using AMA Routine Screening Toolkit</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Health care teams</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project aims to broadly engage clinical partners to disseminate the AMA Routine Screening Toolkit and develop a Community of Practice (CoP) for Community Health Centers (CHCs) and Emergency Departments (EDs) to strengthen routine screening for HIV, STDs, viral hepatitis, and latent TB infection (LTBI). The broad partnership engagement will disseminate the AMA routine screening toolkit through multi-mode communications to organizations whose members can leverage the toolkit to implement changes in their practices and organizations. The CoP will engage CHCs and EDs committed to increasing screening in their organizations through facilitated needs assessments, improvement planning, provision of technical assistance, mid and end of CoP evaluations, and a communications platform for peers to connect and share lessons learned and best practices implementing the evidenced based practices in the AMA Routine Screening Toolkit.
<i>CIO:</i>	NCHHSTP
<i>Division/Branch/Office /Unit:</i>	Office of the Director (OD)
<i>Proposed FY24 Project Funding Total:</i>	\$200,000.00
<i>Funding Appropriation:</i>	75-24-0950 Improving Program Effectiveness
<i>Funding Statutory Authority:</i>	PHSA § 317
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	The recipient should have extensive experience in health system capacity building, implementation of evidence-based clinical interventions, policy development, and promoting evidence-based practices to improve health. Additionally, the recipient should be able to engage with a wide range of clinical partners and organizations to disseminate information about the AMA routine screening toolkit, develop a platform for the CoP to facilitate regular communications between participants and sharing of lessons learned and best practices.
<i>Recipient Program Experience:</i>	The recipient should be able to provide technical assistance to clinicians, healthcare facilities, and national medical specialty societies on issues regarding practices to screening for HIV, STDs, viral hepatitis, and LTBI. The recipient should also have experience bringing together diverse stakeholders to address public health issues using in-person or tele-mentoring formats.

<i>Expectations for Collaboration:</i>	In developing the CoP, the recipient, in collaboration with the CDC, should engage with a wide range of partner organizations. These would include organizations and associations that engage medical professionals in emergency department and community health center settings such as the American Medical Association, the Infectious Diseases Society of America, the American College of Emergency Physicians, the American Academy of Emergency Medicine, the Emergency Department Practice Management Association, the Society for Academic Emergency Medicine, Emergency Medicine Transmissible Infectious Diseases and Epidemics network within SAEM, the National Association of Community Health Centers, and Community Health Center Associations from different states across the nation. They may also engage with state and local health departments and other organizations working to increase testing and diagnosis for HIV, viral hepatitis, STDs, and TB.
<i>Expected Subcontractual Work and Criteria:</i>	The recipient is encouraged to subcontract with entities that can improve the delivery of the expected outputs. CDC does not encourage use of multiple subcontractors, or subcontracting to an entity that must itself subcontract with one or more additional organizations, unless the grantee can provide clear evidence that such an arrangement will yield greater product quality and completeness for the same (or an even lower) budget.
<i>General Instructions for Use of Funds:</i>	<ul style="list-style-type: none"> <li>• Recipients may not use funds for research.</li> <li>• Recipients may not use funds for clinical care.</li> <li>• Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services. Food and travel allowance requests can be permitted but will require justification.</li> </ul>
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ol style="list-style-type: none"> <li>1. Develop CoP plan for CHCs and ED including recruitment strategy, needs assessment approach, pathways for communication between participants, technical assistance (providers and delivery methods), and evaluation plan within 2 months of funding start date.</li> <li>2. Recruit organizations to participate in a CoP, leveraging partnerships developed through Partnership Development and Engagement activities by month 3. Organizations should have engagement by organization (e.g., hospital system) administrators to facilitate organizational change and longer-term impact.</li> <li>3. Implement CoP plan with participants including facilitated needs assessments with participants, developing organization change focus areas and plans, and providing technical assistance during months 4-10. Throughout the CoP, the AMA Routine Screening Toolkit is a primary resource, but additional technical assistance providers should be identified and made available to support participant implementation plans.</li> <li>4. Host community of practice seminars sharing evidenced based practices to screening for HIV, STDs, viral hepatitis, and LTBI.</li> <li>5. Implement evaluation plan to measure the effectiveness of the CoP, including number of medical providers and organizations that participate in the CoPs and percent (and type) who implemented changes to establish or expand screenings in health care settings using the AMA Routine Screening Toolkit.</li> </ol>

<i>Process Measures:</i>	<ol style="list-style-type: none"> <li>1. Number of CoP participants committed to participate; Target: at least 10 ED and 10 CHC participants.</li> <li>2. A minimum of eight CoP seminars (3 targeting CHC and 3 targeting ED providers) conducted.</li> <li>3. Percent of CoP participants participating in each seminar or other CoP event; target: at least 80% of CoP participants engaged in each seminar or event.</li> </ol>
<i>Outputs:</i>	<ol style="list-style-type: none"> <li>1. CoP plan, including evaluation plan, developed within 2 months of funding start date.</li> <li>2. CoP participants recruited within 3 months of funding start date.</li> <li>3. Communication platform established to facilitate CoP participant communications and engagement.</li> <li>4. SMEs recruited to support technical assistance and calendar of CoP seminars developed.</li> <li>5. Needs assessment developed and facilitated with each CoP participant.</li> <li>6. Mid and end of CoP evaluations conducted.</li> </ol>
<i>Budget Period Outcomes:</i>	<ol style="list-style-type: none"> <li>1. Increased number of clinical care organizations expanding HIV, STI, viral hepatitis, and TB screenings in health care settings using the AMA Routine Screening Toolkit.</li> <li>2. Improved capacity of clinical care organizations to identify, prioritize, and customize relevant HIV, STI, viral hepatitis, and LTBI screening programs and services to address public health needs.</li> </ol>
<i>Outcome Measures:</i>	<ol style="list-style-type: none"> <li>1. At least 75% of COP participants report that their organizations established or expanded infectious disease screenings in health care settings using the AMA Routine Screening Toolkit.</li> </ol>
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ol style="list-style-type: none"> <li>1. Conduct an extensive search of all organizations and associations that engage health care teams at emergency department and community health clinics nationwide, this may include, but not limited to state and local health departments, American Medical Association, the Infectious Diseases Society of America, the American College of Emergency Physicians, the American Academy of Emergency Medicine, the Emergency Department Practice Management Association, the Society for Academic Emergency Medicine, Emergency Medicine Transmissible Infectious Diseases and Epidemics network within SAEM, the National Association of Community Health Centers, and Community Health Center Associations from different states across the nation.</li> <li>2. Develop an engagement and communications plan within 1 month of funding to engage at least 80% of these organizations and associations to disseminate information to support increased knowledge, awareness and use of the AMA Routine Screening Toolkit through the period of performance.</li> <li>3. Develop an evaluation plan for the partnership development and engagement component within 1 month of funding.</li> <li>4. Conduct at least 3 engagements (e.g., webinars, roundtables, listening sessions) to disseminate information on the AMA Routine Screening Toolkit and to learn from organizations, better understand their openness to using the toolkit with their members.</li> </ol>

<i>Process Measures:</i>	<ol style="list-style-type: none"> <li>1. Percent of organizations and associations that engage ED and CHC clinical staff nationwide receive information on the AMA Routine Screening Toolkit.</li> <li>2. Number of organizations confirm receipt and engage in dissemination efforts for the AMA Routine Screening Toolkit; target: at least 80% of organizations identified.</li> <li>3. Number of organizations and associations participating in each dissemination event; target: maintain at least 50% engagement of organizations identified.</li> </ol>
<i>Outputs:</i>	<ol style="list-style-type: none"> <li>1. Develop a master list within 1 month of funding of all organizations and associations that engage ED and CHC clinical staff nationwide.</li> <li>2. Engagement and communications plan to keep the organizations and associations engaged thru the funding period is developed within 1 month of funding.</li> <li>3. Evaluation plan for this component is developed within 2 months.</li> </ol>
<i>Budget Period Outcomes:</i>	<ol style="list-style-type: none"> <li>1. Increased number of clinical care organizations expanding screenings in health care settings using the AMA Routine Screening Toolkit.</li> <li>2. Improved capacity of clinical care organizations to identify, prioritize, and customize relevant HIV, STI, viral hepatitis, and LTBI screening programs and services to address public health needs.</li> </ol>
<i>Outcome Measures:</i>	<ol style="list-style-type: none"> <li>1. At least 80% of organizations and associations that engage emergency department and community health clinic clinical staff nationwide are identified and engaged in the CoP thru the funding cycle.</li> </ol>

<b>Project Title:</b>	<b>Advancing the Infectious Disease Policy Development Capacity of State Legislators</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>State Legislators and Staff</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project aims to advance the policy development capacity of state legislators and their staff to address the syndemic of HIV, STDs, viral hepatitis, and TB. State legislators and their staff will engage in a collaborative learning process to integrate innovative policies, programs, and partnerships to improve infectious disease prevention and decrease health disparities.
<i>CIO:</i>	NCHHSTP
<i>Division/Branch/Office /Unit:</i>	Office of the Director (OD)
<i>Proposed FY24 Project Funding Total:</i>	\$175,000.00
<i>Funding Appropriation:</i>	75-23-0950
<i>Funding Statutory Authority:</i>	PHSA § 301
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	The recipient should have a nationwide presence representing state legislatures. Specifically, the recipient should demonstrate a dedicated commitment to improving the public health policy development capacity of state legislators and their staff. Additionally, the recipient should be able to offer a wide variety of learning opportunities to facilitate cross-jurisdictional partnerships and the sharing of best practices related to preventing the spread of infectious diseases, including peer-to-peer, class-based, and other modes grounded in principles of adult learning.
<i>Recipient Program Experience:</i>	An effective recipient should have a history of supporting and strengthening the capacity of state legislatures. Furthermore, the recipient should have the technical experience to foster cross-jurisdictional partnerships and to produce high-quality products (e.g., issue briefs, toolkits, and learning labs).
<i>Expectations for Collaboration:</i>	The awardee is expected to routinely collaborate with CDC and other organizations with subject matter expertise.
<i>Expected Subcontractual Work and Criteria:</i>	Subcontracted work may be leveraged as needed and in consultation with CDC.
<i>General Instructions for Use of Funds:</i>	No additional instructions outside NOFO requirements.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	

<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	Conduct a systematic analysis (e.g., landscape/needs assessment) of state legislators and their staff to determine jurisdictional needs, policy priorities and barriers to address the syndemic of HIV, STDs, viral hepatitis, and TB. Facilitate targeted learning opportunities (e.g., regional learning collaboratives, web-based learning, in-person convenings, peer networks) for state legislators and their health policy advisors on the syndemic of HIV, STDs, viral hepatitis, and TB. Develop capacity-building products (e.g., issue briefs, toolkits, webinars, peer-reviewed manuscripts) on innovative syndemic policies, programs, and partnerships for state legislators and their staff. Strengthen the provision of technical assistance and policy analysis services to support state legislators and their staff in developing and implementing evidenced-based syndemic policies.
<i>Process Measures:</i>	Number of facilitated learning opportunities for state legislators and their staff Number of capacity building products produced for state legislators and their staff
<i>Outputs:</i>	Systematic analysis of state legislator needs, policy priorities, and barriers related to the syndemic of HIV, STDs, viral hepatitis, and TB At least one facilitated cross-jurisdictional learning opportunity At least one multimedia publication (e.g., podcast, issue brief, etc.) on a syndemic policy topic
<i>Budget Period Outcomes:</i>	Increased access to policymaking and capacity building assistance tools to address the syndemic of HIV, STDs, viral hepatitis, and TB
<i>Outcome Measures:</i>	At least 75% of the participants in a facilitated learning opportunity report their knowledge of evidenced-based policies to address the syndemic of HIV, STDs, viral hepatitis, and TB increased

<b>Project Title:</b>	<b>2022 Clinical Practice Guideline: Implementation by Community Health Centers</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>This effort will directly benefit Community Health Centers, health systems, clinicians, patients, and public health partners.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>Pain affects the lives of millions of Americans, and improving care for people living with pain is a public health imperative. We are committed to improving pain care by giving patients and clinicians the data, tools, and guidance they need to make informed, individualized, and patient-centered treatment decisions to improve the quality of patients' lives. Community Health Centers (CHCs) are uniquely positioned to implement the recommendations contained in the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain (2022 Guideline) by facilitating system-wide change in the practice of overall pain care.</p> <p>The purpose of this project is to develop and implement a clinician toolkit focused on the recommendations and guiding principles of the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain that is specifically tailored to CHCs. This project has two components: (1) development of an actionable toolkit resource for clinicians, and (2) implementation of the toolkit resource in CHCs.</p> <p>The toolkit will provide an extensive, multidisciplinary, evidence-based educational experience for clinicians working in CHCs that is unique and sensitive to the needs of CHCs while also preparing them to serve as content experts and agents of change for their local healthcare communities regarding pain care. The intended audience for the resource is CHC clinicians providing pain care, including those prescribing opioids, for outpatients aged ≥18 years old with acute, subacute, and/or chronic pain, excluding sickle cell disease, cancer pain, palliative care, end-of-life care. This toolkit will have a training framework with didactic learning sessions, mentoring sessions, case studies, practical tips for patient engagement and dialogue, and interactive synchronous and asynchronous distance-based learning.</p> <p>The project will also include implementation of the toolkit in a minimum of four CHCs to learn on-the-ground experiences that will in turn inform refinement of the final toolkit at the project's conclusion. This clinician resource will be made publicly available on a website (adhering to principles of accessibility and the Clean Slate initiative).</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Overdose Prevention (DOP)
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Opioids
<i>Expected Project Length:</i>	2 Years

<i>Recipient Organizational Capacity:</i>	The selected recipient will have organizational capacity required to conduct the work described in this project proposal. Specifically, the recipient will have skills or have access to skills (e.g., or via a subcontractor) in developing clinician focused toolkits/resources/training materials, including curriculum guides and educational materials for clinicians, and have an existing network to recruit the clinical implementation sites.
<i>Recipient Program Experience:</i>	The recipient should have or have access to (e.g., or via a subcontractor) extensive program experience in clinician education and training. The recipient will be required to have program experience in development of curriculum guides and educational resources for clinicians. Preference will be given to a recipient with direct experience or access to experience in training clinical audiences in pain care and safe opioid prescribing.
<i>Expectations for Collaboration:</i>	The recipient will be expected to work closely with clinical consultants and content experts with external partners (as needed), in order to develop key messages based on the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain.
<i>Expected Subcontractual Work and Criteria:</i>	If the recipient does not have direct experience with the development and implementation of educational materials and frameworks for clinicians, then sub-contractual work with an entity with those skills is expected. A sub-contractor with relevant experience, skills, and a track record for creating such products for a clinical audience will be selected. Work to be sub-contracted includes development of the toolkit/training resource, recruitment of implementation sites, and final refinement of the toolkit.
<i>General Instructions for Use of Funds:</i>	Funds cannot be used to provide clinical care to patients.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	The recipient shall: A1. Plan and host a kick-off/roundtable meeting with and partner consulting experts/clinicians to discuss project goals, needs, and content to be included. A2. Develop key messages, consisting of specific and actionable recommendations and guiding principles for CHC clinicians based on the 2022 Clinical Practice Guideline for Prescribing Opioids, in consultation with external partner and clinical consultants and experts A3. Coordinate meetings and calls between the recipient, external partners, and when indicated, the sub-recipient. A4. Develop toolkit for CHC clinicians that treat pain A5. Implement the toolkit in a minimum of four clinical sites and document the experience for participating clinicians A6. Refine the toolkit based on feedback gleaned from the implementation effort A7. Disseminate the toolkit by posting on a website (following accessibility and Clean Slate principles) that is publicly available to help support uptake and use of the 2022 Clinical Practice Guideline for Prescribing Opioids.

<i>Process Measures:</i>	<p>PM1. To maintain regular communication, 100% of monthly calls between the recipient, external partners, and when indicated, the sub-recipient will happen.</p> <p>PM2: To maintain regular communication, 100% of written monthly progress notes to be shared.</p> <p>PM3. To maintain engagement, 100% of the recruited clinical sites (4) will implement the toolkit and document the experiences for the participating clinicians.</p>
<i>Outputs:</i>	<p>O1. Develop and refine a toolkit for CHC clinicians that focuses on recommendations and guiding principles from the 2022 Clinical Practice Guideline</p> <p>O2. Create summary report of lessons learned from the implementation activity with a focus on ways to expand reach to additional clinical sites</p>
<i>Budget Period Outcomes:</i>	<p>BPO1. Increase understanding by CHC clinicians and health systems 70% in understanding best practices in the management of acute, subacute, and chronic pain as outlined in the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain</p> <p>BPO2. Increase by 50% delivery of evidence-based pain management care for patients served by CHCs, including prescribing of opioids, as a key strategy to address the overdose crisis.</p> <p>BP03. Increase by 50% patient-clinician engagement/communication as related to decisions on pain care.</p>
<i>Outcome Measures:</i>	<p>O1. Increase understanding by CHC clinicians and health systems by 70% in understanding best practices in the management of acute, subacute, and chronic pain as outlined in the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain</p> <p>O2. Increase by 50% delivery of evidence-based pain management care for patients served by CHCs, including prescribing of opioids, as a key strategy to address the overdose crisis</p> <p>O3. Increase by 50% patient-clinician engagement/communication as related to decisions on pain care.</p>

<b>Project Title:</b>	<b>Advancing Linkage and Retention in Care in Health Systems</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Health systems, clinics</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>The purpose of this project is to support health system efforts to strengthen linkage to and retention in care for opioid use disorder (OUD) and stimulant use disorder (StUD) by leveraging opportunities in three clinical settings: primary care clinics, hospitals at discharge from inpatient care/transition to outpatient, and pharmacies. The goal is to expand evidence-based efforts to link people to and retain people in critically needed care, treatment, recovery supports, and retention in care for opioid use, poly-drug use, or stimulant use.</p> <p>The public health recipient will meet this goal by:</p> <ol style="list-style-type: none"> <li>(1) Developing three practical guides detailing best practices for linkage/retention to OUD and StUD care tailored to each of these three clinical settings (primary care clinics, hospitals at discharge from inpatient care/transition to outpatient, and pharmacies)</li> <li>(2) Providing peer-led technical assistance for 9 health system implementers (3 in each of the setting) to facilitate ease of guidance integration and sustainability of high-quality care and learn on-the-ground experiences</li> <li>(3) Tracking uptake and use of the guides in each setting to help refine/improve the guides</li> <li>(4) Finalizing the three guides based on the implementation feedback and create external-facing guides that will be publicly available on a website (adhering to principles of accessibility and the Clean Slate initiative).</li> </ol>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Overdose Prevention (DOP)
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Opioids
<i>Expected Project Length:</i>	3 Years
<i>Recipient Organizational Capacity:</i>	The selected recipient will have organizational capacity required to conduct the work described in this project proposal. Specifically, the recipient will have skills or have access to skills (e.g., via a subcontractor) in understanding best practices in OUD and StUD care as well as expertise in clinician-focused training materials including successful strategies to support implementation.
<i>Recipient Program Experience:</i>	The recipient should have or have access to (e.g., via a subcontractor) extensive program experience in supporting health system-level changes to enhance clinical care. The recipient will be required to have program experience in development of evidence-based guidance for clinical settings. Preference will be given to a recipient with direct experience or access to experience in best practices for linkage to and retention in care for OUD and StUD.
<i>Expectations for Collaboration:</i>	The recipient will be expected to work closely with clinical consultants and content experts with external partners (as needed), in order to develop key messages and implementable strategies to support linkage/retention to OUD and StUD care.

<i>Expected Subcontractual Work and Criteria:</i>	If the recipient does not have direct experience with development of evidence-based resource guides for clinical settings, understanding of potential needs to support high quality care specifically in these three clinical settings, and/or expertise in best practices for OUD and StUD care, then sub-contractual work with an entity with those skills is expected. Work to be sub-contracted includes development of the resource guides and development of a technical assistance framework for healthcare implementers and provision of peer-led technical assistance for the 9 health system implementers (3 in each of the setting types -- primary care clinics, hospitals at discharge from inpatient care/transition to outpatient, and pharmacies).
<i>General Instructions for Use of Funds:</i>	Funds cannot be used for the provision of clinical care to patients.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<p>The public health recipient shall:</p> <p>A1. Plan and host a kick-off/roundtable meeting with partner consulting experts/clinicians to discuss project goals, needs, and content to be included.</p> <p>A2. Distill key best practice strategies to include in each setting-specific guide (primary care clinics, hospitals at discharge from inpatient care/transition to outpatient, and pharmacies), in consultation with external partner and clinical consultants</p> <p>A3. Coordinate meetings and calls between the recipient, external partners, and when indicated, the sub-recipient.</p> <p>A4. Develop three evidence-based resource guides specific to primary care clinics, hospitals at discharge from inpatient care/transition to outpatient, and pharmacies.</p> <p>A5. Develop a technical assistance framework/approach to assist healthcare implementers in sustainable efforts to integrate recommendations into clinical practice.</p> <p>A6. Recruit 9 health system implementers (3 in each of the setting types -- primary care clinics, hospitals, and pharmacies) to incorporate the guides into their practice and clinical workflow.</p> <p>A7. Provide peer-led (i.e., clinician to clinician) technical assistance in based on the framework/approach with the 9 health system implementers to facilitate ease of guidance integration and sustainability of high-quality care</p> <p>A8. Track uptake and use of the guides in each setting to help refine/improve the guides (Please note: Any data collection is at the system-level, not patient-level, and is only for program quality improvement, not research)</p> <p>A9. Finalize the three guides based on the implementation feedback and create external-facing guides that will be publicly available on a website (adhering to principles of accessibility and the Clean Slate initiative).</p>

<i>Process Measures:</i>	<p>PM1. Successfully recruit external partner consultants with expertise in linkage/retention to OUD and StUD care within the first month of the project</p> <p>PM2. Plan and host a kick-off/roundtable meeting to discuss project goals, needs, and content to be included within the first 2 months of the budget period</p> <p>PM3. Incorporate into each resource guide key messages consisting of specific and actionable recommendations for clinicians and other staff working in each clinical setting, in consultation with external partner and clinical consultants and experts</p> <p>PM4. Hold monthly meetings and calls between the recipient, external partners, and when indicated, the sub-recipient. Share monthly progress notes with</p> <p>PM5. Develop a technical assistance framework/approach to support healthcare implementers.</p> <p>PM6. Recruit 9 health system implementers (3 in each of the setting types -- primary care clinics, hospitals at discharge from inpatient care/transition to outpatient, and pharmacies) to facilitate ease of guidance integration and sustainability of high-quality care</p>
<i>Outputs:</i>	<p>O1. Development of three setting-specific resource guides supporting best practices for linkage/retention in OUD and StUD care</p> <p>O2. Create strategies for technical assistance to support implementers of the recommendations in each resource guide</p>
<i>Budget Period Outcomes:</i>	<p>BPO1. Strengthened understanding by clinicians and health systems in understanding best practices in linkage to and retention in care for OUD and StUD in primary care settings, discharge from inpatient care/transition to outpatient, and pharmacies</p> <p>BPO2. Increased delivery of evidence-based OUD and StUD care</p>
<i>Outcome Measures:</i>	<p>BPO1. Strengthened understanding by clinicians and health systems in understanding best practices in linkage to and retention in care for OUD and StUD in primary care settings, discharge from inpatient care/transition to outpatient, and pharmacies</p> <p>BPO2. Increased delivery of evidence-based OUD and StUD care</p>

<b>Project Title:</b>	<b>Translating Evidence to Practice: Implementation Tools for Preventing Overdose</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community behavioral health organizations</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>Across the country, public health, public safety, and other entities have been encouraged to use evidence-based strategies and other promising practices to reduce overdoses and prevent harms associated with drug use. This has created a need for products that contain detailed information about start-up, implementation, or evaluation of these evidence-based strategies and promising practices to assist CDC funded recipients. The purpose of this project is to develop actionable tools and guidance materials on solutions to current issues in overdose prevention for recipients of cooperative agreements funded through CDC. This may include some or all of the following topics:</p> <ul style="list-style-type: none"> <li>• Community responses to changing drug supply landscape and patterns of use</li> <li>• Harm reduction strategies for people who use drugs alone</li> <li>• Grief support and wellness for patient navigators</li> <li>• Understanding health departments' experiences with implementing linkage to care (L2C) and L2C surveillance activities</li> <li>• Supporting retention and reengagement in care with navigation</li> </ul>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Overdose Prevention (DOP)
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Opioid
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Must have adequate staffing and organizational capacity to identify harm reduction and community-based approaches to drug use behaviors, evidence-based strategies and promising practices, work in public health settings, work in communities and with partners, implement trainings, develop tools and resources, and leverage networks of partners to promote and disseminate tools and resources.
<i>Recipient Program Experience:</i>	Applicant should have experience developing guidance documents and implementation tools on evidence-based public health strategies or promising practices in public health. Experience with drug overdose prevention or opioid overdose-related programs is a plus. Extensive experience working in public health settings and in communities. Experience implementing training, technical assistance in communities. Experience disseminating technical guidance to public health audiences.
<i>Expectations for Collaboration:</i>	The recipient will collaborate with the CDC on product development and must show an ability to collaborate with state/local agencies, federal agencies, and community-based organizations.

<i>Expected Subcontractual Work and Criteria:</i>	The applicant may subcontract or partner with various state and community organizations and subject matter experts to support the creation of implementation tools for community-based and/or evidence-based strategies as appropriate. The applicant may subcontract with relevant designers and developers while creating the tool.
<i>General Instructions for Use of Funds:</i>	Budget should include personnel (salaries/fringe benefits), consulting, and contracting as appropriate. Funds may be used to support regional travel, and could be used to for other travel such as connecting subject matter experts or hosting an in-person meeting, with written permission from the technical monitor.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Engaging in key informant interviews with relevant SMEs and S/LHDs participants to better understand evidence-based strategies currently at use in the field</li> <li>• Developing an implementation tool with the focus of helping develop S/LHDs and CBOs ability to respond to current issues and challenges in overdose prevention through the use of identified evidence-based strategies and/or promising practices</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Number of experts engaged</li> <li>• Training materials and tools developed</li> <li>• Number of partners who gain access to new strategies through the tools</li> </ul>
<i>Outputs:</i>	A set of implementation tools for S/LHDs and community partners that focus on community-led and/or evidence-based responses to new and existing challenges in the overdose prevention space. Corresponding webinars to increase dissemination of tools.
<i>Budget Period Outcomes:</i>	An increased uptake of tools, resources, and strategies available for S/LHDs and CBOs to implement evidence-based strategies and/or promising practices. Increase the implementation of these identified evidence-based strategies and/or promising practices in the field.
<i>Outcome Measures:</i>	Number of toolkit downloads and/or website hits, number of webinar participants. Number of webinar participants. 65% of webinar participants plan to apply the information shared during the webinar/resource in their work.

