

# CDC-OT18-1802: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS) announced a five-year funding opportunity for organizations to implement activities to strengthen governmental and nongovernmental components of the public health system. This program exemplifies CSTLTS's commitment to advancing US public health agency and system performance, capacity, agility, and resilience.

## Purpose

The purposes of this program are to strengthen the nation's public health infrastructure; ensure a competent, current, and connected public health system; and improve the delivery of essential public health services through capacity-building assistance (CBA).

## Program Strategy

Organizations will serve as CBA providers, working toward sustaining and improving the performance of the public health system, with a priority on state, tribal, local, and territorial health departments. CBA refers to activities that strengthen and maintain the infrastructure and resources necessary to sustain or improve system, organizational, community, or individual processes and competencies. CBA is delivered through technical assistance, training, information sharing, technology transfer, materials development, or funding that enables organizations to serve customers better and operate in a comprehensive, responsive, and effective manner.

The program strategies include strengthening the capacities of public health systems infrastructure; leadership and workforce; data and information systems; communication and information technology; partnerships; laws and policies; and programs and services. In the long term, the CBA provided will help improve public health capacities and capabilities to ensure a current, competent, and connected public health system and enable delivery of the [10 essential public health services](#).

## Outcomes

This program intends to achieve the following short-term outcomes:

- Improved operational capacity to evaluate, manage, and improve public health systems
- Improved leadership capacity to identify and prioritize public health needs
- Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- Improved capacity of data and information systems to conduct public health monitoring and surveillance
- Improved communication and information technology capacity to inform the public efficiently and effectively
- Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- Increased capacity to evaluate laws and policies to improve health
- Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs



This program intends to achieve the following intermediate outcomes:

- Increased capability of public health systems to achieve nationally established standards
- Increased leadership decision-making to address public health needs strategically and systematically
- Strengthened capability of the public health workforce to deliver essential public health services
- Increased capability to use data to inform decision-making and support evidence-based practices and policies
- Strengthened capability to use communication and information technology to affect health decisions and actions
- Strengthened capability to respond to public health priorities collaboratively and strategically
- Strengthened capability to systematically apply and use laws and policies to improve health
- Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

## Categories

Recipients were awarded funding to conduct projects that address the CBA needs of a selected target population. Each recipient must deliver CBA to their selected target population throughout the five-year period of performance. The cooperative agreement provided funding to deliver CBA to one target population under one of three categories.

Categories A and B address the CBA needs of target populations *within governmental public health departments*.

- **Category A: Governmental Public Health Departments**—meets the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.
- **Category B: Workforce Segments Across Governmental Public Health Departments**—meets the priority CBA needs of one workforce segment across two or more health department types: state, tribal, local, or territorial. Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C addresses the CBA needs of target populations *outside of governmental public health departments*.

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

## Funding

All funded activities must adhere to the following budget period and period of performance:

- Budget Period Length: 12 months (August 1–July 31)
- Period of Performance Length: 5 years (August 1, 2018–July 31, 2023)

## For More Information

Contact Caroline Sulal, MBA, at [CSTLTSPartnersCoAg@cdc.gov](mailto:CSTLTSPartnersCoAg@cdc.gov) for more information about this initiative.

## Recipients of Funding Under CDC-OT18-1802: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

After an objective review, the following 39 organizations were awarded funding:

Organization	Category	Target Population
Association of State and Territorial Health Officials	A	State and territorial health departments
National Indian Health Board	A	Tribal health departments
National Association of County and City Health Officials	A	Local health departments
American Immunization Registry Association	B	IIS & Immunization Workforce across state, tribal, local and territorial health departments
Association of Maternal & Child Health Programs	B	MCH program directors and CYSHCN directors in state and territorial health departments
Association of State and Territorial Public Health Nutrition Directors	B	Public health nutritionists in state, tribal, local and territorial health departments
Changelab Solutions	B	Public health lawyers in STLT health departments
Council of State and Territorial Epidemiologists	B	State, tribal, local and territorial epidemiologists
National Alliance of State and Territorial AIDS Directors	B	Infectious disease workforce in state, local, and territorial public health departments
National Association of Chronic Disease Directors	B	State, territorial, and local public health chronic disease directors
National Environmental Health Association	B	Environmental health scientists and specialists employed in state, tribal, local and territorial governments.
National Network of Public Health Institutes	B	Health strategist workforce (leaders and mid-career professionals) in state, tribal, local and territorial health departments
Public Health Foundation, Inc.	B	Public health professionals in STLT health departments working to improve quality, performance, and outcomes of individuals, programs, and organizations
Public Health Institute	B	Chronic Disease Specialists across health departments
Society for Public Health Education	B	Health educators in STLT health departments
Task Force for Global Health	B	Public health informaticians in STLT health departments
America Walks, Inc.	C	Community partners focused on increasing and improving walkability
American Academy of Pediatrics	C	Pediatric health care clinicians
American Cancer Society	C	Hospital systems
American College of Obstetrics and Gynecologists	C	Obstetrician-gynecologists and other women's health care providers
American College of Preventive Medicine	C	Preventive medicine physicians
American Lung Association	C	Coalitions, patient advocacy organizations, and other community-based organizations addressing the prevention and management of lung disease
American Medical Association	C	Physicians



American Public Health Association	C	Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery systems
Asian and Pacific Islander American Health Forum	C	CBOs serving racial/ethnic minority communities
Association of University Centers on Disabilities	C	The national network of AUCD's member centers in every state and territory, as well as key public health partners
Health Research and Educational Trust	C	US hospitals and health systems
March of Dimes	C	Maternal and child health professionals
National Association of Community Health Centers	C	Health centers and the patients and communities in which they serve
National Conference of State Legislatures	C	State legislators and legislative Staff
National Council for Behavioral Health	C	Community behavioral health organizations
National Council of Urban Indian Health	C	43 urban Indian health programs
National Council of Young Men's Christian Association	C	YMCAs nationwide
National Foundation for Centers for Disease Control and Prevention	C	Community-based organizations
National Governors Association Center for Best Practices	C	Governors and their staff
Nemours Foundation	C	Statewide early care and education (ECE) nonprofit organizations
Prevention Institute	C	City governments
Proceed, Inc.	C	Chronic diseases prevention and treatment personnel in community based organizations
Smart Growth America	C	Transportation professionals and decision-makers

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