

Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance Overview

Need

- Improvements in public health infrastructure across state, tribal, local and territorial health departments (STLT). Areas of improvement include:
 - Performance management
 - Workforce development
 - Policy development
 - Public health system development and re-development

Response

- Initiate 1-year cooperative agreement initiative to provide capacity building assistance to STLT health departments
- Managed out of CDC's Office for State, Tribal, Local and Territorial Support
- Funding was awarded September 28, 2010

Goal

To ensure successful adoption of best or promising practices to address public health infrastructure investments, leadership development, public health system redevelopment, workforce development, and evidence-based public health practices.

Intent

- Improve public health infrastructure investment planning, coordination, implementation, evaluation, and adaptation of best or promising practices.
- Strengthen public health infrastructure to respond to both acute and chronic threats relating to the Nation's health such as emerging infections, disparities in health status, and increases in chronic disease and injury rates.

Eligible applicants

Eligible applicants are limited to the following national, non-profit, public health professional organizations funded through the competitive funding opportunity announcement CDC-RFA-HM08-805:

1. American Public Health Association (APHA)
2. Association of Maternal and Child Health Programs (AMCHP)
3. Association of State and Territorial Health Officials (ASTHO)
4. Council of State and Territorial Epidemiologists (CSTE)
5. National Association of County and City Health Officials (NACCHO)
6. National Association of Local Boards of Health (NALBOH)
7. National Network of Public Health Institutes (NNPHI)
8. Public Health Accreditation Board (PHAB)
9. Public Health Data Standards Consortium (PHDSC)
10. Public Health Foundation (PHF)
11. Task Force on Global Health (TFGH)

Funding

Type of Award: Cooperative Agreement

Fiscal Year Funds: 2010

Approximate Current Fiscal Year Funding: \$6,782,000

Anticipated Award Date: September 30, 2010

Approximate Total Project Period Funding By Parts:

PART I

Funding: \$4,000,000

Number of Awards: 5

PART II

Funding: \$582,000

Number of Awards: 3

PART III

Funding: \$2,200,000

Number of Awards: 6

Categories of Work

Part I: Capacity Building Assistance (CBA) to Improve Public Health

Infrastructure Investments

The purpose of Part I is to identify, synthesize, package, and disseminate best or promising practices for adaptation in the field. Part I also seeks to provide CBA to state, tribal, local and territorial health departments for implementing and evaluating best or promising practices that increase the effectiveness and efficiency of public health infrastructure investments that demonstrate greater reach and potential impact of limited resources and improved efficiency building on health reform efforts/projects.

Activity 1. Provide CBA to state, tribal, local, and territorial health departments for identifying, synthesizing, aggregating, disseminating, adapting, implementing and evaluating best or promising practices that increase the effectiveness and efficiency related to performance management, e-public health, cross-jurisdictional cooperation, leadership development, and public health system redevelopment.

Activity 2. Assess, develop, implement, and evaluate best or promising practices in public health workforce development that will increase the effectiveness and efficiency of public health infrastructure investments in performance management, business processes that improve service delivery, public health policy, public health apprentice or pipeline programs, leadership, and public health- healthcare system linkages.

Activity 3. Effectively evaluate and improve individual and collective grantee performance in order to achieve stated goals and objectives submitted under the “Strengthening Public Health Infrastructure for Improved Health Outcomes” funding opportunity announcement.

Part II: Capacity Building Assistance to Strengthen Workforce Development and Epidemiology Training

Strengthening the multidisciplinary public health workforce is a high priority at the federal, state, and local levels. CDC’s mission is to promote the health of the public by ensuring that the workforce has the knowledge and skills they need to protect the health of communities.

Activity 4. Applied Epidemiology Fellowship Program. Strengthening the public health workforce to perform critical functions related to epidemiology is a high priority at the federal, state, and local levels. Increasing the number of skilled epidemiologists is a high priority to protect the public’s health, as epidemiology is the scientific cornerstone of public health practice.

Activity 5. E-learning Resources. Utilizing and expanding upon existing e-learning technology and services is a high priority to provide high-quality learning resources, and make them readily available to the state, tribal, local and territorial public health workforce.

