

Notice of Opportunity of Funding: CDC Workforce Improvement Project

Project Title:

Public Health Emergency Preparedness and Response Applied Research and Practice Training Program

Application Deadline: Monday, July 5, 2021 by 11:59 EST

Workforce Improvement Projects (WIPs): WIPs are non-research domestic or international projects that provide workforce development opportunities in academic or public health practice settings. These public health practice projects are developed and funded by programs in CDC Centers, Institutes, and Offices (CIOs) and conducted by CDC's academic association partners or their members (e.g., colleges, universities) through the administration of extramural subawards. These academic association partners are currently funded under NOFO CDC-RFA-OE17-1701 as follows: Association for Schools and Programs of Public Health, Association for Prevention Teaching and Research, Association of American Medical Colleges, and American Association of Colleges of Nursing.

Funding CIO: Center for Preparedness and Response

Strategic Priority Areas:

- Increase the capability of the existing workforce.
- Strengthen systems and capacity to support the workforce.

Award Information

Budget: \$400,000

Anticipated Award Date: September 01, 2021

Budget Period Length: 10 months (completion date: June 30, 2022)

Description: Natural disasters and humanmade hazards that threaten the public's health and safety can happen anywhere and at any time in the United States. In recent years, the frequency and magnitude of disasters has increased. The Centers for Disease Control and Prevention (CDC)'s Center for Preparedness and Response (CPR) works to ensure that CDC and state, tribal, local and territory (STLT) public health departments are prepared to respond to public health threats wherever and whenever they occur. CDC plays a pivotal role in ensuring that state and local public health systems have the knowledge they need to prepare for, respond to and recover from any public health hazard or threat. However, successful prevention, mitigation, response, and recovery activities often require a whole-community approach. This approach can easily be hampered by an unprepared workforce and more general public lack of understanding of public health's role and the science of public health emergency preparedness and response.

Formal training in public health occurs through the nation's college and university system, is often expensive,

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and can only reach small portions of the population at any given time because of enrollment limitations. Informal training or targeted training on specific practices like personal protective equipment (PPE) use or contact tracing has increased to respond to demands of the COVID-19 pandemic. An organized infrastructure is needed to rapidly expand opportunities for the general public to gain a better understanding of public health preparedness and response research and practice and to enhance the PHEPR research knowledge of already trained public health and related professionals.

Need for Project: The field of public health emergency preparedness and response (PHEPR) is vast, described in part through CDC's Public Health Emergency Preparedness (PHEP) capabilities. These focus on the functional aspects of response but also on aspects expanding beyond those capabilities to include understanding the root cause of disasters; how to prevent and mitigate disasters; and the impact of disasters on people and the broader social, ecological, and infrastructure context, are all crucial. Preparing the public and current and future workforce in the field of PHEPR is critical to build the capacity of communities to adequately respond to public health threats. Expanding community knowledge in PHEPR research and practice can support a culture of health in the communities they serve and impact the overall health of communities through effective systems and population health strategies.

Creating a structure around already available on-line, public courses is the first step towards ensuring appropriate knowledge is available for dissemination. Developing a certification training program as a next step can provide the education and preparation to help improve our nation's understanding of PHEPR, perhaps leading to improved capacity to and engagement in response and shaping the future of the workforce to support response. Finally, making the public aware of the need for and availability of these trainings, and supporting the tracking of their use, is the final step in creating an innovative approach via a publicly available, multi-certificate public health emergency preparedness and response training program to merge academia and practice.

Target Population: The target population is the general public, public health practitioners, healthcare professionals, laboratorians, epidemiologists, veterinarians, first responders, educators, and students.

Outcomes: The purpose of this WIP is to leverage existing resources to expand public health training by rapidly creating a publicly, widely disseminated, multi-certificate public health emergency preparedness and response applied research and practice training program. This project should result in a training program that is focused on PHEPR that can be packaged and tailored for multiple audiences, including the general public, public health practitioners, healthcare professionals, laboratorians, epidemiologists, veterinarians, first responders, educators, and students in other fields. The training program should include courses that can be used and applied in a local context and result in knowledge gained which advances the workforce in public health mitigation, preparedness, response, and recovery. The program should emphasize the science base of public health, describe scientific principles, and encourage further development of knowledge as a natural extension of public health practice. The goal of this WIP is to (1) create a certification approach across several PHEPR areas that are amenable to self-learning; (2) develop a multi-certificate public health emergency preparedness and response applied research and practice curricula across several PHEPR areas; and (3) to disseminate the trainings and certifications to be used by stakeholders, partners, and the general public. The final products will be packaged and promoted on CDC, national partner, and other websites so they can be accessed by the general public and used by the public health and other practitioners.

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Contribution to Public Health Workforce: Expanding community knowledge in public health emergency preparedness and response (PHEPR) research and practice can support a culture of health in the communities they serve and impact the overall health of communities through effective systems and population health strategies.