<b>Project Title:</b>	<b>Supporting Adolescent, Educator, &amp; Family Well-Being through Community-School Partnerships</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community-based organizations that serve youth</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>Community and youth-serving organizations (YSOs) serve a critical role in preventing adverse childhood experiences (ACEs) and promoting positive childhood experiences (PCEs). They are uniquely positioned to support and strengthen families embedded in the larger systems of communities. As we work to build trauma-informed systems that can support whole communities, it is important to continue supporting efforts being led by community-based organizations and connecting them with partners in the healthcare, public health, education, and social service spaces.</p> <p>This project will strengthen partnership and collaboration with schools, parents, local health departments, and community-based organizations to improve structural capacity and understanding of how to implement a comprehensive approach to promoting adolescent mental health and well-being across the school, community, and home environments. The project will result in the development of a draft tool and best practices for community serving organizations to build linkages with schools and parents to improve comprehensive supports for adolescent mental health. The resource will be piloted in at least 5 communities, with a focus on communities that are disproportionately impacted by poor adolescent mental health. This project will also explore how to elevate youth voice and participation in these community-based efforts and how to engage multi-sectoral partners to build linkages in pilot communities across the country. Subsequent funding years, if funding is available, would focus on implementing lessons learned from the initial pilot sites to build scalable infrastructure to improve community, school, parent, and youth partnerships to improve adolescent mental health.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Office of Strategy and Innovation (OSI)
<i>Proposed FY24 Project Funding Total:</i>	\$750,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 242(l) and 247b(k)), as amended
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	Organization should have a national reach, with additional local/community representation or affiliates, a focus on strengthening communities with a focus on serving youth and their families in a community setting, experience in building resources for youth and community-based organizations and be committed to building communities that support healthy kids and families by promoting Positive Childhood Experiences (PCEs) and the principles and practices of trauma-informed care.

<i>Recipient Program Experience:</i>	The partner organization should have multiple components of experience demonstrated. The partner should have: <ul style="list-style-type: none"> <li>• National relationships with and influence among community-based youth and family serving organizations;</li> <li>• National and local reach, with a presence in at least 5,000+ communities across the country;</li> <li>• Experience partnering at the national and local levels to improve youth mental health and family well-being;</li> <li>• Demonstrated experience in working with cross-sector partners to implement programs and activities that support positive youth mental health and family well-being;</li> <li>• Access to support to implement and evaluate cross-sector programs at the national and local levels, including communication support (whether internally or through partnership).</li> </ul>
<i>Expectations for Collaboration:</i>	Recipient is encouraged to collaborate with local education and/ or other agencies, parent-serving organizations, and other family/youth/community serving organizations. CDC also looks forward to being an active collaborator in this work.
<i>Expected Subcontractual Work and Criteria:</i>	CDC will support the partner in subcontracting if needed to accomplish project goals. Subcontract work with respect to the implementation resource is highly suggested. Subcontractor should have national reach and experience collaborating with parents and families as well as local education agencies.
<i>General Instructions for Use of Funds:</i>	Funds should be used to accomplish the goals of building community and youth-serving organizations (YSOs) capacity to collaborate with local parents/guardians, youth, educators, and local education or other agencies to enhance positive childhood experiences, promote adolescent mental health, and implement upstream public health prevention programs. When piloting the implementation resource, recipient should consider providing funds to pilot sites for implementation and evaluation support.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ol style="list-style-type: none"> <li>1. Development of an implementation guide that outlines approaches to building cross-sector partnerships that support community-based organizations' ability to partner with schools, educators, parents, and youth to improve adolescent mental health and promote positive childhood experiences. This would occur in collaboration with community, youth, youth serving organizations, local education agencies and other multisector partners.</li> <li>2. Planning and developing of selection process for pilot sites to engage in implementation and evaluation of the implementation guide, in collaboration with multisector partners.</li> <li>3. Hosting working sessions with partners to achieve program outcomes, including ongoing co-designed feedback meetings with partners engaging in use of the implementation guide for initial feedback or changes after practice.</li> </ol>

<i>Process Measures:</i>	1) Number of partner organizations involved; 2) # of RFP applications; 3) development and implementation of at least 5 potential pilot site opportunities for communities located across the United States; 4) pre and post survey (or some other feedback mechanism) to measure impact over project period.
<i>Outputs:</i>	1) Implementation Resource for strengthening community-school partnerships to improve adolescent mental health; 2) evaluation findings after implementation of resource in pilot sites; 3) Revised implementation guide following pilot site implementation and evaluation; 4) success stories.
<i>Budget Period Outcomes:</i>	Increased collaboration and partnerships between multisector partners to advance positive adolescent mental health and wellbeing.
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• At least 50% of pilot sites report establishing a new partnership or strengthening an existing one using the developed implementation guide.</li> <li>• At least 75% of pilot sites report increased understanding of the importance of community-school-family linkages in promoting adolescent mental health and wellbeing.</li> <li>• At least 75% of pilot sites report increased understanding of how to implement community-school-family linkages to promote adolescent mental health and wellbeing following use of the implementation guide.</li> </ul>

<b>Project Title:</b>	<b>Engaging People with Lived Experience to Advance Equity in IVP</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>community based organizations (CBOs)</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>A central piece of successful equity-driven initiatives is to ensure they are driven and informed by community. Individuals with lived experience (LEx) have long encouraged public health agencies to work with those they seek to serve to improve public health practice. This project seeks to work with a national partner who has experience engaging lived experts to understand lived expert knowledge of primary prevention strategies in injury and violence prevention (IVP). In addition, this project would identify training and capacity building needs to prepare individuals with lived experience in injury and violence prevention to engage in public health programming and prevention activities and prepare public health practitioners to engage lived experts in their work.</p> <p>One of the common pieces of feedback provided by lived experts and community members is the inaccessibility of language used in public health. In addition, members are also asked to participate in engagements with organizations and governmental public health departments without the resources or training that professionals have access to, which hinders their ability to participate fully and with confidence to reduce inequities and improve public health. This project seeks to work with a national partner to: 1) understand how people with lived experience understand and engage with the concept of primary prevention in IVP and 2) identify and highlight capacity gaps that might pose a barrier to individuals with lived experience engaging in IVP programming and partnerships with governmental and non-governmental public health partners.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Office of Strategy and Innovation (OSI)
<i>Proposed FY24 Project Funding Total:</i>	\$300,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 242(l) and 247b(k)), as amended
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	<p>The partner should have demonstrated organizational capacity and experience:</p> <ul style="list-style-type: none"> <li>- Working with communities and individuals with lived experience in a collaborative, co-creating relationship. This includes experience in identifying and conducting outreach to individuals with lived experience interested in public health, and specifically injury and violence prevention.</li> <li>- In providing equitable compensation for individuals with lived experience to support their time, and mechanisms to compensate participants as part of this project.</li> <li>- In knowledge translation and developing resources for the general public and communities who may not be familiar with public health concepts and jargon</li> <li>- In implementing and understanding principles of co-creation and power building</li> <li>- In synthesizing themes from group conversations and identifying and addressing capacity building and training needs for diverse populations.</li> </ul>

<i>Recipient Program Experience:</i>	The partner should have demonstrated program experience and content experience in the following: <ul style="list-style-type: none"> <li>- Demonstrated relationships with communities and community-based organizations that work with people who have lived experience in injury and violence-related topics</li> <li>- Building capacity of communities and community-based organizations through engagement with individuals with lived experience</li> <li>- Experience working to facilitate and translate injury and violence prevention topics to public audiences</li> <li>- Building and sustaining partnerships with members of the community and other cross-sector partners</li> </ul>
<i>Expectations for Collaboration:</i>	Recipients are expected to collaborate with other community serving organizations and individuals with lived experience in all aspects of the project in an inclusive, participatory manner.
<i>Expected Subcontractual Work and Criteria:</i>	As part of this project, it is expected that individuals with lived experience will be engaged and equitably compensated for this time and engagement. As such, we anticipate the recipient may need to use subcontracts to engage participants with lived experience. Depending on partner capacity, subcontracting may also be considered to support training development components of the project. Subcontracting organizations are also encouraged to have experience with translating public health concepts for the general public and experience integrating and elevating the voices of those with lived experience.
<i>General Instructions for Use of Funds:</i>	The recipient's total costs must not exceed the amount awarded, including salary, computer, software, travel, supplies, and all fringe and indirects. Budget should include considerations for equitable compensation of individuals with lived experience who participate in this project.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ol style="list-style-type: none"> <li>1) Identify potential participants with lived expertise in injury and violence-related topics to engage in the project.</li> <li>2) Plan and host at least 2 virtual roundtables to hear from people with lived expertise in injury and violence-related topics about training and capacity needs that would support more effective engagement in public health practice efforts to improve health inequity and reduce the burden of injury.</li> <li>3) Co-design at least 2 separate virtual roundtable sessions with participants to understand how public health framing and messaging around primary prevention of injury and violence is understood. This will include information gathering regarding how messaging could be adapted to be more accessible.</li> <li>4) Conduct an environmental scan of tools and resources to build capacity of public health practitioners and people with lived expertise to collaborate to strengthen public health systems and organizations.</li> </ol>
<i>Process Measures:</i>	Process measures include: (1) Number of people with lived experience who apply to participate in the project; (2) number of sessions and roundtables held; (3) number of resources identified as part of the environmental scan; (4) types of lived experience with injury and violence-related topics engaged.

<i>Outputs:</i>	Expected outputs include: (1) Summary report of findings and lessons learned from roundtables, highlighting capacity and training needs for individuals with lived experience in injury and violence-related topics to more effectively engage in public health practice and (2) compilation of identified resources from the environmental scan.
<i>Budget Period Outcomes:</i>	Budget period outcomes include: (1) Increased shared understanding with community on primary prevention messaging and framing needs for individuals with lived experience in injury and violence-related topics and (2) increased awareness of existing capacity and training gaps that pose barriers to communities and individuals with lived experience engaging with public health and efforts to improve equity.
<i>Outcome Measures:</i>	At least 65% of participants in the sessions or roundtables report an increased understanding of primary prevention principles and messaging

<b>Project Title:</b>	<b>Actionable strategies for improving concussion safety in youth contact sports</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Organization that has strong relationships with locally based youth sports programs. Ideally the local youth sports programs will be present in socio-economically diverse communities.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	Each year millions of children ages 5-18 years play contact sports (including football, soccer, lacrosse, and ice hockey) as part of local or community-based youth sports programs. While youth sports provide many benefits to a child's overall health and development, Americans are increasingly concerned about the risk of concussion and repetitive head impacts on a child's long-term health. As a result, some organizations and community youth sports programs have implemented or expanded the availability of non-contact sports options (e.g., flag football programs), policies on contact restrictions (e.g., bodychecking in ice hockey), and other safety rules and policies (e.g., penalties in soccer for head impacts). The objectives of this project are to: 1) Conduct program evaluations to understand changes in policy and practice around concussion safety in youth contact sports programs; 2) Assess the perception of these changes among youth sports program administrators, coaches, parents, sports officials, and athletes who participate in these programs; 3) Identify strategies and lessons learned to best implement these changes to support concussion safety; and 4) Raise awareness and disseminate actionable strategies on best practices for implementing concussion safety policies and practices to youth sports programs across the United States.
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Injury Prevention (DIP)
<i>Proposed FY24 Project Funding Total:</i>	\$300,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	This program is authorized under Section 301(a) of the Public Health Service Act, [42 U.S.C. Section 241a].
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	The desired recipient organization must have existing relationships with a network of locally based youth sports programs whose practices and policies are able to be assessed. They should have experience with and know how to conduct program evaluation efforts. The organization must be able to compile actionable strategies related to concussion safety in youth sports into a report and disseminate the report to youth sports programs across the United States.
<i>Recipient Program Experience:</i>	The organization will have previously conducted program evaluation-related efforts with youth sports programs.

<i>Expectations for Collaboration:</i>	The desired organization must have expertise in conducting program evaluation efforts. It would be particularly helpful if the organization has knowledge of concussion safety among youth sports programs. The organization must have existing capabilities to communicate with youth sports program administrators, parents, coaches, sports officials, and athletes in locally based community youth sports programs throughout the United States. The organization is expected to work with outside experts to identify successful concussion prevention strategies, conduct a literature review and environmental scan of youth sports concussion safety strategies, and disseminate actionable strategies to youth sports programs across the United States.
<i>Expected Subcontractual Work and Criteria:</i>	N/A
<i>General Instructions for Use of Funds:</i>	Funds will be used to plan and conduct program evaluation of concussion safety policies, practices, and strategies implemented by youth sports programs in several local communities—with a specific focus on contact sports. This may include conducting an environmental scan and review of the scientific literature, developing focus group guides, conducting focus groups with youth sports program administrators, parents, coaches, sports officials, and athletes, compiling information from the environmental scan, literature review, and focus groups into a report, and disseminating the report to youth sports programs across the United States.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Conduct an environmental scan and review of the scientific literature on current concussion safety policies (e.g., expansion of non-contact sports options, contact restrictions, rules and policies) successfully implemented by youth sports programs.</li> <li>• Conduct focus groups for program evaluation with sports program administrators about (a) how they chose or created their concussion safety policies or practices, (b) how they implemented these policies or practices, (c) what communication methods (e.g., verbal discussions with parents, printed handouts, etc.) they used to update parents, coaches, sports officials, and athletes on these policies or practices, and (d) reactions they received from parents, coaches, sports officials, and athletes regarding the policies or practices.</li> <li>• Conduct focus groups for program evaluation with coaches, parents, sports officials, and athletes about (a) knowledge and awareness of concussion safety policies or practices, and (b) their perceptions of concussion safety policies or practices.</li> <li>• Create a report that uses information from the focus groups, environmental scan, and literature review and includes actionable strategies.</li> <li>• Disseminate the report to youth sports programs across the United States on implementing effective concussion safety policies and practices.</li> </ul>

<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Identify at least three sports programs that recently (i.e., within the past 5 to 8 years) changed their policies to improve concussion safety.</li> <li>• Conduct at least two focus groups for program evaluation with between 5 to 9 youth sports program administrators in each group--for a total of at least 15 youth sports program administrators. Youth sports program administrators should be from diverse socioeconomic and demographic backgrounds who successfully implemented concussion safety policy/practices.</li> <li>• Conduct at least two focus groups for program evaluation with coaches, with parents, with sports officials, and with athletes from diverse socioeconomic and demographic backgrounds on concussion safety policy/practices. Each focus group should include between 5 to 9 individuals from each of these groups--for a total of at least 15 coaches, 15 parents, 15 sports officials, and 15 athletes.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Create a report that summarizes information obtained from the focus groups, environmental scan, and literature review and includes actionable strategies that youth sport programs can use to improve concussion safety—with a specific focus on contact sports.</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Identify opportunities and barriers to promote effective rule and practices changes related to concussion safety in youth sports programs—with a specific focus on contact sports.</li> <li>• Understand which types of rule and practice changes have been most and least acceptable to youth sports program administrators, coaches, parents, sports officials, and athletes.</li> <li>• Create a report that include actionable strategies for youth sports programs to promote use of effective concussion safety rules and practices.</li> <li>• Disseminate the report and its actionable strategies on implementing effective concussion safety policies and practices to youth sports programs across the United States.</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• Facilitate use or expansion of effective concussion safety policies and practices by at least two youth sports programs.</li> </ul>

<b>Project Title:</b>	<b>Support and Expansion of the Cardiff Model National Network</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>This project aims to fund and build implementation capacity of nongovernmental state and local organizations to support comprehensive public health surveillance for violence prevention and implement partnership activities to reduce community-based violence.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>More than half of violent crime in the United States is not reported to law enforcement, according to the U.S. Department of Justice. That means cities and communities lack a complete understanding of where violence occurs, which limits the ability to develop successful solutions. The Cardiff Model (CM) provides a way for communities to gain a clearer picture about where violence is occurring by combining and mapping both hospital and police data on violence (<a href="https://www.cdc.gov/violenceprevention/fundinghub/fundedprograms/cardiffmodel/index.html">https://www.cdc.gov/violenceprevention/fundinghub/fundedprograms/cardiffmodel/index.html</a>). Economically and socially disadvantaged communities with large racial and ethnic minority populations may be reluctant to report non-fatal violent injuries to the police but go to the emergency department for treatment; thus, the CM provides a comprehensive source of anonymous data to inform community-based violence prevention programs (<a href="https://www.cdc.gov/violenceprevention/communityviolence/index.html">https://www.cdc.gov/violenceprevention/communityviolence/index.html</a>). The CM also relies heavily on the involvement of multi-sector partnerships in which all partners (e.g., hospital, law enforcement, public health, and community representation via community-based organizations and leaders, etc.) use the mapped data to inform public health action and improve living conditions by reducing violence.</p> <p>Since 2015, the CM, which originated in Cardiff, Wales, has been adapted and implemented in the United States (US). Beginning in 2021, members from the Atlanta metropolitan area and Milwaukee metropolitan area CM partnerships began meeting regularly to discuss the formation of a Cardiff Model National Network (CMNN). The CMNN includes sites at various stages of engagement with the CM - from active consideration to full implementation. CDC supports the CMNN by facilitating discussion, collaboration, research, and the identification or development of injury prevention initiatives.</p> <p>The CMNN's vision is to build, expand, and support the CM as a multi-sectoral, community, place-based approach to reduce injury and violence across the US. The overall mission of the CMNN is to reduce the national prevalence rate of injury and violence by strengthening information sharing and supporting innovative local partnerships that implement injury and violence prevention programs, practices, and policies based on the best available evidence. The CMNN plans to achieve this mission through local and national capacity building to comprehensively characterize and identify injury and violence in communities using innovative methods.</p> <p>CMNN sites collect geospatial data on violence-related injuries, share this information with communities, and use the data to inform violence prevention efforts. The CMNN promotes cross-sectoral collaborations and engages stakeholders that work within communities disproportionately affected by community and youth violence and provides opportunities for the exchange of diverse perspectives from CMNN members with knowledge of community contexts and needs related to violence prevention. Including stakeholders familiar with the communities and the systems within communities where the CM is implemented is important to advance health equity initiatives and adequately address the needs of communities affected by violence.</p>

	<p>Appropriate structure for the CMNN is needed to support the growing number of interested cities. In addition, participating sites pursuing the CM need financial assistance to implement the CM, including seed funding for new sites and grants to established sites for data-to-action programmatic efforts that aim to reduce community violence. The CMNN holds meetings bi-monthly in which 33 sites currently participate. At the present time, four sites are in the implementation/sustainability stage, three sites are in the planning phase, and the remainder of the sites are in the information gathering stage (n=26). The Division of Violence Prevention has supported the CMNN for two years via a contract, but this national partner cooperative agreement is well-situated to support the current and future needs of the CMNN that includes capacity building assistance for non-governmental state and local community implementers.</p>
<b>CIO:</b>	NCIPC
<b>Division/Branch/Office /Unit:</b>	Division of Violence Prevention (DVP)
<b>Proposed FY24 Project Funding Total:</b>	\$300,000.00
<b>Funding Appropriation:</b>	75-24-0952
<b>Funding Statutory Authority:</b>	Section 301 (a)[42 U.S.C. 241(a)] of the Public Health Service Act, and section 391 (a)[42 U.S.C. 280b(a)] of the Public Service Health Act, as amended.
<b>Expected Project Length:</b>	1 Year
<b>Recipient Organizational Capacity:</b>	<p>The recipient will need established relationships, organizational capacity, and ability to assist nongovernmental organizations to advance public health. Experience in providing guidance and support for public health surveillance and partnership building activities is essential. The recipient will also need to have the organizational capacity and ability to make sub-awards to various types of organizations (e.g., hospitals, public safety organizations, community-based organizations, etc.) to provide seed funding directly to CMNN sites which will allow the sites to build coalitions, identify appropriate partners, set up data sharing agreements, and begin collecting data. The recipient should also have capacity to work closely with CMNN subject matter experts, appropriately compensating them for their time providing capacity building assistance to CMNN sites.</p>
<b>Recipient Program Experience:</b>	<p>The recipient should have experience providing and coordinating technical assistance and capacity building assistance on matters of public health surveillance, partnership building, and documentation and promotion of best practices. Additionally, the recipient should have experience with organizing and facilitating meetings across a number of organizations, as well as coordinating trainings across organizations. Finally, the recipient should have experience facilitating a process to provide sub-awards or seed grants to selected organizations and providing payment to subject matter experts.</p>
<b>Expectations for Collaboration:</b>	<p>The recipient of this funding will work closely with CMNN subject matter experts, CDC, and selected CMNN sites receiving seed funding to provide technical assistance to implement and expand the Cardiff Model and partnership activities in the United States. The recipient will collaborate closely with these individuals and organizations to continue growing and expanding the CMNN. This collaboration will occur over the entire project period. The funded recipient will subcontract, as necessary, to achieve the stated outputs (see next section).</p>

<i>Expected Subcontractual Work and Criteria:</i>	The recipient of the award will need the capacity to establish subcontracts with up to three CMNN sites at the information gathering or planning stage, so they can move to the implementation stage. To successfully implement the CMNN, organizations will need support staffing and efforts to identify appropriate partners, build coalitions, set up data sharing agreements, and coordinate how data collection will occur. Subcontracted work will ideally be established directly with the organizations receiving the seed funding, though other mechanisms may be arranged if agreed by partners as feasible and practical. Additionally, the recipient will be required to disperse payment to CM subject matter experts, as identified by CDC, who assist in providing technical assistance, participate in trainings for other sites, and participate in outreach activities to engage new CM sites in the US.
<i>General Instructions for Use of Funds:</i>	Total costs to maintain and support the CMNN by the recipient are estimated to not exceed \$300,000 per year, including salary, computer, software, travel, supplies, and all fringe and indirects. Payment to CM subject matter experts who assist with the CMNN will be required; compensation will be determined based on experience. The funds will also be used to provide seed funding directly to up to three eligible CMNN sites (range \$75,000 to \$90,000 total) to conduct capacity and coalition building, identify appropriate partners, set up data sharing agreements, and begin collecting data to inform an evaluation of the Cardiff Model. Funds may also be used to support implementation of injury control and prevention activities, as feasible and reasonable. Funds cannot be used to advocate for specific policies.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

<p><i>Activities:</i></p>	<p>This is a proposed project (\$300,000 per year based on availability of funds) which will involve support and technical assistance components, as well as the provision of seed funding to CMNN sites directly. The focus of the proposed project is to strengthen the CMNN structure as well as facilitate cross-site collaboration and dissemination activities via the CMNN and support the uptake of the CM to additional sites.</p> <p>The proposed activities include:</p> <ul style="list-style-type: none"> <li>• Continue providing support to the existing CMNN by organizing and facilitating meetings, providing meeting logistics, planning, notes, and follow-ups, and maintaining the member list.</li> <li>• Offer, coordinate, and maintain a record of technical assistance provided to existing and new CMNN sites.</li> <li>• Create, provide, and coordinate trainings (e.g., implementation practices, HIPAA implications, and data management) to existing and new CMNN sites.</li> <li>• Commission subject matter expertise, with assistance from CDC, from no more than nine (9) individuals who have experience implementing the CM in the United States and creating multi-sectoral CM partnerships. Subject matter experts will assist with providing technical assistance, participate in trainings for other sites, and participate in outreach activities to engage new CM sites in the US.</li> <li>• Provide seed funding of \$75,000 to \$90,000 (total funding) to support up to three existing CMNN sites. Seed funding will support implementation and evaluation activities such as coalition building, identifying appropriate partners, setting up data sharing agreements, and collecting data. Sites in the information gathering or planning stage will be selected based on criteria including a self-assessment of readiness (outlined in CDC's Cardiff Model Toolkit: see: <a href="https://www.cdc.gov/violenceprevention/fundinghub/fundedprograms/cardiffmodel/toolkit.html">https://www.cdc.gov/violenceprevention/fundinghub/fundedprograms/cardiffmodel/toolkit.html</a> to implement the CM).</li> <li>• Sustainability planning activities to allow the CMNN to become a self-sustaining entity.</li> </ul>
<p><i>Process Measures:</i></p>	<ol style="list-style-type: none"> <li>1) Engage and successfully distribute compensation to subject matter experts to assist with providing technical assistance, participate and lead trainings for other sites, and participate in outreach activities to engage new CMNN sites in the US.</li> <li>2) At least 4 CMNN sites will attend bi-monthly meetings.</li> <li>3) Provide technical assistance to at least two CMNN sites looking to implement or progress toward implementation of the CM.</li> </ol>
<p><i>Outputs:</i></p>	<ul style="list-style-type: none"> <li>• A more established CMNN with cities across the United States that are actively implementing the CM.</li> <li>• Up to five CMNN sites that will have furthered their CM implementation through seed funding and technical assistance.</li> <li>• Final reports from each of the sites receiving seed funding demonstrating progress on implementing the CM and highlighting specific successes or challenges during implementation and process evaluation activities.</li> <li>• Up to three sites that receive seed funding will present to the CMNN on their implementation efforts.</li> </ul>

<p><i>Budget Period Outcomes:</i></p>	<p>Implementation of the aforementioned activities is expected to result in:</p> <ul style="list-style-type: none"> <li>• Sustainability and growth of the CMNN,</li> <li>• Provision of technical assistance to new and existing CMNN sites,</li> <li>• Enhance cross-site collaborations, and</li> <li>• Provide seed funding to new sites looking to implement the CM.</li> </ul> <p>The CM helps to identify gaps in knowledge about the location of violence via data from multiple sources. This information can then be used by communities to inform decisions regarding violence prevention efforts. By reducing violence in communities disproportionately impacted, the CM supports efforts to close the gap in health inequities and improve community health outcomes. Outcomes include:</p> <ul style="list-style-type: none"> <li>• A year of facilitating CMNN meetings, thereby keeping the CMNN running</li> <li>• New CMNN members/sites</li> <li>• Seed funding for up to three new CMNN sites or those at the information gathering or planning stage, so they can move to the implementation stage</li> </ul>
<p><i>Outcome Measures:</i></p>	<ol style="list-style-type: none"> <li>1) At least two new members/sites are added to the CMNN</li> <li>2) CMNN meetings continue with the cadence of every other month and there are no fewer than 5 CMNN meetings during the budget period</li> <li>3) Seed funding is disbursed to up to three new CMNN sites</li> <li>4) Payments are dispersed to CM subject matter experts as identified by CDC.</li> </ol>

<b>Project Title:</b>	<b>Essentials for Childhood Community of Practice for Self-Supported States</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>The population of focus is state-based organizations that work to prevent child abuse and neglect, prevent adverse childhood experiences, and promote positive childhood experiences.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>All children deserve safe, stable, nurturing relationships and environments in childhood. Experiencing adversity in childhood substantially increases risk for depression, substance use, health problems, and limited life opportunities in early adulthood and throughout the lifespan.</p> <p>Efforts are underway to engage organizations that are self-supported in their prevention efforts. The goal of this initiative is to enhance relationships among organizations doing this work while building the capacity of these partners to use evidence-based strategies to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences (PCEs). Specifically, technical assistance will be provided around the prevention strategies outlined in the Resource for Action.</p> <p>In January 2024, CDC began determining the training and technical assistance needs of this group. This was accomplished through individual organizational interviews and a group discussion on an introductory webinar held in mid-December 2023. CDC is using the information collected to develop a strategic training and technical assistance plan for the community of practice.</p> <p>Implementation of the training and technical assistance plan will begin in 2024. Activities are anticipated on a monthly basis. Training and technical assistance activities may include site visits, webinars, virtual meetings, peer-to-peer support, networking opportunities, a resource repository, conference presentations, social media events, and the development of co-co-branded products.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Violence Prevention (DVP)
<i>Proposed FY24 Project Funding Total:</i>	\$400,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	42 U.S. Code 280b – Prevention and control Activities
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	The organization should have state chapters or a similar structure that allows for the engagement of practitioners. It should have deep subject matter expertise on the topics of child maltreatment, adverse childhood experiences, and positive childhood experiences. The organization should have well established relationships with other national partners working on these topics.
<i>Recipient Program Experience:</i>	The organization should have knowledge of evidence-based strategies to prevent child maltreatment and adverse child experiences along with promote positive childhood experiences. It should have experience providing training and technical assistance around these topics. The organization should have demonstrated experience providing training and technical assistance.

