

**ELECTRONIC CASE REPORTING (ECR) FOR TRIBAL NATIONS**

**February 2023-July 2023**

**REQUEST FOR APPLICATIONS (RFA)**

#### Funding Opportunity Overview

The National Indian Health Board (NIHB) is offering a funding opportunity for Tribes, Tribal organizations, consortium of Tribes, Tribal Epidemiology Centers (TEC), or other Tribal bodies with public health authority (PHA) to begin the implementation process of electronic case reporting (eCR) directly to the Tribal PHA. As sovereign governments, Tribal Nations are inherently public health authorities and have the legal authority to receive case reports on conditions of interest to them (“of interest” is defined by law or emergency public health authority). Tribes and Tribal public health authorities have faced difficulties in receiving real-time infectious disease case reports. eCR can provide real-time data to Tribal public health authorities to ensure a swift investigation process.

eCR is the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies. eCR securely transfers patient and clinical information from healthcare providers to public health for disease tracking, case management, and contact tracing. PHAs can elect to receive timely eCR data for specified conditions according to their needs and interests.

You can learn more about eCR at <https://www.cdc.gov/ecr/index.html>.

Public health agencies will receive the following benefits from eCR:

* Provide more timely and complete data to support outbreak management and monitor disease trends
* Efficiently monitor the spread of reportable diseases like COVID-19 during outbreaks and public health emergencies
* Reduce response time with automated information
* Improve communication and collaboration with healthcare by enabling bidirectional data exchange

NIHB will fund up to **two (2)** Tribes, Tribal organizations, consortium of Tribes, Tribal Epidemiology Centers (TEC), or other Tribal bodies with public health authority at a funding level of **$350,000** each. This is the second round of eCR funding provided by NIHB.

Subawardees will use these funds to achieve the following objectives:

* **Objective 1 - PREPARE:** Recipient will assess current data management and data storage processes and identify needs and gaps to successfully receive and process eCR data.
* **Objective 2 - CONNECT:** Recipient will establish the systems and processes needed to receive eCR data directly to the Tribal public health authority by establishing an S3 or SFTP connection to the Association of Public Health Labs (APHL) Informatics Messaging Service (AIMS) platform.
* **Objective 3 - AUTHOR:** Recipients will establish a set of criteria, or rules, in the CSTE Reportable Conditions Knowledge Management System (RCKMS) that will be used by Association of Public Health Laboratories Informatics Messaging Services (AIMS) to send the designated eCR data of Tribal citizens directly to the Tribal public health authority.
* **Objective 4 - COORDINATION and PARTNERSHIP:** Recipients will establish the necessary internal processes to ensure timely and successful project implementation.

This RFA is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of financial assistance awards totaling $1,150,000, Improving Electronic Data Access for Reportable Conditions For Tribal Governments, with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The completed application (Appendix A) is due by **11:59 PM Eastern Time on Wednesday, February 8, 2023**. The project period will run from approximately March 1, 2023, to July 31, 2023 (5 months).

NIHB staff will host a

**Pre-Application Webinar**

**Tuesday, January 17 from 2-3 pm Eastern Time**

Join the webinar at <https://us02web.zoom.us/j/86778862839?from=addon>

Additional questions about this RFA may be directed to Sarah Price, [sprice@nihb.org](mailto:sprice@nihb.org).

NIHB and CDC staff will not answer any questions or provide any information that may provide an unfair advantage to any applicants. Responses to questions received after the webinar will be addressed on the FAQs on the NIHB website.

**Eligibility**

In order to be considered eligible for this funding opportunity the following two criteria must be met:

* Applicants must be a federally recognized Tribe or Tribal organization as defined in the Indian Self-Determination and Education Assistance Act, as amended. Tribal Epidemiology Centers, as Public Health Authorities are also eligible to apply.
* Applicants must have a strong interest and/or demonstrated commitment to surveillance, data sovereignty, and/or eCR.

Applicants are welcome to apply for other funding opportunities offered by NIHB.

#### Project Requirements

Selected subawardees must:

* Complete all activities in an agreed-upon work plan.
* Sign and return a contract with NIHB that stipulates the amount of funds to be distributed, a schedule of funds distribution, Tribal points of contact, and deliverables. NIHB will furnish the contract after funding decisions are made and announced.
* Designate one main point of contact to serve as the project coordinator. Even if this person will not be leading all project activities, the Tribal partner must designate one individual with whom NIHB will directly communicate on all matters related to this project. This person will be responsible for submitting all deliverables, participating in conference calls, and completing evaluation activities.
* Permit NIHB to share project success, lessons learned and deliverables as part of a broader information dissemination strategy.
* Participate in peer learning trainings or awardee conference calls, as well as scheduled individual phone calls with NIHB and possibly CDC staff to discuss progress, barriers, or any technical assistance that may be needed.
* Participate in project evaluation and technical assistance activities,
  + Participate in a pre- and post-assessment as a deliverable to NIHB.
* Submit a final report and financial statement to NIHB by July 31, 2023, 11:59 pm ET.

