

CDC-RFA-OT18-1803: Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement

Tribal Support Unit

**Office for State, Tribal, Local and Territorial Support (OSTLTS)
Centers for Disease Control and Prevention (CDC)**

Informational Conference Call

March 12 & 20, 2018

Agenda

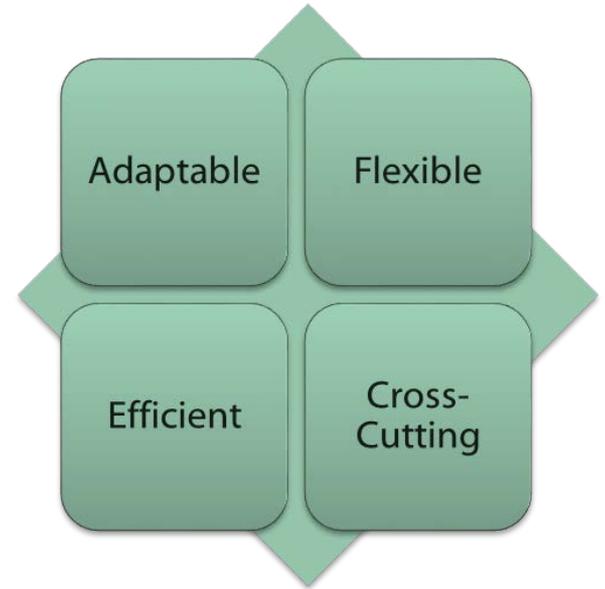
- Introductions
- Program Overview
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- Application Review and Selection Process
- Pre-Application Information
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Introductions

OSTLTS Tribal Support Unit

Office for State, Tribal, Local and Territorial Support

- OSTLTS advances the US public health agency and system performance, capacity, agility, and resilience
 - Technical assistance to state, tribal, local, and territorial health departments
 - Partnerships to improve health systems
 - Internal CDC coordination and support
 - Performance improvement
 - Capacity building



Tribal Support Unit

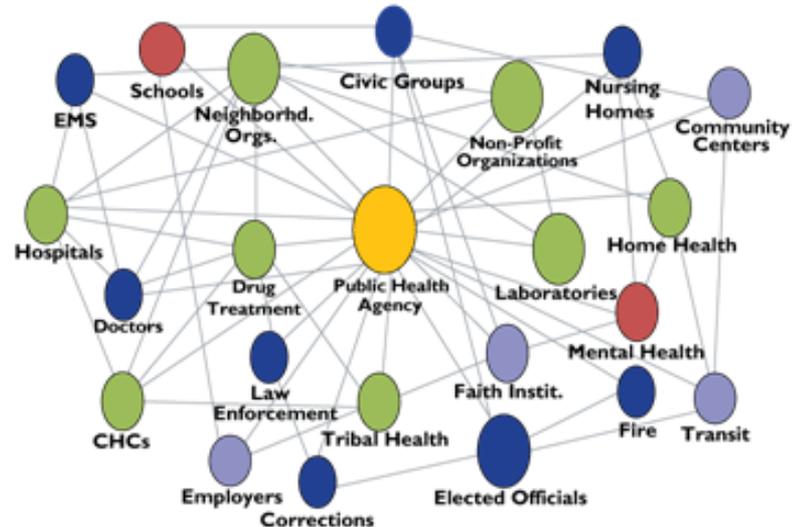


Program Overview: Tribal Public Health Capacity Building and Quality Improvement CoAg

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Background

- Call for transformation of the US public health system to include tribal public health systems
- Represents a complex and broad range of agencies, organizations, and individuals
- Emphasis to address challenges of limited strategic partnership with federal, tribal, state, and local partners



Relevant Work

- **Tribal Public Health Capacity Building and Quality Improvement CoAg** (CDC-RFA-OT13-1303) is a five-year cooperative agreement ending September 2018.
- Since September 2013, CDC has awarded six tribal and Native-serving organizations to focus on strengthening and improving the infrastructure and performance of tribal public health agencies and systems through capacity building and quality improvement.