<i>Expectations for Collaboration:</i>	The organization is expected to collaborate with approximately 90 partner organizations that have indicated interest in the community of practice. The partners participating in the community of practice are all state level organizations working to prevent child abuse, neglect, and adverse childhood experiences.
<i>Expected Subcontractual Work and Criteria:</i>	The organization may subcontract around the logistics of the training and technical assistance activities if needed.
<i>General Instructions for Use of Funds:</i>	Recipient may use a portion of the funds to pay for travel expenses related to training and technical assistance activities.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Hold bi-monthly virtual meetings,</li> <li>• Conduct facilitator-led workshops and trainings,</li> <li>• Facilitate peer-to-peer discussions,</li> <li>• Develop resources, share updates and news to improve learnings,</li> <li>• Assess training and technical assistant needs</li> <li>• Evaluate CoP</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Increased number of CoP participants to up to 90 participants</li> <li>• Increased trainings, webinars conducted to up to 3 each year</li> <li>• Increased number of resources developed to up to 3 each year</li> <li>• Increased communication on online shared workspaces with up to 3 topics</li> <li>• Increased number of TA requests to up to 2 requests per month</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Development of communication to CoP at least twice a month,</li> <li>• Development of online resources and tools,</li> <li>• Development of listserv or portal for ongoing communication</li> <li>• Deliver training and technical assistance activities every other month.</li> <li>• Develop an evaluation plan for the community of practice.</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Increased awareness, knowledge and use of ACEs prevention resources and tools</li> <li>• Increased capacity to implement ACEs prevention strategies</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• At least 60% sustained participation in CoP</li> <li>• Increased communication and engagement among CoP participants</li> <li>• Increased awareness and use of prevention resources and tools</li> <li>• Increased satisfaction with training and TA activities</li> </ul>
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Develop a strategic plan to guide the work over the project period</li> <li>• Develop regular communication to the community of practice.</li> <li>• Plan, implement, and evaluate training and technical assistance activities.</li> <li>• Develop a plan to evaluate the community of practice.</li> <li>• Assess the training and technical assistance needs of community of practice members on an annual basis.</li> </ul>

<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Increased number of CoP participants to up to 90 participants</li> <li>• Increased number of CoP attendees at training events, webinars to up to 60 participants</li> <li>• Increased number of online resources accessed to up to 5 resources each year</li> <li>• Increased communication on online shared workspaces with up to 3 topics</li> <li>• Improved communication with up to 90 partners to prevent ACEs</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Develop communication that goes out to the community of practice at least twice a month.</li> <li>• Develop a shared workspace for the community of practice.</li> <li>• Develop an online resource center for the community of practice.</li> <li>• Deliver training and technical assistance activities every other month.</li> <li>• Develop an evaluation plan for the community of practice.</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Increased communication and engagement among CoP.</li> <li>• Increased communication and engagement among partners.</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• At least 60% sustained participation in CoP</li> <li>• Increased sharing of knowledge and resources among CoP participants</li> <li>• Increased satisfaction with training and TA activities</li> <li>• Increased knowledge and awareness of ACEs/PCEs among CoP partners</li> </ul>

<b>Project Title:</b>	<b>Make STEADI-based Fall Prevention a Routine Part of Clinical Care-Category C</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Healthcare providers who serve older adults.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>Each year over one in four U.S. older adults report falling at least once. Less than half of these older adults discuss these falls with their healthcare providers. Healthcare providers cite a lack of fall prevention education and time during office visits as reasons they don't initiate discussions on falls with their older patients. The CDC developed the Stopping Elderly Accidents Injuries and Deaths (STEADI) initiative to provide education, resources, and tools to healthcare providers for fall prevention. A recent survey conducted by CDC, found that only about one-fifth of healthcare providers are familiar with STEADI, indicating a need for further dissemination. One of CDC's older adult fall prevention goals is to make fall prevention a routine part of older adult healthcare.</p> <p>Making STEADI-based fall prevention a routine part of clinical care requires several different activities including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Educate healthcare providers on STEADI-based fall prevention and related resources.</li> <li>2. Provide evidence on the best implementation methods, feasibility, and effectiveness of STEADI-based fall prevention in clinical settings.</li> <li>3. Develop Centers for Medicaid and Medicare Services (CMS) quality measures for healthcare providers to use to conduct and report fall prevention in clinical practice and develop financial incentives and innovative programs to support use of these measures.</li> </ol> <p>This new project would fund a partner organization to:</p> <ol style="list-style-type: none"> <li>1. Establish relationships with healthcare provider professional societies, and educate providers on and disseminate CDC older adult fall prevention resources and knowledge to providers via various channels (e.g. webinars, websites).</li> <li>2. Work with health systems who have implemented STEADI-based fall prevention to better understand successful implementation process and outcomes to inform other healthcare systems in implementation.</li> <li>3. Gather data to determine the best approach for improving quality measures for fall prevention in an outpatient setting and for conducting pilot projects in collaboration with CMS and other partners to pilot incentive programs for healthcare providers and systems that incorporate STEADI-based fall prevention into outpatient practice. Based on this information, create a plan for future steps to improve quality measures for fall prevention.</li> </ol> <p>Project funding is subject to availability of funds.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Injury Prevention (DIP)
<i>Proposed FY24 Project Funding Total:</i>	\$475,000.00
<i>Funding Appropriation:</i>	75-24-0952.
<i>Funding Statutory Authority:</i>	Consolidated Appropriations Act, 2024

<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Applicant must have adequate staffing and organizational capacity to work with and coordinate a diverse set of partners, conduct robust project management, and have experience in implementation, evaluation and dissemination.
<i>Recipient Program Experience:</i>	The applicant should have experience working with CDC, professional organizations, other federal agencies, and non-governmental organizations and in managing complex projects. Expertise in older adult falls epidemiology and prevention is desirable.
<i>Expectations for Collaboration:</i>	Recipient is expected to work with CDC and local health departments and other community-based public health partners to establish training materials, best practices, and plans for increasing the use of STEADI-based fall prevention in clinical practice.
<i>Expected Subcontractual Work and Criteria:</i>	Recipients may subcontract to support a range of technical assistance activities, given that all necessary experience may not reside within the applicant's own organizational structure.
<i>General Instructions for Use of Funds:</i>	
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Engage relevant clinical professional societies.</li> <li>• Create educational materials including a webinar to train healthcare providers on STEADI-based fall prevention.</li> <li>• Disseminate educational materials and resources related to STEADI-based fall prevention via various channels (e.g. websites, conferences).</li> <li>• Engage one health system that has implemented STEADI-based fall prevention to examine processes and outcomes related to real-world implementation of STEADI and the impact of potential STEADI-based implementation supports (e.g., training programs, inclusion of STEADI-based prompts in electronic health record systems)</li> <li>• Develop promising practices for STEADI implementation based on real-world healthcare system experience.</li> <li>• Develop a plan to engage and partner with CMS to improve fall quality indicators.</li> <li>• Develop a plan for a CMS innovative project to test incentivizing clinical fall prevention implementation.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Number of professional societies engaged.</li> <li>• Educational materials created</li> <li>• Educational materials and resources disseminated</li> <li>• Health system analysis completed</li> <li>• Identify and engage subject matter experts to understand CMS quality indicators and innovation projects.</li> </ul>

<i>Outputs:</i>	<ul style="list-style-type: none"><li>• Webinar, educational materials and resources for healthcare providers on STEADI-based fall prevention</li><li>• Promising practices for implementing STEADI-based fall prevention into clinical practice</li><li>• Plan for approaching CMS to modify fall prevention quality indicators and to initiate an innovative fall prevention older adult project to support more widespread use of STEADI in clinical care.</li></ul>
<i>Budget Period Outcomes:</i>	100 clinical providers educated in STEADI-based fall prevention
<i>Outcome Measures:</i>	Increased implementation of STEADI-based fall prevention in outpatient practice.

<b>Project Title:</b>	<b>State Overdose Response and Prevention: Engaging State Leadership and entities to Address the Overdose Epidemic</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>State legislators and legislative staff</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project will support state governors' offices to address the overdose epidemic through evidence-based strategy implementation and cross-agency collaborative efforts.
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Overdose Prevention (DOP)
<i>Proposed FY24 Project Funding Total:</i>	\$650,000.00
<i>Funding Appropriation:</i>	2024 Budget (PL number not assigned yet)
<i>Funding Statutory Authority:</i>	2024 Budget (PL number not assigned yet)
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	The recipient will have the organizational capacity and reach to build capacity among state gubernatorial leadership to implement evidence-based overdose prevention and response strategies.
<i>Recipient Program Experience:</i>	The recipient will have expertise and demonstrated organizational capacity to reach and convene Governors' offices and state gubernatorial leadership, as well as demonstrated experience in sharing information to state policy leaders and fostering information sharing between states to develop solutions to public health challenges.
<i>Expectations for Collaboration:</i>	Recipient will be expected to collaborate with government entities at the state level as well as with subject matter experts in the field of overdose prevention and response.
<i>Expected Subcontractual Work and Criteria:</i>	<p>Recipient may be expected to subcontract with an organization that has expertise in working with state emergency medical services (EMS) Officials, and with an organization that has expertise in working with county government officials. Suggested funding amounts are \$50,000 per organization; period of performance will be 1 year; activities will include providing subject matter expertise to government entities during convenings or through training and technical assistance opportunities, and creating a deliverable that provides best practices for engaging with EMS at the state and local levels for overdose prevention and response. Suggested selection criteria includes identifying organizations that have demonstrated previous work with and sustained relationships with state EMS officials and county government officials.</p> <p>Recipients may be expected to subcontract with an organization that has subject matter expertise on topics the recipient determines are key needs among states' executive branch offices for technical assistance on overdose prevention. The subcontracting organization will provide TA to state gubernatorial offices/state executive offices to support overdose prevention planning, strategy development, and activity implementation. Funding amounts will depend on the scope of specific work identified by the recipient. The period performance will be 1 year unless circumstances require otherwise.</p>

<i>General Instructions for Use of Funds:</i>	Project equipment, travel and personnel needs should be reasonable and reflect what is needed to achieve program goals and objectives.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	Identify public health strategies to address overdose to highlight among executive office staff and cabinet members. Conduct environmental scans and other means of outreach to states. Once identified, share these practices with states through various means, including through in-person convenings and through dissemination using webinars, blogs, and other communications tactics. Work with a cohort of states on planning the implementation of strategies identified and shared. Develop a final product summarizing what’s been learned by states, gaps in knowledge, best practices, etc. as appropriate. Support other needs.
<i>Process Measures:</i>	Identify 5-10 key recommendations of best and/or emerging practices for executive offices to consider while developing strategies to address overdose.
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• In-person learning labs or summits to support <ul style="list-style-type: none"> <li>o Networking between states’ gubernatorial offices</li> <li>o Collaboration across states</li> <li>o Peer-to-peer learning</li> <li>o Relationship building</li> <li>o Opportunities to share lessons learned and how to address challenges</li> </ul> </li> <li>• Technical assistance to state executive offices via regular calls/webinars</li> <li>• Webinars/regular calls among members of the organization</li> <li>• Resource for states to implement strategies to address drug overdoses</li> </ul>
<i>Budget Period Outcomes:</i>	State executive offices that participate in the project should gain in-depth knowledge about strategies and practices to address the overdose epidemic.
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• Development of 1-2 learning labs or summits for state executive offices to learn about different aspects of the overdose epidemic + develop written strategic plans for implementation</li> <li>• Develop technical assistance resources for states to address aspects of overdose epidemic on topic of learning lab/summit</li> </ul>
<b>Strategic Area:</b>	<b>Workforce</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	Identify harm reduction strategies implemented by emergency medical services (EMS) agencies. Once identified, share these strategies with state and local EMS agencies through various means including case studies, in-person or virtual convenings, and dissemination through reports, webinars and other communication tactics Provide technical assistance to a cohort of EMS agencies that want to implement harm reduction strategies Develop a final product summarizing lessons learned, challenges, gaps in knowledge and suggestions for other EMS agencies that may want to implement these strategies.

<i>Process Measures:</i>	Identify 3-5 emergency medical services (EMS) agencies that are implementing harm reduction strategies as part of their overdose prevention and response efforts.
<i>Outputs:</i>	In-person or virtual convenings Webinars/regular calls Resources for EMS agencies Technical assistance
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Short Term: Increased knowledge and understanding of harm reduction and other novel or innovative overdose prevention strategies that EMS can implement</li> <li>• Intermediate: Increased implementation of harm reduction and other novel or innovative overdose prevention strategies by EMS</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• Increased uptake by EMS agencies of harm reduction strategies and other novel or innovative overdose prevention strategies</li> <li>• Increased dissemination of best practices or lessons learned related to harm reduction strategies that EMS agencies can implement</li> </ul>

<b>Project Title:</b>	<b>Pilot Projects to Advance Harm Reduction and Partnerships to Prevent Overdose</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community behavioral health organizations</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>The current overdose crisis necessitates a robust, multi-sector response that includes collaboratively working to implement promising and evidenced-based strategies to reduce overdose and other drug related harms. Toward this end, the recipient will: 1) develop funding criteria to provide continuation grants to up to 8 harm reduction organizations working collaboratively with public safety partners to reduce overdose risk among people who use drugs who are or may become justice-involved; 2) develop technical assistance tools to promote the uptake of innovative harm reduction-public safety collaborative strategies in jurisdictions nationwide; and 3) conduct enhanced evaluation activities to assess the impact of these strategies on the populations served, as well as organizational capacity to continue these needed strategies.</p> <p>Pilot projects supported by this project should be grounded in harm reduction principles, aim to build support for harm reduction within public safety agencies or settings, and directly integrate harm reduction strategies (e.g., overdose prevention and safety planning, naloxone, fentanyl test strips, syringe services, medications for opioid use disorder, peer support services, wraparound services) into public safety work. Pilot projects can be based in community or criminal justice settings.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Overdose Prevention (DOP)
<i>Proposed FY24 Project Funding Total:</i>	\$500,000.00
<i>Funding Appropriation:</i>	
<i>Funding Statutory Authority:</i>	
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	The recipient must have capacity to provide financial support, specifically continuation grants, to different harm reduction organizations at once, manage project work plans, deliverables, and invoices, coordinate communications with CDC and funded recipients, convene recipients, and provide technical assistance. Additionally, the recipient should be able to support the development of pilot projects in diverse community settings and with diverse partners, including harm reduction and public safety, and have expertise in evidence-based and promising overdose prevention strategies. Sufficient staffing, organizational, and technical infrastructure able to support the above-mentioned capacities are required.

<i>Recipient Program Experience:</i>	The recipient should have extensive knowledge of the overdose epidemic and key strategies used by harm reduction organizations and public safety agencies to reduce overdose and other drug-related harms. The recipient should be able to demonstrate this knowledge through the successful completion of past initiatives, which may include, but are not limited to: the collection and dissemination of information (e.g., via toolkits, webinars, and other informational resources) about key strategies used by harm reduction and public safety; the provision of funding to pilot projects that involve cross-sector partnerships, ideally harm reduction and public safety; and the provision of direct technical assistance related to these topics. Additionally, the recipient should have a demonstrated track record of effective, sustainable partnerships with harm reduction and public safety partners and ability to resolve the challenges that may arise within cross-sector work.
<i>Expectations for Collaboration:</i>	The recipient will be expected to work in collaboration with CDC, harm reduction organizations, coalitions, and programs, and public safety agencies. The recipient is also encouraged to work with subject matter and evaluation experts as needed. Collaboration in the context of this project may include but is not limited to cross-sector communication and networking to identify recipients for funding, identify evidence-based and promising harm reduction strategies that funded recipients may consider incorporating into their funded activities, develop technical assistance opportunities, and engage funded recipients in the development of work plans, evaluation plans, and technical assistance opportunities.
<i>Expected Subcontractual Work and Criteria:</i>	Subcontracts will be required to provide continuation funding to 8 harm reduction organizations implementing pilot projects involving public safety partners to reduce overdose. Subcontracts must be executed in compliance with CDC funding restrictions and guidance. Recipient spending should be closely monitored. Other subcontracts may be needed for subject matter and evaluation expertise.
<i>General Instructions for Use of Funds:</i>	Use of funds must comply with CDC funding restrictions and guidance. Funds may not be used to provide clinical services or purchase medications (e.g., naloxone).
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

<i>Activities:</i>	<ul style="list-style-type: none"> <li>· Solicit continuation funding applications for pilot projects and select funding recipients</li> <li>· Establish contracts and invoicing processes with selected recipients</li> <li>· Maintain contracting and invoicing processes with selected recipients</li> <li>· Develop project-specific statements of work and deliverables</li> <li>· Develop templates for project plans and evaluation plans and provide one-on-one technical assistance with developing and executing plans or connecting recipients with other technical assistance providers as needed</li> <li>· Develop and disseminate final reports based on completed work and preliminary evaluation findings by the end of the project period</li> <li>· As appropriate or needed, convene recipients virtually and facilitate learning opportunities</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>· Implementation of application selection process for continuation funding</li> <li>· Recruitment of harm reduction organizations to apply</li> <li>· Establishment of contracting and invoicing process</li> <li>· Regular check in calls with CDC and recipients</li> <li>· Development of invoicing schedule and project-specific statements of work and deliverables</li> <li>· Development of templates for project plans, evaluation plans, and final reports.</li> <li>· Virtual meetings where recipients can share information and attend training webinars</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>· 8 recipients selected; 8 contracts executed</li> <li>· Monthly check in calls with CDC and recipients</li> <li>· Completed project-specific invoicing schedules, statements of work, deliverables, project plans, evaluation plans, and final reports</li> <li>· 2 virtual meetings</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>· 8 harm reduction organizations implementing or enhancing efforts to reduce overdose and other drug related harms in collaboration with public safety partners</li> <li>· Increased capacity by harm reduction/public safety partners to collaboratively implement promising or evidence-based overdose prevention strategies</li> <li>· Increased capacity to implement harm reduction strategies in unconventional (e.g., criminal justice) settings or by unconventional (e.g., public safety) partners</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>· 8 harm reduction organizations implementing or enhancing efforts to reduce overdose and other drug related harms in collaboration with public safety partners</li> <li>· Increased capacity by harm reduction/public safety partners to collaboratively implement promising or evidence-based overdose prevention strategies</li> <li>· Increased capacity to implement harm reduction strategies in unconventional (e.g., criminal justice) settings or by unconventional (e.g., public safety) partners</li> </ul>

<b>Project Title:</b>	<b>Increasing Swim Skills Among Populations at Greater Risk for Drowning</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>To increase the capacity of community-based organizations nationwide to provide services to populations at greater risk for drowning.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>Drowning is a leading cause of death for children worldwide. Funding for this project is through legislative language that seeks "to support proven drowning prevention programs with national organizations working with underserved and diverse youth to support State drowning surveillance efforts..." and aligns with the CDC's drowning moonshot goal of "By 2027, deliver evidence-based basic swimming and water safety skills training programs to 50,000 children in underserved communities." Children with autism are more at risk for drowning when compared to other children in the general population. While the cause of this disparity is unknown, factors such as wandering/elopement, water play being a preferred activity, lack of awareness in dangerous situations, lack of communication skills, and lack of specialized services for children with autism contribute to this increased risk.</p> <p>Non-Hispanic American Indian or Alaska Native (AIAN) children and non-Hispanic Black or African American (Black) children are at increased risk of drowning compared to White children. Previous research has identified barriers to participation in basic swimming and water safety skills training for AIAN and Black children. Increasing opportunities for underserved children to participate in such training could reduce disparities and prevent drowning among those at highest risk.</p> <p>The purpose of this project is to build the capacity of a national organization to better support community-based organizations to teach basic swimming and water safety skills to children at increased risk of drowning, including children with autism, Black children, and AI/AN children.</p> <p>Project funding is subject to availability of funds.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Injury Prevention (DIP)
<i>Proposed FY24 Project Funding Total:</i>	\$700,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Consolidated Appropriations Act, 2024
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Applicant must be a national organization that has experience with drowning prevention, swimming lessons, and providing services to children with autism. Applicant must be able to engage with underrepresented and underserved communities, by delivering programs and providing services to increase youth development.
<i>Recipient Program Experience:</i>	Experience delivering basic swimming and water safety skills training to youth in underserved communities. Experience with providing services or the ability to partner with other organizations to increase basic swimming and water safety skills for children with autism and children in underserved communities.

<i>Expectations for Collaboration:</i>	Applicant is expected to work with CDC and partners to provide basic swimming and water safety skills training to children with autism and to support community-based organizations to deliver swim skills training to underserved youth at increased risk of drowning
<i>Expected Subcontractual Work and Criteria:</i>	Applicant may wish to draw upon subcontractors who can help support technical assistance that may not reside in applicant's organizational structure.
<i>General Instructions for Use of Funds:</i>	Travel may be included in the budget plan, as partner engagement is an important element of the plan.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Pilot revised water safety and swim skills training with 10 organizations with experience training children with autism.</li> <li>• Provide group support throughout the project to selected organizations to support their efforts to serve children with Autism and AIAN and black children.</li> <li>• Revise and translate program support and training materials for use by all organizations delivering basic swimming and water safety skills training to youth with autism.</li> <li>• Report on promising practices for engaging underserved youth in basic swimming and water safety skills training through community partnerships.</li> <li>• Pilot use of basic swimming and water safety skills training programs as an opportunity to disseminate water safety information to family members who attend the lessons along with the participant.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>Identify metrics to assess reach, efficacy, and engagement.</li> <li>• Track project outcomes at the program and individual level.</li> <li>• Identify needed revisions to existing program supports and training materials.</li> <li>• Identify resource gaps and translation needs.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Project participation and outcomes are reported.</li> <li>• Documentation of data analysis, lessons learned, and best practices is completed.</li> <li>• Implementation plan for future scaling of program is developed.</li> <li>• Program supports and training materials revised or developed.</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Increased number of children with Autism and AIAN and Black children receiving basic swimming and water safety skills training.</li> <li>• Resources produced to support training providers to engage underserved and diverse youth in their programs.</li> <li>• Increased number of family members (e.g., caregivers, siblings) of children who attend lessons receiving water safety information.</li> </ul>

<i>Outcome Measures:</i>	<ul style="list-style-type: none"><li>• 10+ programs use lessons learned from previous programs to effectively deliver basic swimming and water safety skills training to children with Autism</li><li>• 10+ programs provide water safety information specific to children with Autism to parents of children participating in the program</li><li>• 20+ community-based organizations provide basic swimming and water safety skills training to underserved children</li><li>• 20+ programs provide water safety information to the families of the children who are participating in swimming lessons</li></ul>
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<b>Project Title:</b>	<b>Collaboration with Black Greek-Letter Organizations for Overdose Prevention</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Non-profit organizations that could support or collaborate with Black Greek-Letter Organizations that are national in scope</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>Having populations of focus for overdose prevention and harm reduction efforts that lack nuance may inadvertently reinforce negative stereotypes. Advancements in health equity at the population level require more exacting knowledge of and tailored solutions for sub-populations, including how to leverage community opinion leaders to promote social change and stigma reduction. Drug overdose death rates have been increasing significantly for Black Americans across the lifespan over the previous few years. Rates have been steady or increasing for those in the 15-24 age range (undergraduate college years) and 25-34 (graduate college years or post-college). However, data are lacking to understand the scope of the overdose problem and the prevalence of overdose prevention and harm reduction activity on college campuses, specifically Historically Black Colleges and Universities (HBCUs), which impairs the ability to align interests with partner organizations.</p> <p>Black Greek-Letter Organizations (BGLOs) champion health and social issues among their membership and in local communities they serve, while working together to set national priorities. Without a more specific understanding of overdose prevention and harm reduction efforts, public health partners are ill-equipped to collaborate effectively with BGLOs and their leaders, who focus on community service, youth mentorship, social action, living in the highest levels of professionalism and scholarship, and maintaining the organizations' reputation for excellence.</p> <p>The purpose of this project is to create a sustainable, collaborative relationship with BGLOs geared toward their members at the undergraduate and graduate levels, as well as the communities they serve. Initial focus of the project will prioritize gaining insight into the attitudes and perceptions about overdose prevention and harm reduction by these organizations and their members and the extent to which these topics are priorities for these exclusive organizations. If there is partner support and engagement in this work, potential opportunities in subsequent years may aim to develop collaborative partnerships that engage and encourage BGLOs to include and prioritize overdose and harm reduction in their national health-related programmatic thrusts and employ evidence-based activities, programs, and interventions. This may include resources, tools, and products developed collaboratively with partners. A byproduct of reaching BGLOs is an expansion to wider audiences, specifically students of color at colleges and universities, and to genuinely gain trust to work with BGLOs and HBCUs nationally.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Overdose Prevention (DOP)
<i>Proposed FY24 Project Funding Total:</i>	\$250,000.00
<i>Funding Appropriation:</i>	75 24 0952
<i>Funding Statutory Authority:</i>	Opioids

<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Must have adequate staffing and organizational capacity to identify evidence-based strategies in overdose prevention, work with partners and in communities, conduct formative information gathering to develop resonant public health messaging, plan and implement trainings, develop tools and resources, and leverage networks of partners to promote and disseminate tools and resources.
<i>Recipient Program Experience:</i>	Applicant should have broad reach to or ability to partner with BGLOs; experience developing, implementing, and/or promoting evidence-based or promising public health strategies; experience working in community settings and/or with young adult populations; and experience providing technical assistance. Experience with drug overdose or opioid overdose-related programs is a plus.
<i>Expectations for Collaboration:</i>	Recipient will collaborate with CDC on product development and must demonstrate the ability to engage in meaningful collaborations with groups that set service priorities for BGLOs and their service communities.
<i>Expected Subcontractual Work and Criteria:</i>	The applicant may subcontract or partner with various organizations and subject matter experts to support development and implementation of an outreach and dissemination plan and tailored tools/resources for promoting overdose prevention and harm reduction among BGLOs and their service communities.
<i>General Instructions for Use of Funds:</i>	Budget should include personnel (salaries/fringe benefits), travel, consulting, and contracting, as appropriate.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<p>Plan and conduct a landscape analysis to better understand: drug use trends among college-aged adults, including BGLO members and black college/university students at large; the overdose burden and risk factors among BGLO members and their service communities; the policy context affecting overdose prevention and harm reduction among BGLOs; and the prevalence of overdose prevention and harm reduction activity among BGLOs.</p> <p>Plan and conduct key informant interviews with relevant SMEs to better understand attitudes and perceptions about overdose prevention and harm reduction and the extent to which these topics are prioritized among BGLOs.</p> <p>Develop and deliver a presentation to BGLO leadership that summarizes results of landscape analysis and identifies gaps and opportunities in overdose prevention outreach efforts to BGLOs.</p> <p>Develop and disseminate a 1-2 page brief that highlights the overdose burden and prevention strategies, tailored for BGLOs and their service communities.</p>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>- Identification of relevant partnership organizations</li> <li>- Up to nine subject matter experts engaged</li> <li>- At least five (5) data sources will be selected and utilized for analysis</li> <li>- Outline of report sections, including analytic plans</li> <li>- Outline / draft of promotional document</li> </ul>

<i>Outputs:</i>	<p>Comprehensive report summarizing results of landscape analysis and key informant interview themes.</p> <p>Creation of a 1-2 page document promoting harm reduction and overdose prevention strategies, tailored for BGLOs and suitable for electronic dissemination.</p> <p>Virtual convening of relevant partners to present results, identify strategic opportunities for interventions, and discuss next steps in developing structures for technical assistance and scaling up outreach and dissemination.</p>
<i>Budget Period Outcomes:</i>	<p>BGLOs receive promotional materials about adopting harm reduction and overdose prevention as a signature topic for their community service efforts.</p>
<i>Outcome Measures:</i>	<p>At least 1 BGLO of the “Divine Nine” will disseminate promotional materials to its membership nationwide.</p>

<b>Project Title:</b>	<b>Supporting Dissemination and Implementation of the U.S. National Water Safety Action Plan- Category C</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community-based organizations nationwide providing services to populations at greater risk for drowning.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>Drowning results in over 4,000 deaths in the U.S. each year. It is the leading cause of death for children 1 to 4 years of age and the second leading cause of unintentional injury death for children 5 to 14. There are also disparities in drowning death rates with American Indian or Alaska Native persons, Black persons, young children, older adults, and children with Autism disproportionately at risk for drowning.</p> <p>The U.S. National Water Safety Action Plan (USNWSAP) provides guidelines and tools to reduce drowning across the country. The USNWSAP was launched in June 2023. The mission of USNWSAP is to prevent drowning in the United States by acting on evidence and making water safety a part of daily life. The plan includes 99 action recommendations, as well as a list of national implications or suggestions. The national implications support organizations to carry out the 99 recommendations at the community, county, and state levels. The plan also contains templates that can help organizations start working to prevent drowning in their local communities.</p> <p>The purpose of this project is to develop resources that can help state and local partners to implement the recommendations from the US National Water Safety Action Plan.</p> <p>Project funding is subject to availability of funds.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Injury Prevention (DIP)
<i>Proposed FY24 Project Funding Total:</i>	\$100,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Consolidated Appropriations Act, 2024
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Applicant must be a national organization that has experience supporting drowning prevention projects.
<i>Recipient Program Experience:</i>	Experience coordinating multiple national drowning prevention partners. Experience developing drowning prevention guidance.
<i>Expectations for Collaboration:</i>	Applicant is expected to work with national drowning prevention organizations to develop resources that can help state and local partners to implement the recommendations from the US National Water Safety Action Plan
<i>Expected Subcontractual Work and Criteria:</i>	Applicant may wish to draw upon subcontractors who can help with web development or other technical assistance needs that do not reside within the applicant's organization.
<i>General Instructions for Use of Funds:</i>	Program funds should be utilized to conduct project activities.