NIHB and the CDC will provide selected sites with:

* Specified amount of funds.
* Technical assistance from NIHB and/or CDC staff for identified areas of need.
* Hosted webinars/conference calls, as appropriate, to support peer learning among Tribal partners.
* Connection to learning communities, national networks, existing technical assistance resources, and activities to support smoking cessation activities.
* Structured technical assistance events.

#### Application Process

1. Participate in the optional pre-application webinar on **January 17, 2023**.
2. Complete the application package (Appendix A). The following will comprise a complete application package:

* Application, Section A: Tribe and Contact Information
* Application, Section B: Application Narrative
* Application, Section C: Award Budget and Supporting Documents
* Application, Section D: Proposed Scope of Work
* Attachments:
  + Budget narrative and line-item budget (required)
  + Signed letter of support from Tribal official (required)
  + Indirect Cost Rate Agreement (if applicable)
  + Financial Audit with schedule of findings (required- can be submitted following acceptance)
  + Other Supporting Documentation (optional)

1. Submit all sections of the application package (as a single Microsoft Word document), the budget narrative and line-item budget, the letter of support, and additional materials, such as indirect cost rate agreement or a letter of support from a consultant or outside contractor to [sprice@nihb.org](mailto:sprice@nihb.org), by **February 8, 2023, at 11:59 pm ET**. The subject line of the e-mail should read: ‘**eCR for Tribes Application**”. No applications will be accepted by fax or postal mail. NIHB shall confirm the receipt of all applications.

#### Selection Process

* All complete applications will be reviewed by a team of qualified public health professionals with experience working in Indian Country, public health, public health surveillance, and/or eCR.
* Incomplete application packages will not be reviewed, nor considered for selection.
* NIHB shall notify all applicants of the status of their application by March 1, 2023.

**Instructions**: Fill out this application in its entirety by typing directly onto this document. Submit all sections of the application package (as a single Microsoft Word document), the budget narrative and line item budget, the letter of support, and additional materials, such as indirect cost rate agreement or a letter of support from a consultant or outside contractor to [sprice@nihb.org](mailto:sprice@nihb.org), by **February 8, 2023, at 11:59 pm ET**. The subject line of the e-mail should read: ‘**eCR for Tribes Application**”. No applications will be accepted by fax or postal mail.

**ELECTRONIC CASE REPORTING (ECR) FOR TRIBAL NATIONS (Data Sovereignty Project)**

**January-July 2023**

**APPLICATION**

|  |  |
| --- | --- |
| **SECTION A (required): TRIBE AND CONTACT INFORMATION** | |
|  | |
| **Name of Tribe**: | Click here to enter text. |
| **Point of Contact**  Contact information for the individual to be contacted for notification of application status: | **Name**: Click here to enter text. |
| **Title**: Click here to enter text. |
| **E-mail Address**: Click here to enter text. |
| **Phone Number**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |
| Contact information for the Tribal Health official/director | **Name**: Click here to enter text. |
| **Title**: Click here to enter text. |
| **E-mail Address**: Click here to enter text. |
| **Phone Number**: Click here to enter text. |
| Tribal health department/organization: | **Name**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |
| **Total Tribal enrollment**: Click here to enter text. | **Resident population** Click here to enter text. |
| **Size of reservation (sq. mi.):** Click here to enter text. | **Approximate population size served by health department or organization(number):**  Click here to enter text. |

|  |  |
| --- | --- |
| Name and Address where funding check should be sent should Tribe receive the funding (awardees will have the option to set up a direct deposit account for funds upon acceptance). | **Pay to the order of**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |

|  |  |
| --- | --- |
| **PROJECT COORDINATOR CONTACT INFORMATION** | |
| Contact information for the individual to serve as Project Coordinator (if the same as above, then leave all fields blank). **This person will be the main point of contact and be responsible for submitting all deliverables, participating in conference calls, and completing evaluation activities.** | Name: Click here to enter text. |
| Title: Click here to enter text. |
| E-mail Address: Click here to enter text. |
| Phone Number: Click here to enter text. |
| Mailing Street Address: Click here to enter text. |
| City, State, Zip Code: Click here to enter text. |

|  |  |
| --- | --- |
| **Electronic signature of health official (typed is permissible):** | Click here to enter text. |

|  |
| --- |
| **SECTION B (required): APPLICATION NARRATIVE** |

|  |
| --- |
| **Description of Need *(400 words maximum).* Please add a description of your current capacity and process for case reporting, including software used and challenges you encounter with reporting Reportable Conditions and receiving case report data for case investigations.** |
|  |