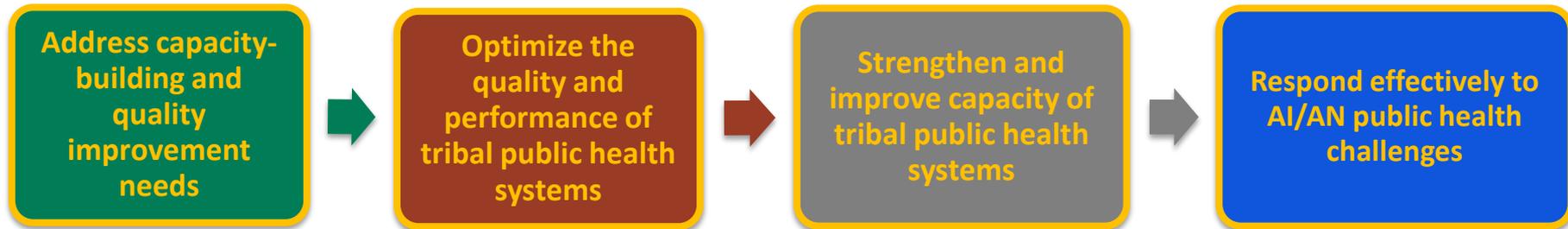
Tribal Capacity Building and Quality Improvement

- Information sharing
- Resource development
- Technical assistance
- Technology transfer
- Training



Purposes

- To provide resources for Indian Country to optimize the quality and performance of tribal public health systems
- To strengthen and improve the capacity of tribal public health systems to effectively respond to AI/AN public health challenges



Target Populations

- Tribal public health departments
- Workforce segments across tribal public health departments
- Nongovernmental tribal public health components

Logic Model

OT18-1803: Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement Logic Model

Strategic Areas and Activities	Short-term Outcomes	Intermediate Outcomes*	Long-term Outcomes*
<ol style="list-style-type: none"> Tribal Public Health System Infrastructure – Activities to improve Tribal public health operational capacity such as policies and plans, administration and management, and quality improvement. This includes assessments, studies, stakeholder analyses, etc. to identify needs and strengthen Tribal public health infrastructure and systems. Tribal Public Health Workforce – Activities to improve Tribal public health workforce competencies and retention. This includes activities to identify current competency needs and implementation of evidence-based/informed strategies, such as continuing education. Tribal Data/Information Systems, including Epidemiologic Surveillance Capacity Expansion – Activities to increase the use of data and information. This includes activities to improve health data collection, interpretation, and dissemination. Tribal Public Health Programs and Services – Activities to strengthen the ability to meet public health needs in a comprehensive manner. This includes activities to increase access to care and promote the use of culturally adapted evidence-based/informed programs and practices. Tribal Public Health Resources and Communication – Activities to improve provision of public health resources (e.g., education materials, information sharing methods, assessment tools, publications, evaluation tools) which are readily available and accessible throughout Indian Country. This includes activities to improve the communication of public health information, evidence-based science, and national recommendations to various audiences. Tribal Public Health Partnerships – Activities to improve development and maintenance of multi-sectorial, results-driven partnerships at various levels. This includes activities to build and maintain active partnerships internal and external to the Tribal public health system. 	<p>Increased implementation of tools and processes that build operational capacity and effectiveness</p> <p>Increased use of core and discipline-specific public health competencies among public health workers</p> <p>Improved tribal health data collection, maintenance, interpretation, and dissemination of findings</p> <p>Translation of evidence-based/informed practices into culturally-appropriate public health programs, policies, and services</p> <p>Development of culturally relevant public health resources and communication tools</p> <p>Established multi-sectorial (e.g., schools, healthcare, public safety, commerce) partnerships to address capacity building and quality improvement</p>	<p>Increased use of nationally established standards, such as those for public health department accreditation</p> <p>Increased number of qualified public health workers</p> <p>Increased proportion of Healthy People 2020 objectives tracked regularly at the tribal level</p> <p>Implementation of culturally practice-based evidence programs and services</p> <p>Culturally relevant public health resources and communication tools are used</p> <p>Increased coordination of multi-sector partnerships to generate collective public health impact</p>	<p>Decreased morbidity and mortality among AI/ANs</p> <p>Advanced capacity of Indian Country to identify, respond to, and mitigate public health threats</p> <p>Improved capacity of the workforce to deliver essential public health services</p> <p>Culturally-appropriate practice-based evidence programs and policies that are effective and sustainable throughout Indian Country</p> <p>Improved capacity to collaboratively and strategically address AI/ANs' health needs and advance health equity</p>

*Outcomes may overlap between Strategic Areas.

Program Strategic Areas

Program strategies include activities to improve

1. **Tribal Public Health Systems Infrastructure** – Operational capacity such as policies and plans, administration and management, and quality improvement
2. **Tribal Public Health Workforce** – Workforce competencies and retention
3. **Tribal Data and Information Systems** – Collection, management, interpretation, and dissemination of data to guide decision-making improvement
4. **Tribal Public Health Programs and Services** – Ability to meet tribal public health needs in a comprehensive manner using culturally adapted evidence-based/informed programs and practices strengthened
5. **Tribal Public Health Resources and Communication** – Provision of public health resources which are readily available and accessible throughout Indian Country improved
6. **Tribal Public Health Partnerships** – Development and maintenance of multi-sector, results-driven partnerships at various levels.