<b>Strategic Area:</b>	<b>Data Modernization, Informatics, and Information Technology</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>- Work with national drowning prevention organizations to develop an online implementation database to support project.</li> <li>- Following initial development of the online implementation database, conduct assessment of the online implementation database to identify needed enhancements, including seeking user input</li> <li>- Create and add content to online implementation database to support user needs</li> <li>- Enhance implementation database website based on partner input to best disseminate communications.</li> <li>- Monitor web traffic and identify key user groups where additional dissemination may be needed</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>- Implementation database developed</li> <li>- 6-8 users consulted on the usability of the implementation database</li> <li>- Content for online database drafted</li> <li>- Contract with web developer executed</li> <li>- Identify metrics to assess web traffic, reach, and engagement</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>- Report of project participation and outcomes, including description of user feedback and recommendations for improvement</li> <li>- Web-based implementation database launched</li> </ul>
<i>Budget Period Outcomes:</i>	Web traffic to the implementation database website which increases knowledge of drowning prevention recommendations.
<i>Outcome Measures:</i>	At least 1000 visitors to implementation database website developed to disseminate drowning prevention recommendations.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Engage drowning prevention experts in planning process to improve reach and support implementation of recommendations in the UNSWSAP</li> <li>• Engage Drowning prevention experts to begin development of drowning prevention agenda</li> <li>• Exhibit during at least one national conference to increase awareness of drowning prevention recommendations and engage partners</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• At least one planning meeting for drowning prevention experts during project period to support implementation of drowning prevention recommendations</li> <li>• Plan for developing drowning prevention agenda outlined</li> <li>• Exhibit booth secured and materials developed for at least one national conference</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Document describing plan to support implementation of drowning prevention recommendations</li> <li>• Document describing plan for developing drowning prevention agenda</li> <li>• Development of dissemination materials for conference booth(s) and website</li> </ul>

<i>Budget Period</i> <i>Outcomes:</i>	<ul style="list-style-type: none"><li>• Implementation plan for following year developed</li><li>• Plan for developing drowning prevention agenda developed</li><li>• Dissemination materials developed and disseminated during at least one national conference</li></ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"><li>• Drowning prevention recommendations disseminated to at least 15 state and local partners</li></ul>

<b>Project Title:</b>	<b>Building Community Capacity through Community Behavioral Health Organizations</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>The selected organization should have experience working with community-based harm reduction programs to support people who use drugs. The selected organization should do all work rooted in the principles of harm reduction and should have experience working with people with lived experience and whose lived experience includes using drugs.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	1) Support implementation and evaluation of evidence-based and innovative linkages to care, peer support services and harm reduction programs in rural communities 2) Support partnerships among organizations in rural communities that connect PWUDs and people in recovery to support services 3) Build the capacity of organizations in rural communities to link PWUDs to treatment, recovery support and other wraparound services
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Overdose Prevention (DOP)
<i>Proposed FY24 Project Funding Total:</i>	\$2,500,000.00
<i>Funding Appropriation:</i>	75 24 0952
<i>Funding Statutory Authority:</i>	Opioid
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Organization must have experience working with community-based harm reduction organizations that serve rural areas and are located in rural areas. Organization should have experience contracting with community-based harm reduction organizations and with building capacity of harm reduction organizations.
<i>Recipient Program Experience:</i>	Organization should have experience working with community-based organizations that specialize in harm reduction services.
<i>Expectations for Collaboration:</i>	
<i>Expected Subcontractual Work and Criteria:</i>	Awardee will subcontract with community-based organizations and subject matter experts that have expertise in harm reduction.
<i>General Instructions for Use of Funds:</i>	Follow the guidelines of the cooperative agreement and the Division of Overdose Prevention will provide further guidance if necessary.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

<i>Activities:</i>	Organization will develop an application for mentee organizations in rural areas that offer harm reduction services. Organization will identify mentee organizations that have experience providing harm reduction services to people who use drugs and that will benefit from capacity building and support. Organization will pair the mentee harm reduction organizations with subject matter experts to build capacity in areas identified by the mentee as their priorities for their organizations.
<i>Process Measures:</i>	Organization will contract with up to 45 community-based harm reduction organizations in rural areas to implement recommended services and work with mentor organizations and subject matter experts for capacity building focused on harm reduction.
<i>Outputs:</i>	Organization will provide a summary report on activities implemented by the contracted harm reduction organizations. Subject matter experts will provide a written report to the organization that summarizes changes in capacity, skills or knowledge of mentee organizations.
<i>Budget Period Outcomes:</i>	
<i>Outcome Measures:</i>	At least 85% of the contracted mentee harm reduction organizations will participate in a mentoring call with the harm reduction subject matter experts.

<b>Project Title:</b>	<b>Increasing Capacity to Address Community Violence at Historically Black Colleges and Universities (HBCUs)</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	The population of focus are HBCUs, LHDs, and CBOs. We would fund a partner to engage 1-2 HBCUs, the surrounding LHD, and CBOs. This partner would facilitate a number of action planning meetings to promote dialogue and collaboration between the local HBCUs, the local health departments, and CBOs to create or enhance partnership capacity within the community. By working collaboratively with LHDs and CBOs, HBCUs can enhance resources to address community violence. This work is similar to a previous project with the American Public Health Association that focused on campus sexual violence and HBCUs (Preventing Sexual Violence on College And University Campuses: A Summary of CDC Activities).
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This funding would enhance partnerships between Historically Black Colleges and Universities (HBCUs), local health departments (LHD), and community-based organizations (CBOs) to increase capacity in addressing community violence. This project seeks to develop a strategy to work with HBCUs to improve their capacity and partnerships to implement community violence prevention policies, programs, and strategies on campus and the surrounding community. Community violence happens between unrelated individuals, who may or may not know each other, generally outside the home (e.g., assaults or fights among groups and shootings in public places, such as schools and on the streets). Research indicates that youth and young adults (ages 10-34), particularly those in communities of color, are disproportionately impacted ( <a href="https://www.cdc.gov/violenceprevention/communityviolence/index.html">https://www.cdc.gov/violenceprevention/communityviolence/index.html</a> )
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Violence Prevention (DVP)
<i>Proposed FY24 Project Funding Total:</i>	\$300,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Title 42 U.S. Code 280b – Prevention and Control Activities
<i>Expected Project Length:</i>	2 Years
<i>Recipient Organizational Capacity:</i>	The recipient organization must be a large-scale public health agency with experience working with local health departments, providing technical support and assistance to CBOs, HBCUs, and other public health entities, and has connections to the community. This organization must also have a rich history in working in violence prevention, is familiar with evidence-based violence prevention programs and policies, experience with working with a federal agency, and preferably, publications on violence prevention. Lastly, the organization must have experience providing training to educational institutions and the governmental public health workforce on violence prevention, addressing health disparities, and providing insight to improve health equity within the community.

<i>Recipient Program Experience:</i>	The organization's program experience should include working with the CDC or other large scale public health agencies, expertise in violence prevention, and an understanding of violence prevention strategies including the shared risk and protective factors. The program should also have experience working with communities with high rates of violence and addressing the social determinants of health. Lastly, the program should have experience providing training and technical support on various topics, including violence prevention, and creating resources to support strategies and implementation of evidence-based programs and policies.
<i>Expectations for Collaboration:</i>	The Technical Monitor (TM) will work with the recipient to ensure that the scope of work and work plan are implemented during the budget period. The TM will provide a forum for regular check-ins (schedule to be determined). A monthly report template will be provided to monitor the progress of the work and to ensure that the recipient is on track with partnership development, trainings, and resource development.
<i>Expected Subcontractual Work and Criteria:</i>	N/A
<i>General Instructions for Use of Funds:</i>	<p>Recipients may not use funds for research.</p> <p>Recipients may not use funds for clinical care except as allowed by law.</p> <p>Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.</p> <p>Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.</p> <p>Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.</p> <p>Other than for normal and recognized executive-legislative relationships, no funds may be used for:</p> <ul style="list-style-type: none"> <li>o publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body</li> <li>o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body</li> </ul> <p>See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on anti-lobbying restrictions for CDC recipients.</p> <p>The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.</p>
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas;</p> <p>Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas</p>

<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Plan and host action planning meetings to promote dialogue and collaboration between local HBCUs, the local health department, and CBOs to create or enhance partnership capacity within the community.</li> <li>• Promote social norms that protect against violence, teach skills to prevent all forms of violence, provide resources and tools to support healthy relationships, and create protective environments.</li> <li>• Address gaps that include the development of culturally specific strategies to violence prevention education and support to campus communities, resource limitations, and training related to intimate partner violence, dating violence, sexual violence, and other forms of violence relevant to their student population.</li> <li>• Local HBCUs will receive training on the lessons learned from LHD prevention activities and apply these lessons learned in the adaptation and implementation of evidence-based violence prevention strategies on the campuses of local HBCUs.</li> </ul>
<i>Process Measures:</i>	The number, identity and defined key roles amongst the partners addressing community violence.
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Build partnership and increase capacity between HBCUs, LHDs, and CBOs to fill the gaps in addressing resource limitations, an open dialogue of the issues of violence among the campus population, and the utilization of community violence prevention strategies to address community violence.</li> <li>• Develop a resource document that enables the sharing of lessons learned from this project that will help HBCUs seek additional funding opportunities.</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Increased partnerships amongst HBCUs, LHDs, and CBOs</li> <li>• Increased capacity of HBCUs to implement violence prevention programs based on the best available evidence</li> <li>• Increased understanding of adaptations needed to address campus violence at HBCUs specifically and college campuses generally</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• Increased partnerships amongst HBCUs, LHDs, and CBOs</li> </ul>

<b>Project Title:</b>	<b>Building Bridges Between Community-Based Organizations &amp; Upstream Public Health/Injury and Violence Prevention</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Injury and Violence Prevention (IVP) community-based and non-governmental organizations (CBOs/NGOs), IVP researchers, people with IVP lived experience who can disseminate public health information in their communities.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project will build a cohort of community-based organization staff and partners to provide technical assistance to community-based organizations (CBOs) who can serve as trusted messengers to disseminate public health information in their communities. This project will build on previous efforts to amplify partnerships between national organizations and CBOs and will offer cohort participants the opportunity to apply the tools and resources created in earlier iterations of the project, while also allowing opportunities for evaluating practical use. The project will also expand on previous efforts to provide support to new CBOs, including training to expand capacity for incorporating storytelling to communicate about injury and violence prevention to CBOs and their communities. By working closely with CBOs, key health messages can be shared directly with communities who need it most. In this dissemination, CBOs will also be able to share their practice-based evidence that supports the story of the upstream prevention of public health (PH)/injury and violence.
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Office of Policy and Partnerships (OPP)
<i>Proposed FY24 Project Funding Total:</i>	\$325,000.00
<i>Funding Appropriation:</i>	75-23-0952
<i>Funding Statutory Authority:</i>	317(k)(2) and 307 of the Public Health Service Act
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Organization should have a national representation and be able to effectively conduct the work, organizational capacity will include being able to meet virtually, attend presentations/trainings, working together to create additional resources and having a wide reach in their communities for disbursement of resources. Ideally this organization will have substantial experience and success in creating relationships with a broad variety of community-based organizations (CBOs) as well as experience and success in forging partnerships with new and diverse organizations.
<i>Recipient Program Experience:</i>	Organization should have strong connections with CBOs that will find ways to bring in their own lived experiences to reach their communities and disseminate available public health (PH)/violence and injury prevention resources. Organization should also have strong experience in communications and providing trainings for resource development. Organization should have demonstrated success in designing, implementing, and sustaining substantively similar projects.

<p><i>Expectations for Collaboration:</i></p>	<ul style="list-style-type: none"> <li>• Organization will work to identify CBOs to collaborate in the initiative based on their audience and ability to disseminate key public health education about key injury and violence topics, including but not limited to ACEs, overdose and suicide</li> <li>• Organization will provide orientation to new cohort members on the project and public health information in one or more virtual train-the-trainer sessions.</li> <li>• Cohort participants will adapt materials to their specific community's need and deliver the communications products, in their communities and/or social media networks</li> <li>• Cohort participants may meet in-person to subsequently share their results and experiences with the cohort.</li> <li>• Cohort participants will identify areas where the materials or processes could be improved. If possible, this in-person report out will be scheduled in coordination with a national partner meeting to allow participants to present their findings and process to other CBOs and interested parties who are not cohort members.</li> <li>• The partner organization will draft a final report of the project based on the process throughout the project and cohort feedback. Ideally this report will identify successes, lessons learned, and next steps.</li> </ul>
<p><i>Expected Subcontractual Work and Criteria:</i></p>	<p>N/A</p>
<p><i>General Instructions for Use of Funds:</i></p>	<p>Improve CBO's capacity to collaborate, communicate and connect with each other and their communities and to disseminate available PH/violence and injury prevention resources.</p>
<p><b>Strategic Area:</b></p>	<p><b>Partnership Development and Engagement</b></p>
<p style="text-align: center;"><b>Strategic Area Details</b></p>	
<p><i>Outcomes:</i></p>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>
<p><i>Activities:</i></p>	<p>We will collaborate with organization to provide:</p> <ul style="list-style-type: none"> <li>• Virtual sessions to refresh existing cohort members and provide initial orientation to the materials for new cohort members</li> <li>• Support for cohort to adapt injury and violence prevention health messaging to their specific community needs to deliver the information to their communities via CBO-preferred engagements, in person or virtually</li> <li>• Cohort may convene in-person to report on public health education delivery experiences and share lessons learned with other cohort members</li> <li>• Cohort collectively provides a workshop to describe the process and their experiences at an annual meeting (ideally, in conjunction with the validation/reporting meeting)</li> <li>• Cohort will receive a certificate of completion</li> <li>• Partner organization will provide final report on successes, lessons learned, and next steps.</li> </ul>

<i>Process Measures:</i>	<p>100% of cohort will attend refresher or initial orientation session(s).</p> <p>2. 90-100% of co-creation session attendees will attend the in-person annual meeting</p> <p>3. Cohort members will work with partner organization to set appropriate target numbers for engaging and disseminating information to their communities and will achieve at least 85% completion of target number by end of cohort.</p> <p>4. 90-100% of cohort will report back on experiences delivering messages to community and participate in process validation</p> <p>5. 90-100% of cohort will attend in-person meeting to report experiences and present at annual meeting</p> <p>6. 100% of annual meeting attendees will receive a certificate of completion</p>
<i>Outputs:</i>	<p>Support infrastructure to assist cohort in learning how to deliver the messages and relevant supporting materials</p> <p>2. Infrastructure to support CBOs in adapting and delivering materials to their unique audiences (potential examples could include support with communications, outreach, virtual meeting space, if needed, etc.)</p> <p>3. Virtual or in-person meetings to elicit report-out on cohort members' experiences</p> <p>4. Virtual or in-person meeting to facilitate cohort member's presentation on experiences to non-cohort members, ideally at a conference or other gathering parties with shared interest in this practice area</p> <p>5. Validation of materials and engagements, post delivery</p> <p>6. Written report on material use, lessons learned, successes, and next steps.</p>
<i>Budget Period Outcomes:</i>	<p>CBOs will be equipped with public health information and will be able to narrate the data with their own lived experience and translate the information to suit the needs of their communities. Possible outcome measures include:</p> <p>1) Number of new CBOs partnerships developed</p> <p>2) Number of technical assistance sessions/materials for CBOs</p> <p>3) Number of materials delivered/ engagements with communities by CBOs</p> <p>4) Number of times and number of individuals to whom cohort members deliver materials</p> <p>4) Validated process</p> <p>5) Final report on materials and CBO experiences using the materials</p>
<i>Outcome Measures:</i>	<p>CBOs will be equipped with public health information and will be able to narrate the data with their own lived experience and translate the information to suit the needs of their communities. Possible outcome measures include:</p> <p>1) Number of new CBOs partnerships developed</p> <p>2) Number of technical assistance sessions/materials for CBOs</p> <p>3) Number of materials delivered/ engagements with communities by CBOs</p> <p>4) Number of times and number of individuals to whom cohort members deliver materials</p> <p>4) Validated process</p> <p>5) Final report on materials and CBO experiences using the materials</p>

<b>Project Title:</b>	<b>Let's Talk About It: Reducing mental health stigma through key opinion leaders</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>This project provides an opportunity to identify best methodologies to reach historically underserved populations such as young girls, non-binary youth, Native youth, and LGBTQ+ youth through a national partner who engages with healthcare providers, parents, children, and other non-governmental stakeholders</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project aims to harness the trusted relationships national partners have with healthcare providers, parents, and children through collaboration with key opinion leaders (KOLs). These key opinion leaders are already embedded within national partners but also have access to hard-to-reach, expansive and diverse audiences (focus-audiences) through podcasts, social media, and other mechanisms. The national partner organization will benefit from engagement with focused audiences through strategic collaboration with the KOLs. Through this collaboration we will strategically disseminate complex yet crucial public health messages using key opinion leaders (KOLs) as trusted messengers. This approach ensures that vital health information is delivered directly to communities most in need, empowering them with actionable knowledge for better health outcomes.
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Office of Policy and Partnerships (OPP)
<i>Proposed FY24 Project Funding Total:</i>	\$300,000.00
<i>Funding Appropriation:</i>	75-23-0952
<i>Funding Statutory Authority:</i>	317(k)(2) and 307 of the Public Health Service Act
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	<p>Organization should have a national representation and have engagement with healthcare providers, parents, children, and other non-governmental stakeholders</p> <p>The Organization must be committed to reducing mental health stigma for historically underserved populations such as young girls, non-binary youth, Native youth, and LGBTQ+ youth.</p> <p>The organization must have experience delivering nuanced public health information to healthcare providers, parents, children, and other non-governmental stakeholders and must have experience in both providing correct information as well as combatting mis-information through novel and agile channels.</p>

<p><i>Recipient Program Experience:</i></p>	<p>Organization must have strong connections to key opinion leaders who have reach with healthcare providers, parents, children, and intermediary organizations or to facilitate communications, collaborative dialogue, and sharing of best practices. Experience in developing communication materials to impact shifts in public health education (impacts public perception) and working in tandem with key public health and healthcare providers to disseminate accurate, inclusive and agile public health messaging. Must partner well with key opinion leaders. Must want to be able to shift narratives and advance public health messaging. Must have experience and demonstrated success in reaching and collaborating with diverse communities and stakeholders.</p>
<p><i>Expectations for Collaboration:</i></p>	<p>Content Creation and Dissemination: Partner organizations will collaborate in creating compelling and accessible content that resonates with diverse audiences. This includes developing key messages, scripts, and materials suitable for dissemination via podcasts and social media accounts and other web-based networks hosted by opinion leaders. The aim is to ensure that complex health information is created collaboratively, includes lived experiences, and is communicated clearly and effectively to individuals and communities in need.</p> <ul style="list-style-type: none"> <li>· Amplification and Promotion: Collaborators will play a crucial role in amplifying the reach of healthcare and public health messages by promoting podcast episodes and related content across their own platforms and networks. This may involve cross-promotion, social media campaigns, and other promotional activities to increase visibility and engagement. Ideally, amplification and promotion through these channels will allow new communities and audiences to both learn about and engage with positive healthcare and public health information.</li> <li>· Community Engagement and Feedback Loop: It is essential for partner organizations to engage directly with communities and gather feedback on the effectiveness of the disseminated healthcare and public health information. This feedback loop will enable continuous improvement of messaging strategies and content creation efforts.</li> <li>· Monitoring and Evaluation: Collaborators will participate in monitoring the impact of the project, tracking metrics such as audience engagement, reach, and behavioral change related to healthcare and public health practices. Regular evaluation will inform adjustments to the collaboration strategy and content development process.</li> </ul> <p>By aligning efforts and expertise through this collaborative approach, we aim to bridge the gap in public health communication, shift public health narratives, and empower communities with accurate and timely information that can positively impact public health outcomes.</p>

<p><i>Expected Subcontractual Work and Criteria:</i></p>	<p>Subcontractor is not required but if used – please use the following criteria:</p> <p>Contractors – Must be able to work with a communications firm with strong key opinion leaders to draft and disseminate public health messages to maximum effect.</p> <ul style="list-style-type: none"> <li>· Podcast and Media Production: They should possess a proven track record in podcast production and media dissemination. This includes expertise in creating high-quality audio content suitable for key opinion leader platforms and other media channels that resonate with diverse audiences.</li> <li>· Message Clarity and Accessibility: Ability to provide complex public health information into clear, accessible messages that can be effectively communicated by key opinion leaders. The subcontractor must have experience crafting compelling narratives and scripts tailored to specific audience segments.</li> <li>· Community Engagement and Outreach: Demonstrated ability to engage with diverse communities and understand their unique information needs and preferences. The subcontractor should have strategies in place to ensure that disseminated health messages are culturally sensitive, inclusive, and resonate with the target communities.</li> <li>· Social Media and Digital Promotion: Proficiency in digital marketing and social media promotion to amplify the reach of disseminated health messages. The subcontractor should leverage various digital platforms to maximize audience engagement and facilitate interaction with key opinion leader content.</li> <li>· Monitoring and Evaluation: Experience in monitoring and evaluating the impact of media campaigns and outreach efforts. The subcontractor should employ data-driven methodologies to track audience engagement, measure the effectiveness of disseminated messages, and provide actionable insights for continuous improvement.</li> </ul>
<p><i>General Instructions for Use of Funds:</i></p>	<p>Funds may be used to engage and support messaging for key opinion leaders, like podcasters and public figures capacity to disseminate health information to far reaching and diverse audiences.</p>
<p><b>Strategic Area:</b></p>	<p><b>Partnership Development and Engagement</b></p>
<p style="text-align: center;"><b>Strategic Area Details</b></p>	
<p><i>Outcomes:</i></p>	<p>Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>

<i>Activities:</i>	<p>Partner organizations will:</p> <ul style="list-style-type: none"> <li>o Collaboratively develop key messages related to relevant topics.</li> <li>o Secure key opinion leaders to educate audiences on specific aspects of the collaborative messaging.</li> <li>o Coordinate with the key opinion leaders to plan, execute, and evaluate dissemination of communication materials and any subsequent behavior modifications or outcomes.</li> </ul>
<i>Process Measures:</i>	<p>This work strongly aligns with the following agency/center/office strategic initiatives:</p> <ul style="list-style-type: none"> <li>· Priority topics: supporting young families, promoting positive mental health, promoting protective factors against suicide, overdose, and ACEs risks, including healthy relationship experiences and supportive community experiences.</li> </ul> <p>Possible measures could include:</p> <ol style="list-style-type: none"> <li>1. Number of key opinion leaders and partner organizations involved.</li> <li>2. Development of cohesive messages, podcasts, videos, and social media graphics.</li> <li>3. Evaluation/project mid-year and end of year report</li> </ol>
<i>Outputs:</i>	<p>Key media artifacts from Key Opinion Leaders (KOLs) that can be shared with partners (like podcasts, news interviews and articles).</p> <p>Report on key metrics of success and opportunities for scale and growth.</p>
<i>Budget Period Outcomes:</i>	<p>Improved capacity among key opinion leaders and partner organizations to establish partnerships and share information with historically underserved populations such as young girls, non-binary youth, Native youth, and LGBTQ+ youth. This outcome will apply to short, medium, and long-term as participant organizations and KOL learn to adapt messaging. The adapted messages will be short-term outcomes and the knowledge skills and abilities will be built, leading to better and more successful communications in the medium and long term.</p> <p>Improved understanding of the best methodologies to reach historically underserved populations such as young girls, non-binary youth, Native youth, and LGBTQ+ youth.</p>
<i>Outcome Measures:</i>	<p>At least 85% of the key opinion leaders and partner organizations invited participate in disseminating complex public health messaging.</p> <p>At least 85% of the key opinion leaders and partner organizations participate in substantive planning and collaboration sessions to determine best strategies for reaching highlighted audiences.</p>