|  |
| --- |
| **Description of Improvements *(400 words maximum)******.* Describe how this project will increase your capacity and improve the current process.** |
|  |

|  |
| --- |
| **Describe Beneficiaries *(400 words maximum)******.* Answer who will benefit from the project and how they will benefit.** |
|  |

|  |
| --- |
| **SECTION C (required): AWARD BUDGET AND SUPPORTING DOCUMENTATION** |

|  |
| --- |
| **AWARD BUDGET** |
| **Please attach a line-item budget and budget narrative with this application as a separate Word, Excel, or PDF document**.  You are not required to add any information within the Award Budget sub-section of Section C- all budget information should be attached separately.  The requested budget should be appropriate to the level of effort required to engage in the proposed scope of work and produce the deliverables outlined in the next table.  Expected budget categories include salary, consultant, travel, supplies, equipment, other (subscriptions, fees, computer/internet services, printing, postage, etc.).  These funds will be provided as agreements for goods and services, and will be paid as follows:   |  | | --- | | 50% of the award will be paid at the beginning of the award cycle to begin activities included in the workplan. The balance of the award will be paid upon successful completion of all deliverables and NIHB’s receipt of the project deliverables and final report. |   **Awards may not** be used to: provide direct support to external individuals (e.g., delivery of patient care); construction projects, purchase large equipment; pay for food or beverages; support ongoing general operating expenses or existing deficits, endowment, or capital costs; or support lobbying of any kind.  **Awards can** be used for: salaries and wages, contractors, equipment, supplies, educational materials, implement training(s), or complete other activities in the workplan, infrastructure or IT improvements (restricted to up to 10% of total budget), and indirect costs (to claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. If you are claiming indirect costs, a copy of the most recent indirect cost rate agreement must be provided with the application).  The award will be $350,000 to complete the deliverables outlined in the work plan. |

|  |
| --- |
| **SUPPORTING DOCUMENTATION** |
| Please select the corresponding box for all supporting materials being submitted with the application package (they can be added as additional pages to this document or as a separate PDF).  Letter of Support from Tribal Health Official/Leader (mandatory). The signed letter of support must be from the Tribal health department’s director or CEO, the chair of the Tribal Health committee, Tribal chairperson, or other Tribal official that oversees all or a portion of the public health activities. The letter should include the governing body’s awareness of and/or commitment to the project activities and support for completion of all deliverables.  Indirect Cost Rate Agreement (if applicable)  Copy of most recent audit with schedule of findings (can be submitted upon acceptance- however, this is required prior to signing a Memorandum of Agreement)  Other (please identify: Click here to enter text.)  The applicant may submit additional material to demonstrate their commitment and experience with public health surveillance. However, these are not required for a complete applications package. |

|  |
| --- |
| **SECTION D (required): PROPOSED SCOPE OF WORK** |

Please complete the proposed workplan (on the next page). Activities and deliverables are pre-populated- these are required. However, you can add activities and deliverables as needed.

Use one table per objective, and number each objective accordingly. Each outcome and activity for that objective will be listed in the same table. Add additional tables for additional objectives.

Add additional rows to the tables below as needed to list more activities. Be sure to represent the full scope of your proposed work.

Please note that selected subawardees will have the following activities added to their MOA as requirements for this project:

* Provide information and feedback on project activities as requested via questionnaires and/or conversations with NIHB and CDC staff.
* Complete a pre- and post-assessment
* Create an evaluation plan

CONTINUE TO WORK PLAN TABLES ON NEXT PAGE

|  |
| --- |
| **TABLE 1. PROPOSED SCOPE OF WORK (some portions of the workplan are pre-filled, there are blank rows for additional activities to be added)** |