Program Outcomes

- The capacity-building and quality improvement efforts performed under this program should work toward the bolded **short-term** and **intermediate** outcomes in the logic model.
- Recipients are expected to achieve the selected program outcomes and report any additional outcomes accomplished.

**Capacity Building
and Quality
Improvement**



Improved Public Health Capacities and Capabilities

- Tribal Public Health Systems Infrastructure
- Tribal Public Health Workforce
- Tribal Data and Information Systems
- Tribal Public Health Programs and Services
- Tribal Public Health Resources and Communication
- Tribal Public Health Partnerships

Two-Part Funding Strategy

This NOFO has a two-part funding strategy.

- **Funding Strategy 1: Initial Funding**

- Responsive applications are objectively reviewed
- Initial funding may be awarded by OSTLTS or other CDC centers, institutes, or offices (CIOs)

- **Funding Strategy 2: CIO Project Plans**

- **Recipients of Funding Strategy 1 awards** are eligible to apply for additional funding
- CDC will publish and compete CIO project plans according to geographic category and/or target population
- Proposals submitted in response to the CIO project plans are reviewed

NOFO Requirements

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Eligibility

- Federally recognized AI/AN tribal nations
 - Native American tribal governments (federally recognized)
 - American Indian or Alaska Native tribal governments (federally recognized)
- Regional AI/AN tribally designated organizations
 - Native American tribal organizations (other than federally recognized tribal governments)
 - American Indian or Alaska Native tribally designated organizations

Applicants that meet the eligibility criteria must also meet responsiveness criteria to advance to Phase II (objective review).

Responsiveness

- Federally recognized AI/AN tribal nations must demonstrate support from **the tribe** by providing an official letter from a currently elected tribal leader or a tribal resolution
- Regional AI/AN tribally designated organizations must demonstrate support in the form of tribal resolutions or letters of support from a currently elected tribal leader or a tribal resolution from **at least half** of the tribes within the organization's service area
- Applicants are permitted to submit **only one** application to meet the needs of the intended target population. If multiple applications are submitted by one organization, the earliest application submitted will be reviewed. All applications after that will be deemed non-responsive.

Geographic Category

Categories A, B, and C address the capability-building and quality improvement needs of the target populations within the Health and Human Service (HHS) regions:

- **Category A:** HHS regions I,II, III, and IV
- **Category B:** HHS regions V, VI, and VII
- **Category C:** HHS regions VII, IX, and X



Target Populations

- Tribal public health department(s)
 - An applicant focusing on this target population will address the priority organizational-level capacity-building and quality improvement needs of a tribal public health department.
- Workforce segments across tribal public health department(s)
 - An applicant focusing on this target population will address the priority capacity-building and quality improvement needs of the tribal public health workforce.
- Nongovernmental tribal public health components
 - An applicant focusing on this target population will address the priority capacity-building and quality improvement needs of nongovernmental components of the tribal public health system.

Organizational Capacity

- Demonstrate ability to execute the program strategies, implement activities, and achieve expected outcomes by describing
 - Adequate staff planning
 - Program planning, performance management, and monitoring experience
 - Evaluation experience
 - Procurement activities
 - Financial reporting, budget management, and administration systems
 - Personnel management experience
 - Roles and responsibilities of existing and/or proposed partnerships

Evaluation and Performance Measurement

- The NOFO proposes examples to demonstrate the types of measures that will show progress toward achieving program outcomes.
 - **Process measures** track the implementation of strategies and activities
 - **Outcome measures** determine progress in achieving outcomes
- Measures should clearly align with the strategies and outcomes, as defined in the NOFO and represented in the logic model.

Work Plan

- Develop work plan that provides a high-level plan for the five-year period of performance and a detailed plan for the first year.
- The work plan and budget should be developed in accordance with the average one-year award for the selected target population category.
- Five-Year Overview (narrative)
 - Intended outcomes for the period of performance
 - Intended strategies, activities, and outputs to be achieved by the end of the five-year performance period
 - Administration and assessment processes to ensure successful implementation and quality assurance

Work Plan, cont.