<b>Project Title:</b>	<b>Improving Hospitals' Capacity to Prevent Community and Youth Violence</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>The goal is to promote collaboration and improve interactions between hospitals and local health departments to prevent community and youth violence</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	Increased implementation of evidence-based prevention strategies and increased connection between hospital systems and local health departments. Recipient will initiate new hospital-health department collaborations in at least two jurisdictions with the goal of implementing data to action frameworks to ultimately strengthen the service delivery of hospital based violence intervention programs and inform the implementation or expansion of evidence based community and youth violence prevention strategies (e.g., trauma-informed therapeutic treatment, treatment to prevent problem behaviors and further experiences with violence, street outreach and activities to support norms of nonviolence, youth mentoring programs).
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Violence Prevention (DVP)
<i>Proposed FY24 Project Funding Total:</i>	\$300,000.00
<i>Funding Appropriation:</i>	2024 Consolidated Appropriations Act
<i>Funding Statutory Authority:</i>	Sections 301(a) and 392(a)(1) and (b)(1) and (2) of the Public Health Service Act (PHS Act), 43 U.S.C. 241(a) and 280-0(a)(1) and (b)(1) and (2)
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	<p>Adequate and appropriate organizational infrastructure and capacity to support the requirements of this project including the proposed staffing plan to successfully implement the activities and achieve project outcomes.</p> <ul style="list-style-type: none"> <li>· Ability to reach level one trauma centers and/or hospitals treating over 100 assaults, gunshot wounds, stab wounds, and other violence-related injuries each year.</li> <li>· A commitment to health equity and anti-racism work.</li> </ul>
<i>Recipient Program Experience:</i>	<ul style="list-style-type: none"> <li>· Experience implementing or providing guidance and technical assistance to hospitals implementing hospital based or community based violence intervention programs.</li> <li>· A proven track record of developing partnerships with community based organizations to achieve program goals.</li> <li>· An understanding of the various funding sources and policy levers used to sustain hospital based violence intervention programs (e.g., community benefit, trauma center designation and verification, Medicaid, state and local funding)</li> <li>· Experience using data to inform program decision making.</li> </ul>

<i>Expectations for Collaboration:</i>	Recipient should collaborate with CDC to initiate new hospital-health department collaborations in at least two jurisdictions with the long-term goal of implementing data to action frameworks (e.g. using place-based EMS data to map hotspots, adopting the Cardiff Model, linking ED data on firearm injuries to other data sources) to inform the selection, location, and implementation of evidence based violence prevention strategies.
<i>Expected Subcontractual Work and Criteria:</i>	A subcontractor is not anticipated by CDC. If the recipient determines that a subcontractor is necessary, any subcontractor should be approved by CDC.
<i>General Instructions for Use of Funds:</i>	Funds may be used to cover project equipment, travel expenses, and personnel needs at the discretion of the recipient and within established CDC Grant Requirements.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	Identify and recruit at least two jurisdictions with existing or emerging hospital based violence intervention programs that are interested in partnering with a local health department to explore using data to inform action.  <ul style="list-style-type: none"> <li>· Plan and host trainings, webinars and/or in-person convenings with the jurisdictions to educate about various data sources and data to action models that can be used by a jurisdiction to inform violence intervention and prevention efforts.</li> <li>· Provide training and technical assistance to hospitals to support their effective identification of data sources, collaboration with health departments on data analyses, and use of data to inform violence intervention and prevention efforts.</li> </ul>
<i>Process Measures:</i>	During the 10 month period the recipient will host at least two training sessions, one of which focuses on the various data sources that can inform hospital based prevention efforts.  By month 3 the recipient will have contacted a minimum of 15 hospitals and 15 local health departments as part of their recruitment efforts.
<i>Outputs:</i>	The recipient will have developed training materials in support of their webinars/trainings/convenings that will be available on their website.  The recipient will have developed promotional material such as web content, social media content or fact sheet that summarizes the benefits of hospital system-health department partnerships to prevent violence.
<i>Budget Period Outcomes:</i>	By the end of the project period the hospital and local health department in each of the two jurisdictions will have selected a data to action framework to be adopted by the jurisdiction.  By the end of the project period at least 10 local health departments and 10 jurisdictions will have participated in training sessions about data sources that can inform hospital based violence intervention programs.

<i>Outcome Measures:</i>	<p>50% of the jurisdictions (1 out of 2) will maintain the hospital / health department partnership to prevent community and youth violence after the period of performance.</p> <p>By the end of the project period the hospital and local health department in each of the two jurisdictions will have entered into a Memorandum of Understanding, joint violence prevention plan, or contract to guide their collaborative prevention efforts</p>
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<b>Project Title:</b>	<b>Building Capacity in Qualitative Data Design and Applications</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Non-profit, voluntary, and private entities that support public health systems including academic consortiums</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>Adverse childhood experiences (ACEs), overdose, and suicide are urgent and related public health challenges that have consequences for all of us. ACEs are associated with at least five of the 10 leading causes of death. Drug overdoses have increased more than 500% between 1999 and 2020. Drug overdose remains a leading cause of injury-related death in the United States. From 1999-2018, suicide rates rose 35 percent and declined in 2019- 2020. Suicide was the 9th leading cause of death in the United States in 2020. Adverse childhood experiences increase the risk of opioid misuse and overdose and suicide later in life. ACEs are associated with younger age of opioid initiation, injection drug use, and likelihood of experiencing overdose. People with lived experience (for example, personally having attempted suicide or having had suicidal thoughts) may suffer long-term mental and physical health consequences. These challenges are preventable.</p> <p>NCIPC prioritizes putting science into action rapidly to ensure that injury and violence prevention activities are well-informed by emerging science. However, there are barriers to putting science into action rapidly. The scientific methods used in this process often don't account for the experiences of the community and the context in which the community functions. Additionally, research findings are often published for scientific audiences with a lens toward inspiring future research and lack actionable field-relevant steps. There is a need for a systematic process in NCIPC to identify and apply equitable practice innovations and to prioritize research translation activities.</p> <p>The purpose of this project is to fund a recipient to provide capacity building assistance activities to multiple public health system partners (subrecipients) in the target population; that target population can include universities, academic consortiums, and non-governmental organizations. The type of capacity building assistance (CBA) provided by the recipient will be focused on using rigorous, tested methodologies for gathering qualitative data on the intersection of adverse childhood experiences, suicides, and overdoses. Additionally, the CBA will focus on best practices in using qualitative data from people with lived experiences at that intersection.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Office of Strategy and Innovation (OSI)
<i>Proposed FY24 Project Funding Total:</i>	\$300,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
<i>Expected Project Length:</i>	2 Years

<i>Recipient Organizational Capacity:</i>	In order to effectively conduct the work laid out in this plan, the ideal recipient would have organizational capacity in the following areas: <ul style="list-style-type: none"> <li>• Disseminating best practices and having affiliations with journals to disseminate lessons learned</li> <li>• Having a large national member organization (greater than 20,000 members)</li> <li>• Hosting national conferences with large number of registered attendees (greater than 10,000 attendees)</li> <li>• Developing requests for proposals (RFPs), reviewing and selecting subrecipients (various types of public health organizations) to those RFPs, and making subawards to those subrecipients</li> <li>• Coordinating multiple public health system partners (subrecipients) across the country</li> <li>• Planning, coordinating, and hosting meetings between subrecipient and CDC</li> <li>• Communicating with multiple individuals within the subrecipient organizations and CDC</li> <li>• Planning mid year and end of year showcases of subrecipient capacity building efforts</li> </ul>
<i>Recipient Program Experience:</i>	In order to effectively conduct this work, the recipient needs to have the following program experience: <ul style="list-style-type: none"> <li>• Building public health capacity nationally</li> <li>• Providing technical assistance on the intersection of adverse childhood experiences (ACEs), suicides, and overdoses and how to use qualitative data</li> <li>• Building and sustaining partnerships</li> <li>• Disseminating public health best practices</li> </ul>
<i>Expectations for Collaboration:</i>	As mentioned in the “Organizational Capacity” section, it will be important for the recipient to be able to collaborate with multiple individuals across subrecipients and CDC. It will also be important for the recipient to be able to disseminate public health best practices across a national and broad member base.
<i>Expected Subcontractual Work and Criteria:</i>	Recipient should be able to have some knowledge of qualitative data and best practices associated with incorporating lived experiences into injury and violence prevention and health promotion, especially at the intersection of ACEs, suicides, and overdoses. Additionally, as mentioned in the “Organizational Capacity” section, the recipient should have experience developing requests for proposals (RFPs), reviewing and selecting subrecipients (various types of public health organizations) to those RFPs, and making subawards to those subrecipients. The subrecipients should have access to qualitative data on injury and violence topic areas.
<i>General Instructions for Use of Funds:</i>	The recipient’s total costs must not exceed the amount awarded, including salary, computer, software, travel, supplies, and all fringe and indirects. The funds should be used to fund subrecipients directly to build their capacity in qualitative methodologies applied to injury and violence prevention.
<b>Strategic Area:</b>	<b>Data Modernization, Informatics, and Information Technology</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Develop a request for proposal (RFP) to identify a subrecipient to build their capacity in rigorous methodologies for using and understanding qualitative data, particularly as they relate to addressing the intersectionality of public health risks and burden, and their applications in public health, focusing on people with lived experiences in adverse childhood experiences (ACEs), suicides, and overdoses</li> <li>• Disseminate best practice guide for methodology developed through subawards</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• A methodology to incorporate qualitative data on intersectional and lived experiences in public health practice</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Dissemination of best practices on rigorous methodologies to use intersectional data, and on incorporating the voices of people with lived experiences in the study of ACEs, suicides, and overdoses</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Improved capacity in the field around qualitative data, including how it can be utilized, and potential pros and cons</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• Increased understanding, knowledge, and use of lived experience as one piece of evidence for decision-making</li> </ul>

<b>Project Title:</b>	<b>Campaign Development and Dissemination—Access to Treatment and Care</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community behavioral health organizations</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	Project team should support an existing campaign created to inspire individuals who are struggling with substance use disorders (SUDs) to seek help and provide clear steps to navigate resources and treatment options. The primary audience will be Black and Latinx individuals with a SUD. The secondary audience is friends and family of those with SUD. The team should continue to support and implement a full national advertising schedule of the existing campaign to include placements of the PSAs on national broadcast television and radio outlets during prime viewing times, print advertising for national and local publications (daily, weekly, monthly) across the country, an out-of-home advertising schedule with national reach, a social media content strategy and implementation plan, etc. The project team will also implement a full public relations outreach strategy to build upon “buzz” around the campaign and garner earned media placements nationally. The partner will also work directly with community behavioral health organizations to disseminate campaign materials and provide technical assistance to use materials. At the project’s end, an evaluation report with quantitative and qualitative metrics should be proposed to demonstrate campaign effectiveness. Project team should propose an evaluation plan to gather these metrics and should have the capabilities to implement this plan.
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Overdose Prevention (DOP)
<i>Proposed FY24 Project Funding Total:</i>	\$1,500,000.00
<i>Funding Appropriation:</i>	75 24 0952
<i>Funding Statutory Authority:</i>	Opioid
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	An organization with expertise in drug overdose prevention and experience in partnering with traditional and non-traditional entities to develop and disseminate evidence-based science. Specific messages should encourage active behavior change and linkage to treatment.
<i>Recipient Program Experience:</i>	An organization with a keen understanding of how to convey drug overdose information using methods to engage the population of focus and encourage lasting behavior changes.

<i>Expectations for Collaboration:</i>	To maximize the impact of this activity, the applicant can engage a nationally-recognized public service advertising partner with expertise and vast experience in developing public service campaigns. It is critical that the applicant engage this type of partner to ensure quality communication materials are developed with proven methods for engaging the target audience around public health calls-to-action. The partner can provide a creative project lead and team to develop, deliver and place the communications campaign tools including the creative brief, video and audio PSAs, social media content strategy, print advertising, out-of-home advertising, campaign-specific Web site, implementation strategy, public relations plan, evaluation plan and post-campaign evaluation report and metrics. The project team should work closely with CDC to develop the communications campaign and all materials to be science-based, engaging, entertaining and action-provoking for the campaign population of focus. The recipient is expected to collaborate with trusted messengers in the Black and Latinx communities, including faith-based organizations, healthcare providers, employers, community-based organizations, mental health community.
<i>Expected Subcontractual Work and Criteria:</i>	This project likely will require subcontracting with a nationally-recognized public service advertising partner with expertise and vast experience in developing public service campaigns such as "It's Up to You", "Do I Have Diabetes", and "Smokey the Bear", etc.
<i>General Instructions for Use of Funds:</i>	An in-person collaboration meeting may be necessary to complete this work.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	The partner will support a national communication campaign including tools such as public service announcements (PSAs), a campaign-specific micro Web site, print advertising materials, billboards, etc. All materials should be in English and Spanish. The project lead and team should continue to implement a full national advertising schedule to include placements of the PSAs on national broadcast television and radio outlets during prime viewing times, print advertising for national and local publications (daily, weekly, monthly) across the country, an out-of-home advertising schedule with national reach, a social media content strategy and implementation plan, etc. The project lead will also support a full public relations outreach strategy to develop a "buzz" around the campaign and garner earned media placements nationally. The partner will work directly with community behavioral health organizations to disseminate campaign materials and provide technical assistance to use materials. At the project's end, an evaluation plan and report with quantitative and qualitative metrics should be proposed to demonstrate campaign effectiveness.
<i>Process Measures:</i>	Process measures can include metrics to monitor campaign performance and exposure such as views, downloads, impressions, click thru rates, social media metrics, donated and earned media dollar value.
<i>Outputs:</i>	A national communication campaign including tools such as public service announcements (PSAs), a campaign-specific micro Web site, print advertising materials, billboards, etc. A national advertising schedule A public relations outreach strategy Technical assistance to CBOs Evaluation plan to inform population of focus's future communication efforts

<i>Budget Period Outcomes:</i>	In the budget period, we expect an increase in awareness and utilization of campaign messaging and training materials to increase the capacity of health departments and CBOs serving Black and Latinx individuals, particularly those with a SUD. Organizations should have increased knowledge of recovery resources and actionable steps to take to assist in that process.
<i>Outcome Measures:</i>	Partner will propose a plan to measure an increase in awareness of treatment options and recovery support resources for CBOs and the Black and Latinx audience.

<b>Project Title:</b>	<b>Partnering to enhance/expand availability and utilization of National Violent Death Reporting System (NVDRS) data.</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Professionals working in public health, coroner/medical examiner and law enforcement professions that collect, provide, and utilize data that are essential to informing public health surveillance systems and prevention programs. The data from NVDRS are used to inform violence prevention.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project will support partnership development and growth for the enhancement and timely access to vital records, medical examiner/coroner and law enforcement data and the successful utilization of violent death data for prevention.
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Violence Prevention (DVP)
<i>Proposed FY24 Project Funding Total:</i>	\$850,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Section 392(a)(1) of the Public Health Service Act, as amended (42 USC § 280b-0(a)(1))
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	Recipient must be a vital partner for addressing many public health issues and have partnered with governmental and nongovernmental agencies. The applicant must have leverage and a high standing in the health field to increase the buy in and commitment of required partners in this effort. The applicant must have the capacity to lead, coordinate, and organize forums to address many public health issues in the past. Finally, the applicant must have the capacity to develop timely and relevant resources related to targeted public health initiatives.
<i>Recipient Program Experience:</i>	Recipient must have ample experience in developing and implementing a variety of programs and must be a leader for public health programs and viewed as an excellent collaborator.
<i>Expectations for Collaboration:</i>	Establish collaborative relationships with primarily national organizations that represent vital records, coroners/medical examiners, law enforcement agencies and other organizations for support of NVDRS.
<i>Expected Subcontractual Work and Criteria:</i>	Subcontracts may be required to carry out the proposed work. Funding amount may vary depending on the type of work. Generally, the amount could range between \$10,000-\$50,000.
<i>General Instructions for Use of Funds:</i>	Funds may need to be budgeted for subcontract activities as well planning for certain instructional meetings.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	

<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Convene a meeting with partners to develop strategies that will help with expansion of NVDRS nationwide, improve data collection regarding certain topics, continue to garner buy-in from data providers for the program, and improve data availability in a timely and efficient manner. The meeting would include up to 12 partners identified by the American Public Health Association (APHA) and CDC that can help with strategy development.</li> <li>• Organize and support annual meeting(s) of NVDRS funded recipients and national partners.</li> <li>• Support new researcher awards that will enhance utilization of NVDRS Restricted Access Database (RAD) data for analysis.</li> <li>• Establish partnerships with organizations that represent data sources for NVDRS such as: <ul style="list-style-type: none"> <li>- National Association of Medical Examiners (NAME) to provide a forum for medical examiners to be educated regarding the value of NVDRS and how to improve timeliness of state access to medical examiner data;</li> <li>- National Association of Public Health Statistics and Information Systems (NAPHSIS) to provide an opportunity to continue educating NAPHSIS members regarding the value of timely vital records data to NVDRS and facilitate access of electronic death records to state VDRS programs to increase timeliness of case initiation;</li> <li>- International Association of Chiefs of Police (IACP) to investigate strategies/activities to help states access and receive data in a timely manner would be of great value to the NVDRS program for increasing the completeness of information in NVDRS from law enforcement records;</li> <li>- National Sheriffs' Association (NSA) to help investigate strategies/activities to help states access and receive data in a timely manner would be of great value to the NVDRS program for increasing the completeness of information in NVDRS from law enforcement records;</li> <li>- Small and Rural Law Enforcement Executives Association (SRLEEA) to investigate strategies/activities to reach out to law enforcement partners that serve small, rural, &amp; tribal communities to garner support for the program and help increase completeness of information in NVDRS from law enforcement records in these areas;</li> <li>- International Association of Coroners and Medical Examiners (IACME) to provide a forum for coroners and medical examiners to be educated regarding the value of NVDRS and how to improve state access to coroner data in a timely manner; this partnership will also provide a venue to reach coroner data providers</li> </ul> </li> </ul>
<i>Process Measures:</i>	<p>Maintenance and expansion of formal partnerships  Conducting of meeting(s) that expand availability and usage of NVDRS data</p>
<i>Outputs:</i>	<p>Establish relationship with identified partners.  Conduct NVDRS recipients and partner meetings.  Transfer of knowledge and opportunities for information exchange regarding best practices for data access and dissemination.</p>
<i>Budget Period Outcomes:</i>	<p>NVDRS funded recipients gain access to knowledge that enhance their ability to provide comprehensive and timely information regarding violent deaths.  Partners will work to keep their constituents informed concerning the importance of NVDRS and the importance of the data for public health prevention planning.</p>
<i>Outcome Measures:</i>	<p>Increased utilization of NVDRS data and increased national partner awareness of NVDRS, particularly law enforcement agencies.</p>
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	

<i>Activities:</i>	
<i>Process Measures:</i>	
<i>Outputs:</i>	
<i>Budget Period Outcomes:</i>	
<i>Outcome Measures:</i>	

<b>Project Title:</b>	<b>Strengthening State Health Injury and Violence Prevention Policy</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>The target population is state legislators and legislative staff.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>The purpose of the project is to strengthen NCIPC and CDC ties to state and local policy organizations and help educate state policymakers on available evidence-based policies to prevent injury and violence prevention. The project will provide capacity building assistance to key state policymakers and other stakeholders to support the assessment of policy interventions in states to prevent unintentional injuries and violence and related disabilities and chronic conditions across the country.</p> <p>As the policymaking and appropriations branch of government, state legislators are instrumental in achieving the purpose of this initiative, such as reducing the burden of unintentional injuries and violence, using evidence-based information to inform policy strategies to prevent injuries and violence, and increasing the number of evidence-based policy interventions to prevent injuries. State legislators and their staff need bipartisan, objective, high quality information and resources that are designed to address the unique challenges they face. State legislators benefit from the opportunity to network with their colleagues in other states as well as with executive branch officials to learn about successful policies that can directly impact the public health programs and the states' efforts to prevent unintentional injuries and violence.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Office of Policy and Partnerships (OPP)
<i>Proposed FY24 Project Funding Total:</i>	\$464,000.00
<i>Funding Appropriation:</i>	Public Law 118- 42
<i>Funding Statutory Authority:</i>	H.R.4366 - Consolidated Appropriations Act, 2024
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	<p>The recipient should have demonstrated organizational capacity and resources, systems, and staffing to complete this project. The recipient should have a strong organizational connection to and working relationship with state decisionmakers and policymakers across the United States. They should be a national, bipartisan organization and already be an established, trusted source of information for non-partisan, objective information for state policymakers.</p> <p>The recipient organization should be responsive to feedback from members and the ability to collect data for evaluation and report evaluation information back to CDC and NCIPC. Project staff should have advanced degrees in public health, public policy, and evaluation. Staff should also be well-versed in writing technical materials for state policy makers, as well as translating scientific information for the state health policymaking audience.</p> <p>The organization should have demonstrated experience planning, coordinating, and executing meetings for up to 100 participants. They should have access to and have established presence on social media, including a blog, Facebook, and X.</p>

<p><i>Recipient Program Experience:</i></p>	<p>The recipient organization should have a track record of collaborating, coordinating, and creating partnerships with CDC and other national organizations to facilitate capacity-building among state legislators and legislative staff. The recipient should have extensive experience identifying and analyzing policies, informing lawmakers, promoting policy innovations and communication across states, and providing technical assistance to states- while aligned with NCIPC's objectives. The recipient should specialize in objective policy analysis and informational services to state legislators, particularly as it relates to communicating evidence-based policies and practices.</p> <p>The organization should have experience tracking state legislation on injury and violence prevention and have extensive experience in policy analysis. The recipient should have established network connections to recruit state policymakers for educational opportunities and should have experience developing interactive, stimulating injury and violence prevention policy programming for policymakers.</p> <p>Staff for the recipient organization should have extensive experience translating and communicating with policymakers about evidence-based policies in-person, via webinar, and in written form. Staff should also have active connections to other national decision-maker networks and health officials to foster collaboration.</p>
<p><i>Expectations for Collaboration:</i></p>	<p>Through this project, the recipient will be expected to strengthen and expand partnerships with CDC, CDC-funded organizations, and other partners to leverage investments and resources and increase the project's impact and reach of educational efforts to a national audience. The recipient should have a long-term collaborative and successful relationship with CDC, including educational activities for state legislators and legislative staff around preventing injuries and violence and other select public health topics.</p> <p>The recipient will be expected to collaborate within NCIPC with subject matter experts, as well as policy staff on publications and meeting development. They should also long-standing and strong partnerships with other national organizations that support key and complementary state organizations.</p>
<p><i>Expected Subcontractual Work and Criteria:</i></p>	<p>NCIPC does not anticipate any sub-contracting will be necessary, but if subcontracting is to achieve the project's purpose and desired outcomes, CDC will need to approve those sub-contracts.</p>
<p><i>General Instructions for Use of Funds:</i></p>	<p>Funds should be used to accomplish goals of strengthening NCIPC and CDC ties to state and local policy organizations and help educate state policymakers on available evidence-based policies to prevent injury and violence prevention.</p>
<p><b>Strategic Area:</b></p>	<p><b>Policy and Programs</b></p>
<p style="text-align: center;"><b>Strategic Area Details</b></p>	
<p><i>Outcomes:</i></p>	<p>Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>

<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Plan and facilitate a year-long Opioid Policy Fellowship program for 20- 25 diverse state legislators from across the country in leadership positions</li> <li>• Maintain and leverage an injury and violence prevention database and other resources to educate state legislators and staff and inform project activities</li> <li>• Develop and disseminate educational policy tools to aid state legislators and legislative staff in integrating promising, innovative practices for advancing efforts related to priority injury and violence prevention topics.</li> <li>• Provide technical assistance to support state legislators and legislative staff nationwide, including the Opioid Policy Fellows, in developing and implementing evidence-based policies related to injury and violence prevention.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Percentage of selected Fellows who participate in in-person meetings</li> <li>• Percentage of selected Fellows who participate in webinars</li> <li>• Number of bills tracked in database annually</li> <li>• Number of legislators and/or staff who receive technical assistance</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Two in-person convenings, involving recipient staff and CDC project partners, and up to 25 Fellows.</li> <li>• Two webinars for Fellows</li> <li>• Meeting materials (agenda, presenter slides, participant folders, feedback forms)</li> <li>• Update injury and violence prevention legislative tracking database every two weeks</li> <li>• One or more publication (brief, podcast, magazine article or blog) on injury and violence prevention topic</li> <li>• Maintain and update webpages on state policy information injury prevention topics (ACEs, suicide prevention, opioids, cannabis)</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Improved capacity among Opioid Policy Fellows and other legislators to identify, prioritize, and customize relevant programs and policies to address injury and violence prevention needs</li> <li>• Improved state legislator and legislative staff capacity to establish and maintain partnerships within and across sectors, including with peers, CDC experts, and state health officials, to create a shared vision of health</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• Increased knowledge of priority topics, evidence-based strategies, and policy options-as measured by the increase in learning reported by participants in the Opioid Policy Fellowship in meeting feedback forms</li> <li>• Increase in legislators who prioritized and customized their public health approach and took action steps to implement relevant programs and policies, as a result of participation in the Fellows program and other educational convenings-measured by tracking of Fellows' individual action plans as well as tracking of legislative efforts</li> <li>• Increased exposure to educational products, meetings, or TA related to injury and violence prevention topics to build state leaders' capacity to evaluate laws and policies to affect and improve health</li> </ul>

<b>Project Title:</b>	<b>Drug-Free Communities (DFC) Programmatic and Coalition Support Activities</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community-based organizations and coalitions</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	The purpose of this project is to develop and coordinate in-person and virtual opportunities to engage community-based coalitions and youth leaders working in youth substance use prevention. These opportunities will include specific trainings, tools, and materials that will assist in implementing prevention strategies at the state and local level.
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Division of Overdose Prevention (DOP)
<i>Proposed FY24 Project Funding Total:</i>	\$245,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	42 USC 231
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	The applicant must have the organizational capacity to work with diverse community-based coalitions to provide training and technical assistance. This includes staff that have expertise in supporting community-based coalitions, including providing training and technical assistance. The applicant must also demonstrate the capacity to develop and deliver trainings, tools, and resources to community-based coalitions and youth leaders. This includes past experience with developing training for youth and conducting outreach and support to community-based coalitions.
<i>Recipient Program Experience:</i>	The applicant should have extensive knowledge of the DFC grant program; experience developing and delivering trainings for youth, community-based organizations, and coalitions; experience coordinating large scale in-person meetings with greater than 600 community coalitions and youth participants, and experience working in youth substance use prevention.
<i>Expectations for Collaboration:</i>	Collaboration with community-based organizations, coalitions, and youth is necessary.
<i>Expected Subcontractual Work and Criteria:</i>	Sub-contractual work is permissible, but not required. The applicant should specify amount of funding, period of performance, work plan, and selection criteria for any sub-contractual work.
<i>General Instructions for Use of Funds:</i>	All use of funds must relate to stated project activities and outputs. Funds should not be used for travel or personnel needs of the applicant.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	

<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>- Identify up to five topics areas that are relevant to youth substance use prevention that will inform youth-focused trainings, coalition-related trainings, and products.</li> <li>- Hold meetings with community-based organizations and coalitions to increase collaboration and networking with public health professionals.</li> <li>- Develop informational resource or infographics for prevention practitioners and coalition members to become aware of the latest trends in youth substance use and opportunities for prevention.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>-For youth-focused trainings, the process measure includes the development of materials that would support two in-person trainings and one virtual training for youth leaders.</li> <li>-For coalition-related trainings and products, the process measure is developing a plan based on the five topic areas that can be featured in three trainings and/or featured in an informational resource or infographic.</li> </ul>
<i>Outputs:</i>	<p>The expected outputs include:</p> <ul style="list-style-type: none"> <li>• The completion of two in-person trainings and one virtual training for youth leaders.</li> <li>• Complete in-person coalition-related trainings.</li> <li>• Developing two informational resource infographics.</li> </ul>
<i>Budget Period Outcomes:</i>	Expanded outreach to youth leaders, at risk youth, and community-based coalitions regarding effective youth substance use prevention strategies.
<i>Outcome Measures:</i>	At least 55% of participants report that the trainings, tools, and meetings conducted increased their knowledge of youth substance use prevention strategies.