**All objectives and activities that are pre-populated in the work plan below are required****. Expand the table as desired if you would like to add additional activities as you see fit to help you meet the objectives.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Goal: To increase Tribal knowledge around and begin the implementation process of electronic case reporting (eCR) directly to Tribal public health authorities.** | | | | | | |
| **Objective 1: PREPARE: Assess current processes and identify needs and gaps to successfully transition to an eCR surveillance system** | | | | | | |
| **Activity** | **Person(s) Responsible** | **Deadline** | | **Deliverable(s) / Outputs** | **Progress Notes**  **(Leave blank – to be used during project implementation)** | |
| Activity 1.1: Attend eCR Tribal cohort meetings and scheduled trainings to increase knowledge and capacity around eCR. |  |  | | eCR Tribal Cohort meetings scheduled, agendas, and notes |  | |
| Activity 1.2: Conduct a review or scan of current case reporting processes and systems; and compare to existing processes and systems used by public health authorities (PHAs) currently receiving eCR. Gaps and needs to transition to a surveillance system will be identified. |  |  | | Completed review/scan |  | |
| Activity 1.3: Develop a report of the results of the review/scan and provide to NIHB and CDC. |  |  | | One (1) report |  | |
| **Objective 2: CONNECT: Establish the systems and processes needed to receive eCR data directly to the Tribal public health authority by connecting to the Association of Public Health Labs (APHL) Informatics Messaging Service (AIMS).** | | | | | | |
| **Activity** | **Person(s) Responsible** | **Deadline** | | **Deliverable(s) / Outputs** | **Progress Notes** | |
| Activity 2.1: Contact the Association of Public Health Laboratories Informatics Messaging Services (AIMS) and establish a communication channel. |  |  | | Documented communication channel established |  | |
| Activity 2.2: Create a Secure File Transfer Protocol (SFTP) or Simple Storage Service (S3) endpoint. |  |  | | Endpoint established |  | |
| Activity 2.3: Attend training(s) and/or webinar(s) to educate program staff around the use of the AIMS systems. |  |  | | Training/webinar attended, agenda, and notes |  | |
| Activity 2.4: Send AIMS team a list of zip codes that identify the Tribal jurisdiction. |  |  | | Tribal jurisdictional zip codes sent to APHL |  | |
| Activity 2.5: Test and implement an SFTP or S3 connection to AIMS to receive electronic initial  case reports (eICRs). |  |  | | Successful testing of SFTP or S3 connection |  | |
| **Objective 3: AUTHOR: Establish a set of criteria, or rules, that will be used by AIMS to send the designated eCRs of Tribal citizens directly to the Tribal public health authority.** | | | | | | |
| **Activity** | **Person(s) Responsible** | **Deadline** | **Deliverable(s) / Outputs** | | | **Progress Notes** |
| Activity 3.1: Establish the reportable conditions the Tribal public health authority (TPHA) plans to receive through eCR. |  |  | Reportable conditions established | | |  |
| Activity 3.2: Establish Reportable Conditions Knowledge Management System (RCKMS) authors. |  |  | Authors established | | |  |
| Activity 3.3: Meet with the Council of State and Territorial Epidemiologists (CSTE) and request authoring access. |  |  | Documented meeting with CSTE, agenda, and notes | | |  |
| Activity 3.4: Establish case criteria to be received by the TPHA. |  |  | Case criteria established | | |  |
| Activity 3.5: Publish rules for your condition(s) to production in RCKMS. |  |  | Conditions published | | |  |
| Activity 3.6: Develop a workflow process or plan around updating case criteria or establishing additional reportable conditions. |  |  | One (1) workflow process or plan developed | | |  |
| **Objective 4: COORDINATION and PARTNERSHIP: Establish the necessary internal processes to ensure timely and successful**  **project implementation.** | | | | | | |
| **Activity** | **Person(s) Responsible** | **Deadline** | **Deliverable(s) / Outputs** | | | **Progress Notes** |
| Activity 4.1: NIHB and the Sub-Awardee shall attend regularly scheduled meetings with the assigned program team to discuss project progress. |  |  | Regularly scheduled meetings, agendas, and notes | | |  |
| Activity 4.2: Work collaboratively with NIHB and the CDC to develop materials relating to eCR implementation at a Tribal public health authority. |  |  | Materials developed | | |  |
| Activity 4.3: Submit a report to NIHB documenting progress and deliverables at the end of the project period. |  |  | One (1) report | | |  |
| Activity 4.4: Hold internal project meetings to monitor workplan implementation, barriers and lessons learned. |  |  | Internal meetings held, agendas, and notes | | |  |
| Activity 4.5 Collaborate with in-jurisdiction healthcare organizations to educate about sending electronic initial case reports. |  |  | Collaboration notes | | |  |

**END OF APPLICATION**

Before submitting, ensure that you have included the following sections and attachments:

|  |
| --- |
| Application (As a single Word Document containing the Sections below)   * Section A: Tribe and Contact Information * Section B: Application Narrative * Section C: Award Budget and Supporting Documents * Section D: Proposed Scope of Work |
| Budget narrative and line-item budget (required- attachment) |
| Signed letter of support from Tribal official (required- attachment) |
| Indirect Cost Rate Agreement (if applicable- attachment) |
| Financial Audit with schedule of findings (required- can be submitted following acceptance) |
| Other Supporting Documentation (optional- attachment) |

Submit all sections of the application package (as a single Microsoft Word document), the budget narrative and line item budget, the letter of support, and additional materials, such as indirect cost rate agreement or a letter of support from a consultant or outside contractor to [sprice@nihb.org](mailto:sprice@nihb.org), by **February 8, 2023, at 11:59 pm ET**. The subject line of the e-mail should read: ‘**eCR for Tribes Application**”.