- One-Year Detailed Work Plan (table)
 - Applicants are required to use the table for first-year activities
 - Table must be completed for the budget period outcomes
 - If an activity leads to multiple outcomes, it should be described under each outcome measure

Period of Performance Outcome: <i>[from Outcomes section and/or logic model]</i> <i>Example 1: Improved collection, maintenance, interpretation, and dissemination of tribal health data</i>		Outcome Measure: <i>[from Evaluation and Performance Measurement section]</i> <i>Example 1: Number of organizations whose capacity to collect or enhance tribal health data was improved (e.g., new or improved surveillance system, collection of morbidity and mortality data among AI/ANs, established linkages across data systems)</i>	
<u>Strategies and Activities</u>	Process Measure <i>[from Evaluation and Performance Measurement section]</i>	<u>Responsible Position/ Party</u>	<u>Completion Date</u>
1. <i>Example: Tribal Data/Information Systems</i>	Number of staff trained on standardizing data collection processes	Health Director	March 2019
2.			
3.			
4.			
5.			

Documentation Requirements

Submit the following information:

- Tribal Support Documentation
- Project Abstract
- Project Narrative
 - Background, Approach, Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan
- Budget Narrative
- CDC Assurances and Certifications
- Table of Contents for Entire Submission
- Resumes/CVs
- Letters of Support
- Organizational Charts
- Indirect Cost Rate, if applicable
- Work Plan

Other Requirements

- Address all evaluation criteria
- Submit all acceptable attachments in PDF file format
- Submit **no more than one** application
 - Each application must identify the target population
- Submit applications to Grants.gov by **April 24, 2018, 11:59 pm (EDT)**

Letter of Intent

- Submit via email attachment to OSTLTSTribalNOFO@cdc.gov by **March 30, 2018, 11:59 pm (EDT)**.
- *The letter of intent is strongly encouraged and enables CDC to plan NOFO activities accordingly.*

Submission Process

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Prior to Submitting Application

- An organization must be registered at the following locations before it can submit an application for funding:
 - Data Universal Numbering System (DUNS)
 - Must be completed first
 - Takes up to 2 business days to process
 - Contact: 1-866-705-5711 (toll free)
<http://fedgov.dnb.com/webform/displayHomePage.do>

Prior to Submitting Application, cont.

- System for Award Management (SAM)
 - Require DUNS number
 - Takes up to 14 business days to process
 - Contact: www.SAM.gov
- Prior to submitting an application on Grants.gov, an organization must register on Grants.gov:
 - Require DUNS number, SAM account, and Employer Identification Number (EIN)
 - Process usually takes about 5 days to complete
 - Takes up to 8 weeks to be fully registered and approved in system

Application Review and Selection Process

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Review and Selection Process

- Phase I – Eligibility and responsiveness
- Phase II (Funding Strategy 1) – Objective review of responsive applications
- Phase III – CDC funding priority and preferences
- Post review (Funding Strategy 2) – Review of responsive work plans
 - Objective or technical review
 - CDC funding preferences

Evaluation and Scoring Criteria

- Approach (40 points)
- Evaluation and Performance Measurement (30 points)
- Applicant's Organizational Capacity to Implement the Approach (30 points)
- Budget (reviewed, not scored)

Follow the scoring criteria for your selected target population category.

CDC Funding Preferences

- Preference will be given to applications that
 - Avoid duplication of capacity-building and quality improvement services to the same target populations.
 - Ensure funding of organizations that provide capacity-building and quality improvement services to target populations not duplicated in other CDC funding mechanisms.

Key Dates

- Letter of Intent: **March 30, 2018, 11:59 pm (EDT)**
 - Identify applicant-type, geographic category, and target population(s)
- Application Deadline: **April 24, 2018, 11:59 pm (EDT)**
- Award Announcements (anticipated)
 - Funding Strategy 1: **August 1, 2018**
 - Funding Strategy 2: **September 1, 2018**



Pre-Application Information

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Pre-Application Submission

- *Register now* with [Grants.gov](https://www.Grants.gov)
- Sign up to receive notifications for CDC-RFA-OT18-1803
- Become familiar with the [Grants.gov](https://www.Grants.gov) website
- Ensure your organization has the following readily available and current:
 - Data Universal Numbering System (DUNS) number
 - Employer Identification Number (EIN)
 - System for Award Management (SAM) registration
 - Central contractor registration number
 - Bank account information

NOFO Resources

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Resources

- NOFO Web Page: <https://www.cdc.gov/tribal/cooperative-agreements/tribal-capacity-building-OT18-1803.html>
- NOFO Mailbox: OSTLTSTribalNOFO@cdc.gov
- Grants.gov Support: Call 1-800-518-4726 or email support@grants.gov

Q&A Discussion

Thank You!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