<b>Project Title:</b>	<b>Mobilizing Mayor-Focused Organizations to Improve Mental Health Through Social Connection</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery systems</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	Through the national initiative entitled “Mobilizing Mayors to Improve Mental Health by Promoting Physical Activity and Social Connectedness,” the recipient will partner with a national organization that supports city governments and mayors to help implement evidence-based interventions to increase social connectedness through physical activity, which is associated with lower risks of depression and anxiety. The initiative will use mayor-focused programming and infrastructure and a combination of community-wide interventions and communications to raise public awareness of and encourage participation in social connection and physical activity to help prevent and reduce stress, anxiety, and depression. This project will leverage the influence of mayors as change agents in their communities and deepen trust in public health programs and messaging. The goal will be to expand on existing mayor-focused programming to provide efficiencies of scale to this project and build capacity for cities across the nation to support public health delivery systems. The project will use plans and communications tools provided by the national city government and mayors association and will lead community events to draw attention to physical activity to improve mental health. Additionally, the recipient and national city government association will help willing mayors produce scripted video messages to educate the public about the mental and physical health benefits of active living and provide sample social media messages for dissemination. Furthermore, mayors and cities will partner with both governmental and non-governmental organizations (NGOs) in their communities, increasing collective public health impact.
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Office of Policy and Partnerships (OPP)
<i>Proposed FY24 Project Funding Total:</i>	\$500,000.00
<i>Funding Appropriation:</i>	Public Law 118- 42
<i>Funding Statutory Authority:</i>	H.R.4366 - Consolidated Appropriations Act, 2024
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	The recipient should have demonstrated experience working with national partner organizations. Staff should have advanced degrees and experience in public policy, grants management, and public health. The recipient should have demonstrated experience collecting data and analyzing data for evaluation of complex public health programs. The organization should have established relationships with national organizations that reach city governments and mayors. They should have demonstrated funding relationships sub-contracting with city government and mayors membership organizations. The organization should have demonstrated experience planning, coordinating, and executing media campaigns. They should have access to and have established presence on social media, including a blog, Facebook, and X.

<i>Recipient Program Experience:</i>	The recipient should demonstrate connection to non-profit organizations which represent local, city, and state policymakers. They should demonstrate established relationships with CDC, NCIPC, and national public health organizations. The recipient should have program experience collaborating on health equity issues, mental health, and well-being throughout the lifespan. The recipient and the national organizations the partners it sub-contracts with should have established network connections to recruit city government policymakers and mayors for educational opportunities. The recipient should have experience developing interactive, stimulating injury and violence prevention policy programming for policymakers. They should have demonstrated experience in financial accounting, staffing management, timeline management, as well as experience reviewing and clearing materials at various levels of a project.
<i>Expectations for Collaboration:</i>	The recipient organization should have documented experience working with mayors and a national mayor-focused organization that represent mayors and their staff. Documentation should include the name of the organization with which the organization partnered and a description of the activities that were completed together.
<i>Expected Subcontractual Work and Criteria:</i>	The recipient organization should have capacity for sub-contracting to reach mayors and a national mayor-focused organization. The organization should document successful sub-contracts that they have executed. Documentation should be offered on satisfaction and quality of deliverables received, timelines involved, and staffing engaged.
<i>General Instructions for Use of Funds:</i>	Funds should be used to accomplish goals of increasing public awareness of social connection, healthy peer norms, and mental health through engagement with mayors and a national mayor-focused organization.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	Use existing relationships with mayors and a national mayor-focused organization and existing communication platforms to launch an initiative about social connection, healthy peer norms, and mental wellbeing.
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Identify existing community engagement activities to leverage in announcing and implementing the new initiative.</li> <li>• Announce initiative about social connection, healthy peer norms, and mental wellbeing during a nationwide convening of mayors.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Initiative announced during a nationwide convening of mayors and through other channels to ensure all mayors engaged with the national organization receive the information and have an opportunity to participate.</li> <li>• Existing community engagement activities leveraged so mayors can promote social connection, healthy peer norms, and mental wellbeing through community events and shared activities</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Initiative announced during a nationwide convening of mayors and through other channels to ensure all mayors engaged with the national organization receive the information and have an opportunity to participate.</li> <li>• Existing community engagement activities leveraged so mayors can promote social connection, healthy peer norms, and mental wellbeing through community events and shared activities.</li> </ul>

<i>Outcome Measures:</i>	<ul style="list-style-type: none"><li>• 100% of mayors engaged with the national mayor-focused organization receive communication about the initiative and are given the opportunity to participate.</li><li>• At least 60% of mayors engaged with the national mayor-focused organization agree to participate in the initiative.</li></ul>
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<b>Project Title:</b>	<b>Strengthening Data Science Capacity in Injury and Violence Prevention</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>The subpopulations that would benefit from this project proposal’s CBA academic and non-governmental partners not typically engaged in injury and violence prevention and that have connections with state or local health departments and other health organizations. Such subrecipients can include: university departments; non-governmental organizations focused on technology-based prevention efforts; technology industry stakeholders; or health departments themselves.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>Injuries and violence are the leading causes of death in the United States for children, adolescents, and adults ages 18 to 44 years and rank in the top 10 causes of death for persons 45 years or older. In recent years, rates of deaths due to many forms of injury and violence—drug overdose, suicide, homicide, road traffic crashes, and falls—have increased, leading to recent declines in life expectancy in the United States. Beyond rising mortality, injuries and violence contribute to substantial morbidity as well as social and economic costs each year. Preventing injury and violence is a public health imperative given the significant impact on individuals, families, and communities across the United States.</p> <p>A growing body of research now indicates that application of novel data and data science tools, methods, and techniques can help address critical public health needs, including injury and violence prevention and related issues such as social determinants of health and health equity. For the purposes of public health and injury and violence prevention, the National Center for Injury Prevention and Control (NCIPC) defines population-health data science as a multidisciplinary approach combining traditional epidemiologic methods and contemporary computer science techniques, with a particular focus on large and complex data sources, to improve the measurement and prevention of injury and violence in communities. Goal 8 of NCIPC’s Data Science Strategy focuses on expanding the capacity of public health partners in data science methodologies. Increased data science capacity can help partners increase the timeliness of health information; respond to public health threats in a more efficient manner; or increase the effectiveness of prevention programs.</p> <p>The purpose of this project is to fund a recipient to provide data science capacity building assistance activities to multiple public health system partners (subrecipients) in the target population. Subrecipients can include academic and non-governmental partners not typically engaged in injury and violence prevention and that have connections with state or local health departments or other types of health organizations. Such subrecipients can include: university departments; non-governmental organizations focused on technology-based prevention efforts; technology industry stakeholders; or health departments themselves. The recipient, along with CDC, will help the subrecipients build their data science capacity to improve their injury and violence prevention work across the four areas of the public health model including surveillance; research; programs; and dissemination.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Office of Strategy and Innovation (OSI)
<i>Proposed FY24 Project Funding Total:</i>	\$900,000.00
<i>Funding Appropriation:</i>	75-24-0952

<i>Funding Statutory Authority:</i>	Sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	<p>In order to effectively conduct the work laid out in this plan, the ideal recipient would have organizational capacity in the following areas:</p> <ul style="list-style-type: none"> <li>• Building data science capacity with local and state public health departments or other types of health organizations and universities and other public health system partners</li> <li>• Disseminating best practices and having affiliations with journals to disseminate lessons learned</li> <li>• Having a large national member organization (greater than 20,000 members)</li> <li>• Hosting national conferences with large number of registered attendees (greater than 10,000 attendees)</li> <li>• Coordinating multiple public health system partners (subrecipients) across the country</li> <li>• Planning, coordinating, and hosting meetings between each system partner (subrecipient) and CDC data science subject matter experts</li> <li>• Communicating with multiple individuals within the subrecipient organization and CDC</li> <li>• Planning mid-year and end of year showcases of subrecipient capacity building efforts</li> <li>• Recognizing opportunities for subrecipients to connect and making those connections so that subrecipients can benefit from each other's experiences</li> <li>• Planning, coordinating, and hosting at least one learning session for all subrecipients</li> <li>• Planning, coordinating, and hosting a session for the subrecipients to meet together, share lessons learned, and to identify opportunities to continue to grow their work in data science</li> <li>• Developing requests for proposals (RFPs), reviewing and selecting subrecipients (various types of public health organizations) to those RFPs, and making subawards to those subrecipients</li> </ul>
<i>Recipient Program Experience:</i>	<p>In order to effectively conduct this work, the recipient needs to have the following program experience:</p> <ul style="list-style-type: none"> <li>• Supporting public health workforce development</li> <li>• Building public health capacity nationally</li> <li>• Building public health workforce communities</li> <li>• Providing technical assistance on the public health model, building partnerships, and dissemination public health best practices</li> </ul>
<i>Expectations for Collaboration:</i>	As mentioned in the "Organizational Capacity" section, it will be important for the recipient to be able to collaborate with multiple subrecipients and CDC.
<i>Expected Subcontractual Work and Criteria:</i>	<p>Recipient should have some knowledge of data science and the ways data science can be applied to injury and violence prevention and health promotion. The recipient should also ensure that at least one subrecipient is a state or local health department (or if no subrecipient is, then the recipient should ensure that at least one subrecipient has close ties with a state or local health department). Additionally, as mentioned in the "Organizational Capacity" section, the recipient should have experience developing requests for proposals (RFPs), reviewing and selecting subrecipients (various types of public health organizations) to those RFPs, and making subawards to those subrecipients.</p>
<i>General Instructions for Use of Funds:</i>	The recipient's total costs must not exceed the amount awarded, including salary, computer, software, travel, supplies, and all fringe and indirects. The funds should be used to fund subrecipients directly to build their capacity in data science applied to injury and violence prevention.

<b>Strategic Area:</b>	<b>Data Modernization, Informatics, and Information Technology</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Build data science capacity in the public health field and injury and violence prevention</li> <li>• Develop a request for proposal (RFP) to identify multiple subrecipients who are interested in applying innovative data science methodologies to further injury and violence prevention. Subrecipient projects can focus on improving the timeliness of health information, responding to public health threats in a more efficient manner, or increasing the effectiveness of prevention programs. Subrecipients should already have the infrastructure to carry out the work.</li> <li>• Host monthly meetings with CDC and each subrecipient for technical assistance around data science methodologies applied to injury and violence prevention and health promotion.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Create a wide reach of interested participants from which 5 or more subrecipients are selected for data science CBA. Their projects can be focused on improving the timeliness of health information, responding to public health threats in a more efficient manner, or increasing the effectiveness of prevention programs</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• New data science methodologies and applications in public health</li> <li>• Best practices on using innovative and novel data science methodologies in injury and violence prevention and health promotion</li> </ul>
<i>Budget Period Outcomes:</i>	Subrecipients sharing out, midway through the budget period and at the end, with each other the projects in which they applied their improved data science capacity
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• A project showcasing improved timeliness of health information</li> <li>• A project responding to public health threats in a more efficient manner</li> <li>• A project that increases the effectiveness of prevention programs</li> <li>• All subrecipients will report increased data science capacity and increased partnerships in data science applied to public health</li> </ul>

<b>Project Title:</b>	<b>Expanding Pediatric Healthcare Resources for Trauma-Informed Care and Relational Health</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Pediatric healthcare providers and other professionals in the pediatric field</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>More than two-thirds of US children have experienced adverse childhood experiences, which can result in toxic stress responses and potential for lifelong impact on health, well-being, and opportunity. Not only can these experiences of trauma be prevented but their potential impact on health may be mitigated through interventions and supports that intervene to lessen their harms. One critical component of approaches that intervene to lessen harms is provision of trauma-informed care, with relational health approaches that seek to promote strengths-based, resilience-promoting systems of care for children and families. Pediatricians and other pediatric healthcare providers see children early and often and are the foremost medical experts on children's health and well-being. Therefore, pediatricians and other pediatric healthcare providers are critical partners in provision of trauma-informed care and relational approaches to improve children's health and well-being. Despite this, limited resources exist to train and support pediatricians and other pediatric healthcare providers in tactical approaches to provide trauma-informed care and relational health to children and families.</p> <p>This project aims to increase the availability of tools, trainings, and other resources that support provision of trauma-informed care and relational health for pediatricians, other pediatric healthcare providers, and other professionals in the field of pediatrics. In support of this goal, we seek a partner with the skills and expertise to expand resources for pediatric healthcare providers related to trauma-informed care.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Office of the Director (OD)
<i>Proposed FY24 Project Funding Total:</i>	\$967,000.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 242(l) and 247b(k)), as amended.
<i>Expected Project Length:</i>	5 Years

<i>Recipient Organizational Capacity:</i>	The partner organization should be able to increase the capacity and competency of pediatricians to provide relational, trauma-informed care to the millions of children seen by pediatricians each year. The partner organization should also be able to provide strategies and training on universal surveillance for pediatricians to equip them with the skills they need to look for trauma-related symptoms in all children, including trauma in any relevant differential diagnoses, intervene with those children who have been impacted by trauma/adverse childhood experiences (ACEs), and utilize a strengths-based, trauma-informed care, relational health approach that directly addresses the foundational importance of relationships in healing. The partner organization should have an existing network of interdisciplinary partners with deep expertise in provision of trauma-informed care and relational health in work with children and families and the ability to convene multidisciplinary teams of learners. The partner organization should accomplish these goals by improving the identification of best practices, the implementation of evidence-based tools and resources, and evaluation of the effectiveness of these resources through quality improvement assessments and other forms of program evaluation.
<i>Recipient Program Experience:</i>	Despite their critical role in preventing adverse childhood experiences (ACEs), the vast majority of pediatricians and their partners lack the knowledge and skills to identify children who have experienced adversity and trauma. Therefore, they need strategies, training, tools, and resources on universal surveillance as well as other topics pertaining to trauma to identify and diagnose trauma-related symptoms in all children. The partner organization should have experience and knowledge in ACEs, trauma, and adversity allowing them to create tools and resources that address the deficits pediatricians face in identifying and treating children who have experienced adversity. The partner organization should also have experience with quality improvement measures allowing them to assess current and newly developed resources, tools, and trainings and make improvements where necessary.
<i>Expectations for Collaboration:</i>	In order to expand knowledge and improve existing pediatric-focused resources and tools around trauma-informed care and relational health, the partner organization will need to collaborate with organizations or professionals that have a strong understanding of ACEs, trauma-informed care, and relational health. They should also seek collaboration with organizations that are familiar with creating translational tools and resources for pediatric healthcare providers, as well as conducting quality improvement projects and evaluation.
<i>Expected Subcontractual Work and Criteria:</i>	The partner organization can subcontract as needed to obtain the necessary expertise and capacity to conduct quality improvement/evaluation efforts as well as create trauma-informed, relational health resources and tools.
<i>General Instructions for Use of Funds:</i>	The funds are to be distributed in roughly equal measures across resource and tool development, refining/continuous quality improvement program measures, and rigorous outcome evaluation.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

<p><i>Activities:</i></p>	<p>The partner organization will implement the following activities as part of the project period:</p> <p>Refine a trauma-informed care model to include universal surveillance, equity and cultural approaches, promotion of relational health, and partner resources.</p> <p>Develop and refine training measures and materials to guide the implementation of the trauma-informed care relational health model in pediatric practice.</p> <p>Test the trauma-informed care relational health model using quality improvement methodology with a cohort of various types of pediatric practices.</p> <p>Create at least 3 new resources to facilitate self-directed learning, including online learning modules, podcasts, videos modeling key skills, and case studies with guiding questions.</p> <p>Collect and analyze data from the implementation of the trauma-informed care relational health model and refine the model as necessary based on results including quantitative outcome indicators as deemed appropriate and feasible for a one-year timeframe.</p>
<p><i>Process Measures:</i></p>	<p>The process measures for this project include: (1) At least two additional number of partners will be engaged in the refinement of a trauma-informed relational health model; (2) a minimum of 5 new number of training materials will be refined in support of a trauma-informed, relational health model, with increases in user knowledge following refinement by at least 10%; (3) a 10% increase in number of pediatric healthcare providers trained in model over baseline; (4) An increase, by at least 3, in the number of number of new tools or resources related to trauma-informed care and relational health will be created.</p>
<p><i>Outputs:</i></p>	<p>The process measures for this project include: (1) At least two additional number of partners will be engaged in the refinement of a trauma-informed relational health model; (2) a minimum of 5 new number of training materials will be refined in support of a trauma-informed, relational health model, with increases in user knowledge following refinement by at least 10%; (3) a 10% increase in number of pediatric healthcare providers trained in model over baseline; (4) An increase, by at least 3, in the number of number of new tools or resources related to trauma-informed care and relational health will be created.</p>
<p><i>Budget Period Outcomes:</i></p>	<p>The selected partner organization will support improved identification of best practices, the development of evidence-based programs and services, and translation of this information into tactical tools, trainings, and resources to support provision of trauma-informed care and relational health in pediatric practice.</p>
<p><i>Outcome Measures:</i></p>	<p>At least 80% of pediatric healthcare professionals engaged in training related to trauma-informed care and relational health will report improvements in their ability to provide this standard of care.</p>

<b>Project Title:</b>	<b>Building Infrastructure for Pediatric Trauma-Informed Care and Relational Health</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Pediatric healthcare providers and other professionals in the pediatric field</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	<p>This project aims to build the capacity of pediatricians and pediatric healthcare providers to provide trauma-informed care (TIC) relational health as the new standard for pediatric healthcare. Transforming pediatric practice into a trauma-informed, resilience-promoting, strengths-based system of care is a necessary public health aim to support the well-being of children and families. Given that more than two-thirds of US children have experienced trauma, we seek a partner with experience and positioning to work across pediatric practice, public health, and with families and communities to understand and mitigate the impact of adverse childhood experiences (ACEs) and trauma on the health and well-being of children, adolescents, and families using a trauma-informed, relational approach to promote child health.</p> <p>In support of this goal, this project will establish the infrastructure for a pediatrician and pediatric healthcare provider-focused National Center on Trauma-Informed Care and Relational Health. To accomplish the goal of transforming pediatric practice, a strong infrastructure of outreach, partnership, and communication strategy must be in place to reach pediatricians, pediatric healthcare providers, families, and their children across the United States. As part of this project, the partner will work across the national, state, and local levels to leverage partnerships across pediatric providers, partners with national and local reach across sectors who are critical in supporting a transformed pediatric system, and develop strategies to ensure that TIC and relational health resources are available to the providers and families that need them.</p>
<i>CIO:</i>	NCIPC
<i>Division/Branch/Office /Unit:</i>	Office of Strategy and Innovation (OSI)
<i>Proposed FY24 Project Funding Total:</i>	\$972,500.00
<i>Funding Appropriation:</i>	75-24-0952
<i>Funding Statutory Authority:</i>	Sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 242(l) and 247b(k)), as amended.
<i>Expected Project Length:</i>	5 Years

<p><i>Recipient Organizational Capacity:</i></p>	<p>The partner organization should have the professional reach and capacity to increase the capacity and competency of pediatricians and other pediatric healthcare providers to provide TIC and relational health. This includes:</p> <p>The organizational capacity and existing infrastructure to reach a large network of pediatric healthcare providers at the national, state, and local levels through expanded messaging to expand the reach of relational health and TIC approaches.</p> <p>Capacity to build and maintain cross-sector relationships with partners that have national and local reach to support multi-layered systems of care to improve children’s health and well-being.</p> <p>The ability to leverage partnerships to develop scientific, evidence-based messaging that promotes relational health and trauma-informed care that is reachable to pediatricians and other pediatric healthcare providers across the country.</p> <p>The ability to use effective communication principles to communicate with diverse audiences, including pediatricians, parents, and the general public, about the importance of trauma-informed care, the impact of ACEs and positive childhood experiences (PCEs) on child health and well-being, and effective strategies for mitigating the effects of trauma to improve health.</p>
<p><i>Recipient Program Experience:</i></p>	<p>The partner organization should have the program and content expertise necessary to build the infrastructure for a pediatric-focused National Center on Trauma-Informed Care and Relational Health. This includes:</p> <p>The professional credibility and trust needed to reach pediatricians, other pediatric healthcare providers, and parents to provide evidence-based information on trauma, children’s health, and implementing trauma-informed care and relational health approaches.</p> <p>The pediatric and scientific skills and knowledge to develop infrastructure for a Center related to relational health and trauma-informed care that provides access to the latest resources and tools, science, and information to inform a TIC pediatric health system and its providers.</p> <p>Experience in creating messaging that is scientifically sound, up-to-date, and has a wide reach. This includes messaging to pediatric healthcare providers and members of the public.</p> <p>The organization must also be knowledgeable about partnerships and be able to build capacity between pediatricians, public health practitioners, with other sectors, and with families.</p>
<p><i>Expectations for Collaboration:</i></p>	<p>Implementing a trauma-informed, relational health approach will take a collaborative effort that engages pediatricians, public health practitioners, and families. Thus, the project partner should seek to collaborate with partners who will be able to build capacity across sectors, including other child-serving organizations, and with families. The project partner should also plan to collaborate with organizations that have strong backgrounds in messaging and communications.</p>
<p><i>Expected Subcontractual Work and Criteria:</i></p>	<p>The project recipient can subcontract as needed to build partnerships, infrastructure, and create key messaging around trauma-informed care and relational health.</p>

<i>General Instructions for Use of Funds:</i>	The funds are to be distributed in roughly equal measures across creating infrastructure, messaging and framing, outreach, and general program implementation.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<p>The partner organization will implement the following activities as part of this project period.</p> <p>Convene and develop an ongoing engagement plan for a National Council of experts that represent cross-sector partners in children’s health and well-being that are necessary to support a transformed pediatric healthcare practice towards one that centers TIC and relational health. This includes engagement with family and youth partners who can offer lived experience;</p> <p>Develop and begin implementing a pilot project that will include state and local pediatric networks to improve trauma-informed care and relational health, which incorporate bi-directional learning. The pilot project will support understanding of outreach, resources, and scientific gaps in knowledge at the national pediatric level, while also learning from ongoing evidence-based practices happening on the ground with children and families.</p> <p>Develop and begin implementing a communications strategy to raise awareness and implementation of science-based approaches to preventing and mitigating childhood trauma, including ACEs, with pediatricians, other pediatric healthcare providers, families, and the public.</p>
<i>Process Measures:</i>	The process measures for this project include: (1) at least 15 cross-sector partners will become actively engaged in the National Council of experts; (2) Increased level of partner engagement through quarterly outreach or engagement with partners in the National Council; (3) at least three pilot sites identified comprised of state and local pediatric healthcare providers, with initial pilot project activities implemented; (4) at least three new communication activities identified and implemented
<i>Outputs:</i>	Expected outputs include: (1) a National Council implementation and outreach strategy that outlines plans for engagement with at least 15 cross-sector national and local partners to support a transformed pediatric healthcare practice in support of TIC and relational health; (2) a proposed pilot project plan, including request for applications and implementation plan, to support engagement in a pilot project with sites that are comprised of state and local pediatric healthcare providers; (3) a communications strategy with identified materials to be disseminated by medium, with plans for evaluation of engagement and reach; (4) at least 3 communications and outreach products developed.
<i>Budget Period Outcomes:</i>	Budget period outcomes include supporting improved establishment and maintenance of results-driven partnerships; engagement in capacity building between pediatricians, families, and public health practitioners; and increased availability of evidence-based tools and resources to support TIC and relational health.