Key Activities: The recipient is expected to accomplish the following activities:

- Develop at least five certificates with supporting curricula, as determined by subject matter experts (SMEs), in PHEPR specific areas (e.g., applied research and evaluation, policy, emergency management, community resilience), based on the adult education model with a focus on public health.
- In close partnership with SMEs, determine the goal of each certification including the courses and the number of hours that can fulfill the goal (e.g., seven courses for fifteen hours to obtain the certificate). Each certification should include an introduction to PHEPR and at least one course on PHEPR science. Some of the certifications should be targeted to the general public and others should be targeted to public health or related practitioners.
- Collaborate with CDC TRAIN, schools of public health, or other sources to populate the curriculum with pre-existing courses for little to no cost. If a course or courses deemed significant are not available in the public forum, the recipient shall work with CDC to determine if a course can be developed or provided by an external partner or academic institution.
- Create a certificate portal on CDC TRAIN or a similar platform. Ensure the training program is widely available for the general public through dissemination efforts; ensure proper enrollment of participants; and develop and pilot a process to track participants; and evaluate the overall effectiveness of the training program. CDC-CIO staff will provide guidance in selection of the certificate and curriculum topics; identification of subject matter experts and coordination with other projects (e.g., CDC TRAIN); and review draft and final products. CDC-CIO staff will monitor completion of activities and review pilot test results.

CDC Activities: CDC-CIO staff will assist in selection of the certificate and curriculum topics; identification of subject matter experts and coordination with other projects (e.g. CDC TRAIN); and review draft and final products. CDC-CIO staff will monitor milestone completion and review pilot test results.

Eligibility: The applicant should have knowledge of and partnerships with public health education providers.

Review Criteria:

Technical Approach (40 Points): Applicants shall provide a discussion of their technical approach for providing the services required for this Workforce Improvement Project (WIP). This discussion shall be in the applicant's own words; not simply a regurgitation of the requirements listed. This criterion will be evaluated according to the extent that it reflects a clear understanding of the subject areas to be addressed and on the soundness, practicality, and feasibility of the applicant's technical approach for providing the services required for this WIP.

Management and Staffing Plan (20 Points): Applicants shall provide a management and staffing plan that describes their approach for managing the work outlined in this WIP by demonstrating their understanding of the labor requirements listed in this project description. This criterion will be evaluated according to the soundness, practicality, and feasibility of the management and staffing plan for this WIP. Applicants shall provide

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a detailed statement of staffing proposed for this WIP, including:

1. Résumés from key personnel (limited to 2 pages in length per résumés) outlining the credentials and background of key management, professional, and technical personnel to be used for this WIP, including the percentage of time on this and other projects
2. A detailed plan that describes current staff available for this WIP and how the team will interface with CDC. Letters of commitment must accompany résumés from any individual who is not currently employed by the applicant. For key positions, indicate the time the person(s) will have available to commit to this project.

Similar Experience (40 Points): Past performance information is one indicator of an applicant's ability to perform the work successfully. Provide information reflecting the applicant's organizational capacity for projects similar in complexity and scope. Proposed staff and the institution (applicant) should have demonstrated experience in knowledge synthesis, translation, dissemination, and evaluation. In addition, at least 20% of the proposed staff should have demonstrated knowledge and experience in public health preparedness and response at the STLT level. This criterion will be evaluated to determine appropriate experience of assigned personnel and of the applicant.

Additional Information: The following webpages may be of use while writing a project application:

www.train.org and www.coursera.org.

Application Criteria:

- **Project Abstract:** The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.
- **Project Narrative:** A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format. The narrative must be submitted in the following format:
 - 25: Maximum number of pages
 - Font size: 12 point unreduced, Times New Roman
 - Double spaced
 - Page margin size: One inch
 - Number of all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

Please include these for each WIP for which the applicant is applying:

- Summary
- Approach
- Evaluation and Performance Measurement
- Organizational Capacity to Implement the Approach

Additional information may be included in the application appendices. Note: appendices will not be

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counted toward the narrative page limit.

- **Budget:** (See Budget Worksheet Form 424A and Guidelines for Budget Preparation): Applicants should provide a budget; this will be in addition to the pages in the Project Narrative.

\$5000.0	*Administrative fee of 10% of the first \$50,000 of the award (capped at \$5,000)
\$8900.0	Association indirect fee (This reflects the maximum fee. Final association indirect fee might be less, depending on the awardee.)
\$386,100	Amount to be awarded per awardee
\$400,000	Total anticipated cost per award

**Note: A \$5,000 AACN administrative fee will be subtracted from each of the awards for this project.*

Funding Restrictions: Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

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.

See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: <http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html>.

Electronic Submission of Application: Application must be successfully submitted to ajacobs@aacnnursing.org by 11:59pm Eastern Standard Time on the deadline date.

For more information, contact:

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