Part III: Capacity Building Assistance to Improve Adoption and Use of Evidence-Based Preventive Services

Expand adoption and use of evidence-based approaches and *The Guide to Community Preventive Services (The Community Guide)* (www.thecommunityguide.org) among state, tribal, local and territorial health departments and their partners by building capacity in locating, assessing, selecting, adopting, and implementing evidence-based preventive services that fit

health departments' needs and constraints. This Activity is intended to support the 'Research and Tracking Initiative,' which has been identified as one of four critical priorities for HHS as part of the implementation of the Affordable Care Act.

Activity 6. Provide technical assistance to state, tribal, local, and territorial government health decision-makers, practitioners, and their partners in how to use evidence-based approaches in general, and the findings and recommendations of *The Community Guide* in addressing their public health goals.

Activity 7. Develop and undertake targeted and (where appropriate) tailored education and training for state, tribal, local, and territorial health department staff and their partners on the value, adoption, and use of evidence-based approaches, in general, and *The Community Guide* specifically. Training formats may include, but are not limited to, in-person seminars or courses, continuing education, online webinars, train-the trainer workshops, action guides, etc

Activity 8. Incorporate assessment of the use of evidence-based approaches, in general, and *The Community Guide*, in particular, into competency development, capacity measurement, and accreditation standards-including the National Public Health Performance Standards Program (NPHPSP), Core Competencies for Public Health Professionals, and Public Health Accreditation Board. In addition, incorporate *Community Guide* evidence-based findings and recommendations into the development of Model Programs.

Activity 9 - Develop, produce, and disseminate targeted communication products for various users that promote awareness, adoption, and use of findings and recommendations outlined in *The Community Guide*. Potential users may be state, tribal, local and territorial health department staff and

their partners including state and local education agency staff, legislators, lawyers, health care and public health professionals, community health coalitions, health care systems, non-governmental organizations, businesses, faith-based organizations, and other traditional and non-traditional partners.

Measures

- **Part I: Capacity Building Assistance to Improve Public Health Infrastructure Investments**

The overall performance goal is to accelerate public health system redesign for effectiveness and efficiency by assisting state, tribal, local and territorial public health departments with adaptation, implementation and evaluation of best or promising practices in performance management, cross-jurisdictional cooperation, leadership development, public health system redevelopment, and evaluation or workforce development. The overall measure of effectiveness is having best or promising practices strategically and expeditiously implemented and evaluated by the public health departments.

- **Part II: Capacity Building Assistance to Strengthen Workforce Development and Epidemiology Training**

The overall performance goal is to ensure that the workforce in state, tribal, local, and territorial health departments has the knowledge and skills to protect the health of communities they serve, by providing them with: specialized scientific training such as: 1) competency-based applied epidemiology training, and 2) access to high-quality e-learning and other learning resources. The two key measures of effectiveness include: 1) at least 5 new applied epidemiology fellows are selected and placed in state, tribal, local, and territorial health departments where they will provide direct epidemiologic service and support during their fellowship tenure; and

2) a comprehensive e-learning management system that includes a central, coordinated, and organized robust clearinghouse of on-site and e-learning modules or resources from a large community of agencies is in place and readily available to public health workers in state, tribal, local and territorial health departments.

- **Part III: Capacity Building Assistance to Improve Adoption and Use of Evidence-Based Preventive Services**

The overall performance goal is to demonstrate measurable progress in the adoption and utilization of recommendations outlined in *The Community Guide* by state, tribal, local, and territorial health departments and their multi-sector public health stakeholders. The overall measures of effectiveness are: 1) the development and maintenance of adequate capacity to provide ongoing technical assistance and/or training on use of evidence-based approaches and the *Community Guide* to a significant number of state, tribal, local, and territorial health departments; 2) the incorporation of Community Guide recommendations into competency-based capacity, accreditation, and performance standards for health departments and their multi-sector public health stakeholders; and 3) the production of communication products about the Community Guide and its findings and recommendations that are judged by state, tribal, local, and territorial health department decision makers and their partners to be accessible, understandable, consistent with their preferences for how to receive information, and relevant to their needs.

More Information

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