<p><i>Outcome Measures:</i></p>	<p>We anticipate at least two outcome measures to align with the core functions of this project:</p> <p>At least 65% of cross-sector partners engaged in the National Council report that engagement and strategies developed through partnership will improve pediatric healthcare practice and support child-well-being;</p> <p>At least 65% of materials developed and disseminated through communications channels are noted as helpful by state and local pediatric healthcare providers and/or families, depending on the audience.</p>
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<b>Project Title:</b>	<b>Immunization Capacity Building Support: Pediatric Healthcare Clinicians</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Specialty Physicians</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project aims to support, train, and engage pediatric healthcare clinicians and provide them with tools, knowledge, and resources needed to have effective vaccine conversations with parents and patients, especially for those in rural or medically underserved areas. The recipient organization will work with primary pediatric healthcare providers to improve their knowledge of vaccine recommendations, evidence-based strategies, and office-based practices that improve immunization rates for children and adolescents.
<i>CIO:</i>	NCIRD
<i>Division/Branch/Office /Unit:</i>	Immunization Services Division (ISD)
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	
<i>Funding Statutory Authority:</i>	
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	<p>Recipient must:</p> <ul style="list-style-type: none"> <li>• Represent primary care healthcare providers who provide clinical services to children and adolescents..</li> <li>• Have a strong membership (&gt; 65,000) throughout the country with local chapters or affiliates.</li> <li>• Document a reliance on members of the organization for technical information and assistance on immunization-related issues.</li> <li>• Document qualified and experienced personnel with well-defined roles and responsibilities who will work on the project.</li> <li>• Document that organization has at least a 3-year history of active membership of primary pediatric healthcare providers</li> </ul>
<i>Recipient Program Experience:</i>	Recipient must demonstrate success working with and access to a large number (> 65,000 membership) of primary pediatric healthcare providers who vaccinate children and adolescents, and can reach their membership with appropriate educational and training materials to increase immunization rates.
<i>Expectations for Collaboration:</i>	The applicant will work collaboratively with CDC as well as primary pediatric healthcare providers who vaccinate and other immunization collaborators (chapter organization, states and local immunization programs, provider organization and other appropriate agencies) as necessary.
<i>Expected Subcontractual Work and Criteria:</i>	<p>Any proposed subcontract work should address gaps in experience, capacity, or added value.</p> <p>The applicant should demonstrate the ability to identify sub-awardees or subcontractors with appropriate qualifications and to effectively collaborate with these groups.</p>

<i>General Instructions for Use of Funds:</i>	The funds allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<p>Outlined below are the components of this project: support routine childhood and adolescent immunization practices, prepare for the fall respiratory disease season and support the response effort, and prepare for and address any emerging threats.</p> <p>Support routine childhood and adolescent immunization practices</p> <ul style="list-style-type: none"> <li>• Coordinate, conduct, assess, and evaluate national and regional activities and interventions to support the adoption of ACIP immunization recommendations and practices of primary healthcare provider offices.</li> <li>• Promote vaccine equity, confidence, and demand strategies to increase all healthcare providers' ability to make an effective recommendation, including those aimed at various staff in within the practice.</li> <li>• Deliver immunization-related educational information to primary healthcare providers who vaccinate.</li> <li>• Manage and advise quality improvement projects aimed at helping primary healthcare providers decrease missed opportunities in the practice setting, emphasizing communities with lowest coverage rates including rural and/or underserved populations.</li> <li>• Identify, summarize, and share chapter and member best practices through learning collaboratives and through media and/or distribution channels.</li> <li>• Evaluate program activities to monitor progress toward stated goals and provide summary reports.</li> </ul> <p>Prepare for the fall respiratory disease season and support the response effort, and address emerging vaccine-preventable diseases</p> <ul style="list-style-type: none"> <li>• Promote fall respiratory vaccination campaign through websites, op-ed articles, toolkits, webinars, social media, and other methods.</li> <li>• Educate providers, parents, and patients on fall respiratory vaccinations and vaccine-preventable emerging threats through websites, op-ed articles, toolkits, webinars, social media, and other methods.</li> <li>• Increase the capacity of members to share credible fall respiratory vaccine information and have effective vaccine conversations through educational sessions and/or learning collaboratives to support each other and address challenges.</li> <li>• Evaluate program activities to monitor progress toward stated goals and provide summary reports.</li> </ul>

<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Increase the proportion of educational sessions, tools and resources created to meet the needs of the awardees provider audience and partners.</li> <li>• Increase the percentage of providers and partners attending webinars and virtual learning sessions to increase knowledge of and promote childhood and adolescent vaccine recommendations.</li> <li>• Increase the proportion of vaccine campaign messages, tools, and strategies on social media platforms, focusing on rural, underserved, and low vaccination coverage areas.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Development and dissemination of trainings, tools, and resources to support providers.</li> <li>• Development of strategies developed to build trust and confidence in recommended vaccines.</li> <li>• Development and facilitation of webinars/presentations and other shared learning opportunities.</li> <li>• Promotion and dissemination of vaccine campaign messages.</li> <li>• Implementation of quality improvement projects that target low vaccination coverage areas, particularly among rural and underserved communities.</li> <li>• Development of rural and underserved immunization strategies.</li> <li>• Development and dissemination of best practices and success strategies.</li> <li>• Translation of materials and resources into non-English languages.</li> <li>• Development of evaluation report summarizing findings and recommendations.</li> </ul>
<i>Budget Period Outcomes:</i>	<p>Short-term Outcomes:</p> <ul style="list-style-type: none"> <li>• Increased number of resources and tools for providers to engage in effective vaccine conversations.</li> <li>• Increased number of resources and tools available that are culturally appropriate and in languages the patient/family can understand.</li> <li>• Increased number of strategies developed to build trust and confidence in routine and fall respiratory vaccines, particularly targeting populations with low vaccination coverage .</li> <li>• Increased messaging and dissemination of vaccine campaign information at strategic times to ensure the greatest impact (e.g., seasonal for fall respiratory campaign, routine vaccines during back-to-school campaigns, and during outbreaks of vaccine-preventable disease).</li> <li>• Increased opportunities for collaboration among membership on vaccine confidence.</li> </ul> <p>Expected Long-term Outcomes:</p> <ul style="list-style-type: none"> <li>• Improved capacity to build routine and fall respiratory vaccine confidence among healthcare providers and their patients/families.</li> <li>• Increased number of children and adolescents who receive recommended vaccines on time.</li> <li>• Reduced barriers to receiving immunization, particularly in areas with low vaccination coverage.</li> <li>• Reduced morbidity and mortality form vaccine-preventable diseases.</li> </ul>

<i>Outcome Measures:</i>	<ul style="list-style-type: none"><li>• Increase in the number of providers who receive education about routine and fall respiratory vaccines, particularly in rural or underserved pediatric populations.</li><li>• Increase in the number of partnerships with pediatric primary healthcare providers and other immunization collaborators that strengthen and leverage efforts to increase vaccination rates.</li><li>• Increase in the percentage of pediatric and adolescent providers who indicate that they routinely recommend appropriate routine and fall respiratory vaccines for their patients.</li><li>• Increase in routine vaccination rates in pediatric provider practices in the past 12 months.</li><li>• Increase in the percentage of providers who report decreased missed opportunities for vaccination in the past 12 months.</li><li>• Number of people reached in promoted vaccine campaign messages.</li><li>• Number of providers and partners participating in training, webinars, and learning communities.</li><li>• Number of people who access vaccine resources.</li><li>• Number of identified strengths and areas for improvement with immunization project.</li></ul>
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<b>Project Title:</b>	<b>Immunization Capacity Building Support: HPV Vaccination to Prevent Cancer</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community Health Centers</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	HPV vaccination rates remain well below the Healthy People 2030 target that 80% of adolescents receive all recommended doses of HPV vaccine. This purpose of this project is to provide capacity building support to increase HPV vaccination rates. Through provider education and training, the project will increase their knowledge and confidence so they can make effective vaccine recommendations to patients. In turn, access to vaccination opportunities will increase as will the use of evidence-based quality improvement strategies. The project will also provide capacity building support to immunization coalitions to continue promoting vaccine uptake and share best practices.
<i>CIO:</i>	NCIRD
<i>Division/Branch/Office /Unit:</i>	Immunization Services Division (ISD)
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	
<i>Funding Statutory Authority:</i>	
<i>Expected Project Length:</i>	
<i>Recipient Organizational Capacity:</i>	The recipient should be a leading cancer-fighting organization with a vision to end cancer for everyone. In addition, the recipient should focus on improving the lives of people with cancer and their families as the only organization combating cancer through advocacy, research, and patient support, to ensure that everyone has an opportunity to prevent, detect, treat, and survive cancer. The recipient must have demonstrated capacity to reach community health centers and providers who vaccinate for HPV. They must have experience in working with integrated delivery systems to implement programs and policies that increase adolescent vaccination educational quality improvement activities.
<i>Recipient Program Experience:</i>	The recipient organization must have demonstrated success advocating for lifesaving policy changes and promoting healthy lifestyles to help prevent cancer. They should also focus on researching cancer and its causes to find more answers and better treatments, and provide information, answers, and support to people in every community who have been touched by cancer. The recipient must have experience with: 1) collaborating with community health centers and other health systems and providers that vaccinate, 2) providing educational and training materials to increase immunization rates (recommendations, quality improvement tools, etc.), 3) implementing quality improvement vaccination projects in community health centers, and 4) working with coalitions to promote HPV vaccination uptake
<i>Expectations for Collaboration:</i>	The recipient will work collaboratively with CDC as well as community health centers, primary healthcare providers who vaccinate, and other immunization partners as necessary.

<i>Expected Subcontractual Work and Criteria:</i>	Any proposed subcontract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or subcontractors with appropriate qualifications and to effectively collaborate with these groups.
<i>General Instructions for Use of Funds:</i>	The funding allocated is authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Address geographic, gender, and socioeconomic disparities for HPV vaccination through strategic partnerships that build capacity.</li> <li>• Provide technical assistance to HPV coalitions and state-level partnerships to strengthen their capacity.</li> <li>• Facilitate connections between state and regional coalitions and increase sharing of best practices and success strategies.</li> <li>• Educate providers, key staff, and decision makers who influence HPV vaccination uptake.</li> <li>• Engage community health centers, and potentially hospital-based and integrated delivery systems (IDS), and payors to make HPV vaccination a priority.</li> <li>• Identify and share best practices with relevant collaborators.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Increase number of state engagements</li> <li>• Increase the sharing of best practices and success strategies across state partners.</li> <li>• Increased educational opportunities for providers, key staff, and decision makers about HPV vaccine and related cancers.</li> <li>• Increase promotion of best practices with vaccination collaborators.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Development of strategic partnerships that address disparities for HPV vaccination uptake.</li> <li>• State and regional partner engagements and learning opportunities.</li> <li>• Dissemination of best practices and success strategies through state engagements.</li> <li>• Development of educational opportunities.</li> <li>• Identification and promotion of best practices.</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Increased ability of HPV coalitions and state-level partnerships to promote and influence HPV vaccination uptake.</li> <li>• Decreased geographic and gender disparities for HPV vaccination uptake.</li> <li>• Increased adoption of best practices and models of success demonstrated by state and regional partners.</li> <li>• Increased knowledge of HPV vaccination.</li> <li>• Increased identification and promotion of best practices</li> </ul>

<i>Outcome Measures:</i>	<ul style="list-style-type: none"><li>• Increase in the number of HPV coalitions and state-level partnerships to promote vaccination.</li><li>• Decrease in HPV vaccination rate disparities based on geographic area and gender.</li><li>• Increase number of opportunities for sharing best practices across state and regional partners.</li><li>• Increase in HPV vaccination knowledge among providers, key staff, decision makers.</li><li>• Increase in the number of best practices identified and shared success</li></ul>
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<b>Project Title:</b>	<b>Improving coordinated care for Long COVID patients through provider education and outreach</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Specialty Physicians</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	Education and outreach efforts around adapting and disseminating clinical guidance and education for Long COVID care to inform and educate providers on Long COVID to better support patients across all aspects of health care.
<i>CIO:</i>	NCIRD
<i>Division/Branch/Office /Unit:</i>	Office of the Director (OD)
<i>Proposed FY24 Project Funding Total:</i>	\$600,000.00
<i>Funding Appropriation:</i>	
<i>Funding Statutory Authority:</i>	
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Infrastructure to support communication and build capacity for primary and specialty care providers. Influence to convene, inform, and educate providers on complex and multidisciplinary topics to better support Long COVID patients across all aspects of health care. Ability to create or adapt, disseminate, and educate on evidence-based best practices. Ideally the recipient would have knowledge of and involvement from subspecialties including internal medicine, family practice, pediatrics, physiatry, cardiology, neurology, pulmonology, and rehabilitation.
<i>Recipient Program Experience:</i>	Proven track record in developing, adapting, and disseminating evidence-based educational trainings, materials, and resources for providers. Ability to convene multiple medical specialty societies and foster collaborative work products. Ability to perform a landscape analysis and identify gaps and needs across clinical disciplines. Ability to incorporate patient voice, and positively affect healthcare.
<i>Expectations for Collaboration:</i>	Expected to partner to reach primary care and other healthcare providers with clinical education efforts and engage with organizations involved in Long COVID clinical guideline development.
<i>Expected Subcontractual Work and Criteria:</i>	Subcontracting to key medical societies as needed to support adoption and implementation of best practice and to reach target provider populations is allowable.
<i>General Instructions for Use of Funds:</i>	Funds are to be used to create or adapt clinical guidance and education/outreach surrounding Long COVID prevention, diagnosis, treatment, and care.
<b>Strategic Area:</b>	<b>Policy and Programs</b>
<b>Strategic Area Details</b>	

<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products;Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas;Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas;Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	Adapt and disseminate guidance around the diagnosis and treatment of Long COVID. Develop, adapt, and disseminate educational trainings, materials, and resources for clinicians. Encourage adoption of standard definitions for Long COVID around the upcoming NASEM consensus guidance. Convene key specialty societies to help define the role of primary care and other specialists in managing Long COVID. Evaluate the impacts of the education and engagement activities.
<i>Process Measures:</i>	Increased number of accessible, evidence-based resources and/or materials distributed to increase awareness and confidence treating Long COVID. At least 5-10% increase in the number of providers attending sessions or receiving materials.
<i>Outputs:</i>	Adapted clinical guidance incorporating consensus definitions. Educational courses, materials, or published tools and resources for clinicians
<i>Budget Period Outcomes:</i>	Increased awareness in primary and specialty care providers to identify and treat Long COVID Increased confidence amongst primary and specialty care providers to identify and treat Long COVID
<i>Outcome Measures:</i>	Published summary of consensus or consolidated definition for Long COVID. Evidence-based educational training or resources for multidisciplinary practices. By July 31, 2025, at least 10% of participating providers will report increased awareness and confidence to address Long COVID.

<b>Project Title:</b>	<b>Maternal Population Immunization Partnership</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Clinicians who are related to maternal □ fetal medicine</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	Build capacity and collaboration among maternal health professional associations representing health care professionals providing care to pregnant people. The goal is to increase the implementation of evidence-based programs and policies, increase maternal immunization rates of recommended vaccines, improve vaccine equity, rapidly respond to emerging public health threats related to vaccine-preventable diseases, and improve health outcomes related to vaccine-preventable diseases.
<i>CIO:</i>	NCIRD
<i>Division/Branch/Office /Unit:</i>	Immunization Services Division (ISD)
<i>Proposed FY24 Project Funding Total:</i>	\$750,000.00
<i>Funding Appropriation:</i>	
<i>Funding Statutory Authority:</i>	
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	The organization should have experience working with and leveraging national medical associations to address women’s health issues especially within the pregnant population. This experience should include collaboration with a diverse array of maternal health partners, as well as other healthcare sector partners. The organization should have connections and strategies in place to address barriers and facilitate opportunities to reach pregnant people, particular those that are hard to reach, and healthcare providers. The organization should have knowledge and skills to identify and address barriers in this population, implement evidence-based practices, and facilitate opportunities to improve equitable vaccination coverage among pregnant people. The organization should be equipped to lead activities across multiple maternal health professional organizations that would optimize their ability to provide appropriate resources for pregnant people and healthcare professionals serving pregnant people.
<i>Recipient Program Experience:</i>	The recipient program should have the ability to partner with and leverage CDC NCIRD, other public health and professional medical associations, health communication professionals, and health education specialists to collaborate on effective communication and education strategies regarding the importance of vaccines for pregnant people, recommendations for vaccination, the importance of communicating vaccine safety, vaccine hesitancy, and emerging inaccurate health information. The program should also have experience with innovative and useful resource development, and these resources should help facilitate conversations between patients and providers and be tailored for specific audiences. The organization should have experience working with health care systems across the United States and understand the role systems have in providing and delivering healthcare services for target populations.

<i>Expectations for Collaboration:</i>	It is expected that the organization will have the ability to partner with CDC NCIRD and professional medical associations, specifically those that represent providers serving pregnant people, such as obstetrician-gynecologists and certified nurse-midwives. It is also expected that the organization will work with other sectors that are critical to ensuring equitable vaccine access and demand for pregnant people, including organizations or associations representing health care systems, pharmacies, and other crucial access points.
<i>Expected Subcontractual Work and Criteria:</i>	The selected program will have the ability to subcontract with medical organizations of women’s health care providers or those who serve pregnant populations. Examples of potential subcontractors: <ul style="list-style-type: none"> <li>• An organization of diverse membership representing nurse midwives and certified nurse-midwives in the United States. A proposed organization supports midwives and advance midwifery practices with expertise in well women and gynecologic care, promotional of optimal pregnancy, physiologic birth, postpartum care, and care of a newborn.</li> <li>• An organization comprised of ob-gyns who have a goal to continuously improve health care for women through both practice and research, and leads advocacy for women’s health care issues.</li> <li>• An organization representing physicians who practice primary care, especially in the case for rural and underserved populations, who lack access to primary care.</li> <li>• An organization representing neonatal nurses or nurse practitioners who care for pregnant patients.</li> </ul>
<i>General Instructions for Use of Funds:</i>	Local, state and federal public health agencies will benefit from the information this project will gather to learn more about communicating with certain populations about vaccination, best practices for sharing content, and what materials are important for increasing vaccination rates. The general instructions are to use funding to address the objectives of the project and fall within the general NOFO funding restrictions.
<b>Strategic Area:</b>	<b>Organizational Capacity and Performance Improvement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	Activities should support communications efforts to pregnant people. Examples of activities include: <ul style="list-style-type: none"> <li>• Conduct needs assessment among pregnant people to understand barriers, knowledge, attitudes, and communication needs around vaccination, if recent needs assessment does not exist.</li> <li>• Produce new communications resources for pregnant patients promoting vaccination.</li> <li>• Partner with community-based and other organizations to promote resources and vaccination recommendations.</li> </ul>

<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Produce at least 2 new vaccination communication resources for pregnant people per year using evidence-based strategies and messaging.</li> <li>• Partner with at least 5 community-based and other organizations to promote resources and vaccination.</li> <li>• Extensively promote new educational materials to healthcare providers, pregnant patients, and other maternal immunization stakeholders through at least 3 different platforms.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Number of resources, tools, and other communication materials produced.</li> <li>• Number of pregnant patients reached through communication materials.</li> <li>• Number of community-based and other organizations partnered with to promote resources and vaccination recommendations</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Increased awareness among pregnant people of new maternal immunization resources by July 31, 2025</li> <li>• Increased proportion of pregnant people who get recommended vaccinations by July 31, 2025, compared with the year prior.</li> <li>• Increased knowledge among clinician association members of new maternal immunization resources for their patients by July 31, 2025.</li> <li>• Increased promotion of resources from community-based and other organizations by July 31, 2025.</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• Percent of clinician association members that report awareness of new maternal immunization resources.</li> <li>• Vaccination coverage rates among pregnant people.</li> </ul>
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>
<i>Activities:</i>	<p>Activities should support collaboration amongst maternal health partners and other partners that interface with pregnant people for maternal vaccination. Examples of activities include:</p> <ul style="list-style-type: none"> <li>• Convene a Maternal Immunization Task Force, made up of critical national partners representing maternal health professional associations.</li> <li>• Advance partnerships with maternal health professional associations (for example, clinician associations representing obstetrician-gynecologists, nurse midwives, neonatal nurses, nurse practitioners, and other clinicians serving pregnant people).</li> <li>• Advance partnerships with partners without a specific maternal health mission, but who are integrally involved in assuring access to vaccination, including pharmacy associations and hospital groups.</li> <li>• Work with partners to plan and create collaborative resources and evidence-based activities to increase maternal immunization.</li> <li>• Annually host an in-person maternal immunization summit that brings together the Maternal Immunization Task Force and additional partner organizations that address maternal immunization to share information on each organization's activities, learn about relevant activities implemented by invited organizations, and brainstorm how to move maternal immunization forward</li> </ul>

<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Convene and manage Maternal Immunization Task Force on a regular basis.</li> <li>• Create and execute a shared vision to advance maternal immunization through their collective efforts.</li> <li>• Advance partnerships with at least 5 maternal health professional associations.</li> <li>• Advance partnerships with at least 2 other partners.</li> <li>• Create at least 1 collaborative resource to increase maternal immunization.</li> <li>• Host 1 Maternal Immunization Task Force Summit annually.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Number of Maternal Immunization Task Force meetings</li> <li>• Number of partnerships with maternal health professional associations</li> <li>• Number of other partnerships</li> <li>• Number of collaborative resources</li> <li>• Number of annual Maternal Immunization Task Force Summit events</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Increase professional association members' awareness and knowledge of collaborative activities and resources by July 31, 2024.</li> <li>• Increase professional association members' ability to give evidence-based maternal immunization recommendations.</li> </ul>
<i>Outcome Measures:</i>	Percent of professional association members reporting increased knowledge on maternal immunizations, percent of professional association members able to provide evidence-based recommendations for pregnant people.
<b>Strategic Area:</b>	<b>Workforce</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>
<i>Activities:</i>	<p>Activities should support developing the maternal healthcare provider workforce who recommends vaccination. Examples of activities include:</p> <ul style="list-style-type: none"> <li>• Identify and assess healthcare providers training and education needs related to maternal immunization, if recent needs assessment does not exist.</li> <li>• Develop and ensure access to quality training and educational resources that address identified needs related to maternal immunization for healthcare providers serving pregnant patients.</li> <li>• Partner with educational institutions and organizations reaching obstetric healthcare providers to develop and facilitate use of standards, competencies, and best practices for training medical, nursing, and nurse-midwifery students on maternal immunization.</li> <li>• Build and sustain an immunization champion network and lead an immunization champion aware program that will highlight successful practices to increase maternal immunization rates and expand the network of ob-gyn experts in infectious disease and vaccine.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Produce at least 2 new training and education resources for healthcare providers per year using evidence-based strategies.</li> <li>• Partner with at least 2 educational institutions or organizations to develop standards, competencies, and best practices for training students on maternal immunization.</li> <li>• Award at least 1 immunization champion per year.</li> </ul>

<i>Outputs:</i>	<p>Number of education and training resources produced.</p> <ul style="list-style-type: none"> <li>• Number of healthcare providers reached through training and education.</li> <li>• Number of educational institutions or organizations partnered with to develop standards, competencies, and best practices for training students on maternal immunization.</li> <li>• Number of immunization champions per year.</li> </ul>
<i>Budget Period Outcomes:</i>	<p>Increase healthcare care providers' knowledge on maternal immunizations recommendations for pregnant patients by July 31, 2025.</p> <p>Increase healthcare care providers' ability to provide evidence-based recommendations for pregnant patients by July 31, 2025.</p>
<i>Outcome Measures:</i>	<p>Percent of healthcare providers reporting increased knowledge on maternal immunizations, percent of healthcare providers able to provide evidence-based recommendations for pregnant people.</p>

<b>Project Title:</b>	<b>Youth in Agriculture: Best Practices for Healthy Farmers and Healthy Animals</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>The primary population of focus are children/youth participating in youth agricultural programs such as 4-H and FFA. Work with these groups is done in collaboration with public health and agricultural sectors and partner organizations at the regional, state and/or local levels.</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	The purpose of the Youth in Agriculture program is to improve youth awareness and knowledge of influenza and other zoonotic diseases, including how diseases spread and how to prevent them in order to motivate youth to adopt behaviors that can help prevent the spread of zoonotic disease. The program also helps youth better understand the roles public and animal health play in disease prevention and how they work together to achieve the best health for both people and animals and to increase awareness and knowledge of careers in public and animal health. The program is a collaboration between the Influenza Division and Pandemic Preparedness Coordination Unit in NCIRD, the One Health Office in NCEZID, and the Rural Health Office in PHIC.
<i>CIO:</i>	NCIRD
<i>Division/Branch/Office /Unit:</i>	Influenza Division (ID)
<i>Proposed FY24 Project Funding Total:</i>	\$550,000.00
<i>Funding Appropriation:</i>	Influenza Division program funding (Influenza Planning and Response)
<i>Funding Statutory Authority:</i>	HHS funding
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	The partner must have resources and personnel for effective, efficient program and project management, including the ability to bring together organizations from diverse geographic locations and backgrounds through videoconferencing technology and in-person meeting planning. The partner must be capable of providing subawards/contracts to external organizations in a timely manner as well as plan and organize regular meetings, monitor program progress and provide input as needed, collect and report on metrics from sub-awardees, and facilitate communication among sub-awardees.
<i>Recipient Program Experience:</i>	The partner must have experience working with rural populations and/or agricultural, public health, or educational organizations, as well as prior experience working on CDC initiatives.
<i>Expectations for Collaboration:</i>	The partner will work with CDC to implement the goals and objective of the Youth in Agriculture program. The partner will manage the day-to-day operations of the program, as well as participate in a collaborative program strategic planning process with CDC.
<i>Expected Subcontractual Work and Criteria:</i>	The organization may subcontract work to implementing partner organizations, such as state public health departments or cooperative extension programs. Such sub-awardees may participate in the development, implementation, or evaluation of educational programs or materials for Youth in Ag. Additionally, partner may engage subcontractors to supplement its expertise when necessary.

<i>General Instructions for Use of Funds:</i>	Funds should be used for the following categories as appropriate: Personnel (salaries and benefits), equipment, supplies, travel, contractual, and other. Applicant should provide detailed budget on how it plans to use funds including number of proposed staff, percent of salary and benefits covered, specific equipment or supplies needed, and expected number and nature of trips. Additionally, a portion of funding may be provided as subawards to partners for project implementation.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Development of education materials for youth on epidemiology, prevention, and control of influenza and other zoonotic diseases.</li> <li>• Maintain and update, as needed, a repository of available resources to increase awareness around influenza and other zoonotic disease threats.</li> <li>• Engagement with youth through educational programming and activities</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Number of states engaged with Youth in Agriculture programmatic activities</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Number of students participating in Youth in Agriculture programmatic activities</li> <li>• Number of resources used/curricula implemented</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Improved knowledge and behaviors related to zoonotic disease prevention for program participants</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>• Improved knowledge and behaviors related to zoonotic disease prevention among the agricultural community</li> </ul>

<b>Project Title:</b>	<b>Policy Solutions for Public Health and Behavioral Health Partnerships</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Elected officials - State Policy Advisors</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	To raise issues of healthcare transformation, access to care and interconnection of behavioral health and public health to the state policy-level of government to advance policy change and policy solutions. This project will advance state policy-level interconnection in two specific ways: 1) Awareness, by hosting topic-area meetings (in-person and virtual) with state policy advisors, and 2) Creation of tools and resources on how best to connect behavioral health and public health in states.
<i>CIO:</i>	NCSTLTPHIW
<i>Division/Branch/Office /Unit:</i>	Division of Partnership Support (DPS)
<i>Proposed FY24 Project Funding Total:</i>	\$200,000.00
<i>Funding Appropriation:</i>	
<i>Funding Statutory Authority:</i>	
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Recipient must have the ability to collaborate with and convene state policy advisors.
<i>Recipient Program Experience:</i>	Recipient should have experience working with state policy advisors around public health system areas, specifically the behavioral health system. Recipient should also have previous experience in convening state policy advisors.
<i>Expectations for Collaboration:</i>	The recipient will be expected to collaborate with other national partners engaged in strengthening partnerships between public health and behavioral health systems. They will be expected to collaborate with other national partners in areas of effort including data sharing, training, convening, and serving on work groups.
<i>Expected Subcontractual Work and Criteria:</i>	None anticipated.
<i>General Instructions for Use of Funds:</i>	Funds may be used for allowable direct or indirect costs that advance project objectives and outcomes. Construction and research are prohibited under this funding.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas

<i>Activities:</i>	<ul style="list-style-type: none"> <li>- Convene state policy makers for an opportunity to develop relationships with public health and behavioral health officials and to discuss opportunities for connecting public health and behavioral health, and the roles played by the social determinants of health and health equity in both systems.</li> <li>- Create and disseminate policy tools to increase awareness and capacity about connecting public health and behavioral health systems, leveraging relationships and resources, and the roles that social determinants of health and health equity play in both systems.</li> <li>- Provide technical assistance and policy analysis to support state legislators and legislative staff in developing and implementing policies related to public health and behavioral health.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>- Number of policy makers convened</li> <li>- Convening agenda drafted</li> <li>- Number of policy resources and tools developed</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>- One or more policy tools</li> <li>- Technical assistance provided</li> <li>- One convening including state legislators and legislative staff, public health professionals, and behavioral health professionals</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>- Improved capacity among legislators and legislative staff to establish and maintain partnerships within and across health sectors.</li> <li>- Increased capacity among legislators and legislative staff to evaluate and develop laws and policies to improve health.</li> </ul>
<i>Outcome Measures:</i>	<ul style="list-style-type: none"> <li>- At least 60% of participating state policy advisors report they built or strengthened relationships</li> <li>- At least 50% of participating state policy advisors report strengthened capability to apply and use laws and policies to improve health</li> </ul>

<b>Project Title:</b>	<b>Public Health and Behavioral Health System Strengthening</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Behavioral health professionals</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project will provide capacity building assistance to strengthen leadership and workforce development of community behavioral health organizations and facilitate partnerships between community behavioral health organizations and other public health service providers. The funded partner will convene a cohort-model training institute to train community behavioral health organizations and public health departments and agencies on public health and behavioral health competencies and cross-cutting skillsets.
<i>CIO:</i>	NCSTLTPHIW
<i>Division/Branch/Office /Unit:</i>	Division of Partnership Support (DPS)
<i>Proposed FY24 Project Funding Total:</i>	\$350,000.00
<i>Funding Appropriation:</i>	
<i>Funding Statutory Authority:</i>	
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Recipient should have in-depth knowledge of needs and areas of opportunity to strengthen relationships between public health and behavioral health systems. The recipient should also have demonstrated proficiency in understanding the connection between social determinants of health, health equity, and public health and behavioral health outcomes at the state, tribal, local, and territorial levels.
<i>Recipient Program Experience:</i>	Recipient should have experience working with public health organizations and behavioral health organizations at the state, tribal, local, and territorial levels, including experience working with community behavioral health organizations. The recipient should have previous experience convening public health and behavioral health professionals for training events and other learning opportunities.
<i>Expectations for Collaboration:</i>	The recipient will be expected to collaborate with CDC, national partners, and state, tribal, local, and territorial partners engaged in public health and behavioral health capacity building efforts.
<i>Expected Subcontractual Work and Criteria:</i>	None anticipated.
<i>General Instructions for Use of Funds:</i>	Funds may be used for allowable direct or indirect costs that advance project objectives and outcomes. Funds may not be used for construction or research.
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas

<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Plan and convene a 6 – 7-month leadership training institute for public health and behavioral health officials.</li> <li>• Conduct program evaluation of leadership training institute.</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Number of health officials applying to participate in leadership training institute.</li> <li>• Number of health officials selected to participate in leadership training institute.</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Leadership training institute, including topical workshops and group convening</li> <li>• Evaluation plan developed</li> </ul>
<i>Budget Period Outcomes:</i>	Public health and behavioral health officials with new or strengthened capability to strategically respond to public priorities in partnership
<i>Outcome Measures:</i>	Increased number of new or strengthened partnerships between public health officials and behavioral health officials
<b>Strategic Area:</b>	<b>Workforce</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<ul style="list-style-type: none"> <li>• Develop and/or update curriculum for public health and behavioral health officials, with attention to social determinants of health and health equity</li> <li>• Provide resources, tools, and technical assistance to public health and behavioral health officials to strengthen partnerships, integrate mental wellness into public health settings, and promote health equity</li> </ul>
<i>Process Measures:</i>	<ul style="list-style-type: none"> <li>• Number of public health and behavioral health partners accessing technical assistance</li> <li>• Number of public health and behavioral health partners trained in evidence-based behavioral health interventions</li> </ul>
<i>Outputs:</i>	<ul style="list-style-type: none"> <li>• Updated curriculum</li> <li>• Evidence-based resources shared</li> <li>• Mental Health First Aid training</li> </ul>
<i>Budget Period Outcomes:</i>	<ul style="list-style-type: none"> <li>• Health officials with strengthened capacity to address public health and behavioral health needs in their jurisdictions.</li> <li>• Health officials with increased understanding of how the social determinants of health affect public health and behavioral health outcomes.</li> </ul>
<i>Outcome Measures:</i>	All public health and behavioral health officials report increased knowledge and understanding of public health and behavioral health topics.

<b>Project Title:</b>	<b>Strengthening Capacity of Hospital and Health Department Community Partnerships to Improve Population Health and Public Health Systems</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>U.S. hospital and health department community partnerships/coalitions working to address shared community health needs</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	This project will provide capacity building assistance to support the development and strengthening of connections and collective collaboration between healthcare and public health services and sectors through systems thinking, collective impact, partnership development, community-driven strategic planning, workforce and leadership development, delivery of evidence-based/informed best and promising practices
<i>CIO:</i>	NCSTLTPHIW
<i>Division/Branch/Office /Unit:</i>	Division of Partnership Support (DPS)
<i>Proposed FY24 Project Funding Total:</i>	\$500,000.00
<i>Funding Appropriation:</i>	
<i>Funding Statutory Authority:</i>	
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	Successful applicant should have capacity to support healthcare and public health infrastructure and capacity building activities for hospital and governmental public health departments partnerships and systems. Applicant should have broad reach and a high level of expertise to engage hospital and local governmental public health department partnerships/coalitions nationwide and across jurisdictions.

<p><i>Recipient Program Experience:</i></p>	<p>Successful applicants will have in depth knowledge and experience working with hospital and local governmental public health agency partnerships and systems. They will have a history of positive engagement with hospitals and local governmental public health partnership, as well as hospital and public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities for hospital and governmental public health partnerships. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement.</p> <p>Successful applicants will have in depth knowledge and experience working with hospital and local governmental public health agency partnerships and systems. They will have a history of positive engagement with hospitals and local governmental public health partnership, as well as hospital and public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities for hospital and governmental public health partnerships. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement.</p> <p>Successful applicants will have in depth knowledge and experience working with hospital and local governmental public health agency partnerships and systems. They will have a history of positive engagement with hospitals and local governmental public health partnership, as well as hospital and public health systems. Applicants are encouraged to give specific examples illustrating their expertise in supporting infrastructure and capacity building activities for hospital and governmental public health partnerships. In addition, successful applicants will have an ability and interest in proactively collaborating with other national partners funded under this cooperative agreement.</p>
<p><i>Expectations for Collaboration:</i></p>	<p>All activities will be conducted in collaboration with CDC to develop and refine strategies and activities of the workplan, as well as work with other national partners, subject matter experts, and interested parties/groups as appropriate. Regular check-in calls, review of materials, and more will occur. Awardee will disseminate findings to national partners and other interested/impacted parties. Applicants funded under this cooperative agreement will be expected to proactively collaborate, coordinate, and synergize activities with each other where and when it makes sense to advance mutual goals, project objectives, and to provide coordinated support to hospitals and governmental public health departments and their cross-sector systems improvement and partnership needs.</p>
<p><i>Expected Subcontractual Work and Criteria:</i></p>	<p>None explicitly required, but applicants may propose sub-contract work as appropriate to advance the project objectives. Subcontracting with organizations and community-based organizations that are representative of awardees/TA recipients/populations served to develop and provide relevant and responsive TA and resources should be considered and discussed with CDC.</p>
<p><i>General Instructions for Use of Funds:</i></p>	<p>Funds may be used for allowable direct or indirect costs that advance program objectives. Funds may not be used for construction or research.</p>
<p><b>Strategic Area:</b></p>	<p><b>Organizational Capacity and Performance Improvement</b></p>
<p style="text-align: center;"><b>Strategic Area Details</b></p>	

<i>Outcomes:</i>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>
<i>Activities:</i>	<p>Can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Conduct environmental scan of existing hospital-governmental public partnership trends, needs, opportunities, priorities, etc..</li> <li>• Convene existing hospital-LHD-community networks/partnerships to understand and assess facilitators and barriers to an effective collaborative CHNA partnership process</li> <li>•</li> <li>• Assess the technical assistance and training needs of hospital-governmental public partnership</li> <li>•</li> <li>• Develop a systems improvement-focused technical assistance and training framework and plan for hospital-governmental public partnership</li> <li>•</li> <li>• Deliver relevant and responsive systems improvement-focused training and TA for hospital-governmental public partnership</li> <li>•</li> <li>• Develop a resource of promising practices, success stories, lessons learned</li> <li>•</li> <li>• Facilitate in-person or virtual peer to peer engagement for hospital-governmental public partnerships</li> <li>• National convening/conversations/townhall/expert panel on topics of interest and priority to hospital-governmental public partnership to increase understanding and inform training, TA, identify needs and opportunities</li> </ul>
<i>Process Measures:</i>	<p>Can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Number of hospital-governmental public partnership selected to receive TA and training</li> <li>• Number of examples/best practices shared</li> <li>• Number of webinars and trainings delivered</li> <li>• Number of in-person/virtual convenings held</li> <li>• Number of peer-to-peer engagements held/facilitated</li> <li>• Tracking of TA requests</li> <li>• Tracking of TA delivery</li> <li>• Number participation in webinars, training, events delivered</li> <li>• Dissemination of resources</li> </ul> <p>Number of hospital-governmental public partnership engaged</p>

<p><i>Outputs:</i></p>	<ul style="list-style-type: none"> <li>• Environmental scan document and presentation of results</li> <li>• Technical assistance framework and resources developed</li> <li>• Cross-sector training team established</li> <li>• Documentation of TA provided</li> <li>• Training and TA material, handouts, facilitation agenda, etc...</li> <li>• Development of strategic skill resource</li> <li>• TA and/or training plan developed and shared</li> <li>• In-person and virtual peer-to-peer events held</li> <li>• National convening/event(s)</li> <li>• Resource on promising practices, success stories developed and disseminated</li> </ul>
<p><i>Budget Period Outcomes:</i></p>	<p>Can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Hospital-governmental public partnerships are better prepared and skilled for shared decision-making and collective action</li> <li>• Improved knowledge and awareness of systems improvement promising practices amongst hospital-governmental public partnerships</li> <li>• Facilitated opportunity for communication amongst hospital-governmental public partnerships on their systems improvement interests and responsibilities</li> <li>• Networking and collaboration opportunities amongst hospital-governmental public partnerships</li> <li>• hospital-governmental public partnerships engaging in systems improvement activities and work using TA resources</li> <li>• Improved knowledge and skills among local health official training attendees on how to advance systems improvement</li> <li>• Positive Movement along the partnership and collaboration spectrum for TA and training recipients</li> <li>• Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health</li> <li>• Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs</li> <li>• Strengthened capability of public health workforce to deliver essential public health services</li> <li>• Strengthened capability to respond to public health priorities collaboratively and strategically</li> </ul>
<p><i>Outcome Measures:</i></p>	<p>Proportion of hospital-governmental public partnerships reporting increased capacity to advance systems improvement  Proportion of hospital-governmental public partnerships reporting increased knowledge in systems improvement  Proportion of hospital-governmental public partnerships reporting increase capacity to identify and prioritize public health needs</p>
<p><b>Strategic Area:</b></p>	<p><b>Partnership Development and Engagement</b></p>

<b>Strategic Area Details</b>	
<i>Outcomes:</i>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>
<i>Activities:</i>	<p>Can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Conduct environmental scan of existing hospital-governmental public partnership trends, needs, opportunities, priorities, etc..</li> <li>• Convene existing hospital-LHD-community networks/partnerships to understand and assess facilitators and barriers to an effective collaborative CHNA partnership process</li> <li>•</li> <li>• Assess the technical assistance and training needs of hospital-governmental public partnerships</li> <li>•</li> <li>• Develop a systems improvement-focused technical assistance and training framework and plan for hospital-governmental public partnership</li> <li>•</li> <li>• Deliver relevant and responsive systems improvement-focused training and TA for hospital-governmental public partnership</li> <li>•</li> <li>• Develop a resource of promising practices, success stories, lessons learned</li> <li>•</li> <li>• Facilitate in-person or virtual peer to peer engagement for hospital-governmental public partnerships</li> <li>• National convening/conversations/townhall/expert panel on topics of interest and priority to hospital-governmental public partnership to increase understanding and inform training, TA, identify needs and opportunities</li> </ul>
<i>Process Measures:</i>	<p>Can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Number of hospital-governmental public partnership selected to receive TA and training</li> <li>• Number of examples/best practices shared</li> <li>• Number of webinars and trainings delivered</li> <li>• Number of in-person/virtual convenings held</li> <li>• Number of peer-to-peer engagements held/facilitated</li> <li>• Tracking of TA requests</li> <li>• Tracking of TA delivery</li> <li>• Number participation in webinars, training, events delivered</li> <li>• Dissemination of resources</li> </ul> <p>Number of hospital-governmental public partnership engaged</p>

<p><i>Outputs:</i></p>	<p>Can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Environmental scan document and presentation of results</li> <li>• Technical assistance framework and resources developed</li> <li>• Cross-sector training team established</li> <li>• Documentation of TA provided</li> <li>• Training and TA material, handouts, facilitation agenda, etc...</li> <li>• Development of strategic skill resource</li> <li>• TA and/or training plan developed and shared</li> <li>• In-person and virtual peer-to-peer events held</li> <li>• National convening/event(s)</li> <li>• Resource on promising practices, success stories developed and disseminated</li> </ul>
<p><i>Budget Period Outcomes:</i></p>	<p>Can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Hospital-governmental public partnerships are better prepared and skilled for shared decision-making and collective action</li> <li>• Improved knowledge and awareness of systems improvement promising practices amongst hospital-governmental public partnerships</li> <li>• Facilitated opportunity for communication amongst hospital-governmental public partnerships on their systems improvement interests and responsibilities</li> <li>• Networking and collaboration opportunities amongst hospital-governmental public partnerships</li> <li>• hospital-governmental public partnerships engaging in systems improvement activities and work using TA resources</li> <li>• Improved knowledge and skills among local health official training attendees on how to advance systems improvement</li> <li>• Positive Movement along the partnership and collaboration spectrum for TA and training recipients</li> <li>• Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health</li> <li>• Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs</li> <li>• Strengthened capability of public health workforce to deliver essential public health services</li> <li>• Strengthened capability to respond to public health priorities collaboratively and strategically</li> </ul>
<p><i>Outcome Measures:</i></p>	<p>Proportion of hospital-governmental public partnerships reporting increased capacity to advance systems improvement  Proportion of hospital-governmental public partnerships reporting increased knowledge in systems improvement  Proportion of hospital-governmental public partnerships reporting increase capacity to identify and prioritize public health needs</p>
<p><b>Strategic Area:</b></p>	<p><b>Policy and Programs</b></p>

<b>Strategic Area Details</b>	
<i>Outcomes:</i>	<p>Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Enhanced skill and ability to support decision-processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas</p>
<i>Activities:</i>	<p>Can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Conduct environmental scan of existing hospital-governmental public partnership trends, needs, opportunities, priorities, etc..</li> <li>• Convene existing hospital-LHD-community networks/partnerships to understand and assess facilitators and barriers to an effective collaborative CHNA partnership process</li> <li>•</li> <li>• Assess the technical assistance and training needs of hospital-governmental public partnerships</li> <li>•</li> <li>• Develop a systems improvement-focused technical assistance and training framework and plan for hospital-governmental public partnership</li> <li>•</li> <li>• Deliver relevant and responsive systems improvement-focused training and TA for hospital-governmental public partnership</li> <li>•</li> <li>• Develop a resource of promising practices, success stories, lessons learned</li> <li>•</li> <li>• Facilitate in-person or virtual peer to peer engagement for hospital-governmental public partnerships</li> <li>• National convening/conversations/townhall/expert panel on topics of interest and priority to hospital-governmental public partnership to increase understanding and inform training, TA, identify needs and opportunities</li> </ul>
<i>Process Measures:</i>	<p>Can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Number of hospital-governmental public partnership selected to receive TA and training</li> <li>• Number of examples/best practices shared</li> <li>• Number of webinars and trainings delivered</li> <li>• Number of in-person/virtual convenings held</li> <li>• Number of peer-to-peer engagements held/facilitated</li> <li>• Tracking of TA requests</li> <li>• Tracking of TA delivery</li> <li>• Number participation in webinars, training, events delivered</li> <li>• Dissemination of resources</li> </ul> <p>Number of hospital-governmental public partnership engaged</p>

<p><i>Outputs:</i></p>	<p>Can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Environmental scan document and presentation of results</li> <li>• Technical assistance framework and resources developed</li> <li>• Cross-sector training team established</li> <li>• Documentation of TA provided</li> <li>• Training and TA material, handouts, facilitation agenda, etc...</li> <li>• Development of strategic skill resource</li> <li>• TA and/or training plan developed and shared</li> <li>• In-person and virtual peer-to-peer events held</li> <li>• National convening/event(s)</li> <li>• Resource on promising practices, success stories developed and disseminated</li> </ul>
<p><i>Budget Period Outcomes:</i></p>	<p>Can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Hospital-governmental public partnerships are better prepared and skilled for shared decision-making and collective action</li> <li>• Improved knowledge and awareness of systems improvement promising practices amongst hospital-governmental public partnerships</li> <li>• Facilitated opportunity for communication amongst hospital-governmental public partnerships on their systems improvement interests and responsibilities</li> <li>• Networking and collaboration opportunities amongst hospital-governmental public partnerships</li> <li>• hospital-governmental public partnerships engaging in systems improvement activities and work using TA resources</li> <li>• Improved knowledge and skills among local health official training attendees on how to advance systems improvement</li> <li>• Positive Movement along the partnership and collaboration spectrum for TA and training recipients</li> <li>• Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health</li> <li>• Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs</li> <li>• Strengthened capability of public health workforce to deliver essential public health services</li> <li>• Strengthened capability to respond to public health priorities collaboratively and strategically</li> </ul>
<p><i>Outcome Measures:</i></p>	<p>Proportion of hospital-governmental public partnerships reporting increased capacity to advance systems improvement  Proportion of hospital-governmental public partnerships reporting increased knowledge in systems improvement  Proportion of hospital-governmental public partnerships reporting increase capacity to identify and prioritize public health needs</p>

<b>Project Title:</b>	<b>Community-based Partnerships for Innovations in Health Care Interoperability</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community Health Centers</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	CDC's OPHDST is focused on ensuring the public health ecosystem, working in conjunction with health care providers, can enable better access to and quality of health data especially for the purposes of case reporting. Community based organizations (CBO), specifically federally qualified health centers (FQHCs), play a critical role in enhancing health outcomes especially in medically underserved communities. This effort will ensure incorporation of the latest technical approach towards the capture, ingestion and exchange of this data to ensure proactive preventative and response / control measures. This project will focus on equipping the FQHC community to deliver on the desired future state as partners or direct contributors to public data system interoperability.
<i>CIO:</i>	OPHDST
<i>Division/Branch/Office /Unit:</i>	All Divisions
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	75-24-0959 - Public Health Scientific Services
<i>Funding Statutory Authority:</i>	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
<i>Expected Project Length:</i>	5 Years
<i>Recipient Organizational Capacity:</i>	The recipient should be able to demonstrate a track record of success working at the intersection between public health jurisdictions and community organizations to increase capacity to use data to inform decision-making and support production ready approaches to address both public health priorities and health outcomes. They should have existing staff and teams focused on technical assistance and technology to get results to drive more robust information systems management to conduct patient and population level health monitoring. Lastly, they should have the organizational credibility to focus on innovative and collaborative approaches to drive a transformative future state in line with the vision for CDC's Moving Forward initiative.
<i>Recipient Program Experience:</i>	The recipient must be able to demonstrate an ability to build partnerships with CBOs aligned with priorities that extend beyond the status quo to ensure alignment between health care and public health. Subject matter experts should have existing understanding of how to deploy and facilitate functional requirements, data architecture and real-world testing paradigms that demonstrate short-term returns for data providers, jurisdictions and partners (private sector and public sector).
<i>Expectations for Collaboration:</i>	Recipient should have an existing framework and methodology for managing a diverse group of stakeholders and partners across the health care and public health ecosystem. They should have an ability to maintain objectivity, flexibility, and pragmatism in their proposed approach.

<i>Expected Subcontractual Work and Criteria:</i>	The recipient may subcontract to complete activities. Below is a list of suggested subcontract criteria: CBO or FQHC partners using criterion and eligibility that align with the intent of the effort and the desire to get tangible results during the period of performance.
<i>General Instructions for Use of Funds:</i>	
<b>Strategic Area:</b>	<b>Data Modernization, Informatics, and Information Technology</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased availability of and access to CBA services and products that address the strategic areas; Short-term: Increased use of CBA services and products by populations of focus; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas; Intermediate: Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<p>Help develop consistent implementation guidance and provide TA to FQHCs for implementation in conjunction with requirements for FQHCs.</p> <p>Host at least five events focusing on interoperability, innovation, and public health integration. Key partners should include State, Tribal, Local, and Territorial (STLT) organizations, Community-Based Organizations (CBOs), public health entities, multisector partners, and healthcare systems.</p> <p>Form dedicated working groups to facilitate the real-time sharing of high-quality, actionable health insights among communities, businesses, and government agencies.</p> <p>Create and disseminate at least five communication products aimed at promoting the sustainable adoption of on-demand, real-time tools for public health insights and interoperability.</p> <p>Develop a multi-dimensional communication platform specifically designed to enhance public health integration and interoperability efforts.</p>
<i>Process Measures:</i>	Finalize consistent, robust and technically accurate direction to facilitate the exchange of data between public health and health care with a subset of FQHCs in at least one jurisdiction. Provide documentation of process for use at scale to continue and/or expand the work with other FQHCs across the country in any out years.
<i>Outputs:</i>	Documentation of direction chosen; development of best practices and approach; coordination in conjunction with OPHDST to deploy recommended approach and execute real world testing.
<i>Budget Period Outcomes:</i>	FQHCs move away from paper-based data reporting systems to modernized, electronic systems that are interoperable with HHS's systems in alignment with the OPHDST led future state of public health data systems efforts.
<i>Outcome Measures:</i>	<p>At least 70% of FQHCs should demonstrate measurable progress using the updated data exchange method by the end of year 1</p> <p>At least 50% of the FQHCs should demonstrate successful deployment of a data exchange initiative and a live connection between themselves and the applicable STLT public health agency in their jurisdiction.</p>

<b>Project Title:</b>	<b>Innovations in Interoperability to Support Underserved Populations &amp; Community-Based Organizations</b>
<b>Population of Focus:</b>	<b>Category C: Public Health System Components</b>
<b>Population of Focus Description:</b>	<b>Community Health Centers</b>
<b>Project Plan Details</b>	
<i>Project Purpose:</i>	CDC's OPHDST is focused on ensuring the public health ecosystem, working in conjunction with health care providers to improve readiness for both infectious disease and chronic diseases using consistent -- and proven -- technical approaches. Community based organizations (CBO), specifically federally qualified health centers (FQHCs), play a critical role in improving population health outcomes in particular medically underserved communities across the United States. This effort will ensure incorporation of the latest technical approach towards the capture, ingestion, and exchange of Health Center Program Uniform Data System (UDS) to ensure proactive preventative and response / control measures. This project will focus on equipping the FQHC community to deliver on the desired future state as partners or direct contributors to public health data system interoperability.
<i>CIO:</i>	OPHDST
<i>Division/Branch/Office /Unit:</i>	All Divisions
<i>Proposed FY24 Project Funding Total:</i>	\$1,000,000.00
<i>Funding Appropriation:</i>	75-24-0959 - Public Health Scientific Services
<i>Funding Statutory Authority:</i>	Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
<i>Expected Project Length:</i>	1 Year
<i>Recipient Organizational Capacity:</i>	The recipient must possess the skills and organizational reach to partner with and communicate technical recommendations and requirements to benefit both primary care safety net organizations and STLT partners to make meaningful impacts to instantiate evidence-based clinical interventions for underserved communities. They should have existing staff and teams focused on partnerships management and external engagements at scale.
<i>Recipient Program Experience:</i>	The recipient must have a strong network of public health partners at state and local level as well as community care providers; understand the organizations and associations that work in and with community health care and federally qualified health centers; and must have the communications and organizational skills to ensure the program is well understood. They must also be able to translate those successes into meaningful impact or plans for real world implementations of new workflows.
<i>Expectations for Collaboration:</i>	Recipient should have an existing framework and methodology for managing a diverse group of stakeholders and partners across the health care and public health ecosystem. They should have an ability to maintain a realistic sense of timelines, with the initial planning stages being followed by clear timelines for securing participation for the recommendations with external partners across the national FQHC landscape.

<i>Expected Subcontractual Work and Criteria:</i>	Recipients may subcontract to complete activities. Below is a list of suggested subcontract criteria: CBO or FQHC partners or communications partners, technical experts or facilitators using criterion and eligibility that align with the intent of the effort and the desire to get tangible results during the period of performance. Subcontractor may prepare a comprehensive plan for replicating best practices focused on chronic condition (e.g., heart disease, cancer, and diabetes) data management and exchange, potentially those aligned with digital clinical quality measures that align with public health needs and in a way that is practical.
<i>General Instructions for Use of Funds:</i>	
<b>Strategic Area:</b>	<b>Partnership Development and Engagement</b>
<b>Strategic Area Details</b>	
<i>Outcomes:</i>	Short-term: Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products; Intermediate: Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
<i>Activities:</i>	<p>Drive 1:1 meetings, webinars, workshops and a learning community to support peer learning and technical capacity building</p> <p>Organize a Series of Collaborative Partner Events: Host at least five events focusing on interoperability, innovation, and public health integration. Key partners should include State, Tribal, Local, and Territorial (STLT) organizations, Community-Based Organizations (CBOs), public health entities, multisector partners, and healthcare systems.</p> <p>Establish Working Groups for Health Insights Sharing: Form dedicated working groups to facilitate the real-time sharing of high-quality, actionable health insights among communities, businesses, and government agencies.</p> <p>Develop and Distribute Communication Products: Create and disseminate at least five communication products aimed at promoting the sustainable adoption of on-demand, real-time tools for public health insights and interoperability.</p> <p>Build a Comprehensive Communication Platform: Develop a multi-dimensional communication platform specifically designed to enhance public health integration and interoperability efforts.</p>
<i>Process Measures:</i>	Number of touchpoints with STLTs and FHQC partners. At least 30 engagements should be completed during the period of performance.
<i>Outputs:</i>	<p>Produce FAQ documents, fact sheets, web content to support partners in the move to electronic data exchange, for example to support improved exchange of data associated with reduction or improved patient outcome for a priority chronic condition.</p> <p>Create forum for information exchange and bidirectional feedback.</p> <p>Resources and/or use cases developed to support improved public health for FQHCs and other partners support data modernization implementation, nationally established health IT standards, and improved public health.</p>
<i>Budget Period Outcomes:</i>	Increase partner understanding of electronic exchange mechanisms and willingness to devote resources to convert public health reporting systems.

<i>Outcome Measures:</i>	At least 75% of selected participants commit to moving away from paper-based and/or manual-based public health reporting 75% of feedback from FQHCs using the recommended approach and other partners reporting increased knowledge and abilities in adopting a modernized data exchange approach and with the applicable EHR vendor
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