

Strong Systems Stronger Communities for Tribal Health Departments 2019-2020

Request for Applications (RFA)

#### Funding Opportunity Overview

With funding from the Center for State, Tribal, Local and Territorial Support, Division of Performance Improvement and Field Services, (CSTLTS / DPIFS) within the Centers for Disease Control and Prevention, the National Indian Health Board (NIHB) is offering a funding opportunity for Tribal health departments seeking to complete projects to improve their performance, meet national public health accreditation standards, and/or promote interconnection across the public health system to improve population health. This year’s Strong Systems, Stronger Communities (SSSC) builds off of the former Tribal Accreditation Support Initiative (ASI) funded from FY 2014-FY 2018 and FY 2018-2019 SSSC funding by offering projects options in performance improvement, system improvement (including systems integration), and public health accreditation readiness. The intended outcomes of SSSC include; increased performance improvement practice, increased innovation in response to system integration challenges, and progress toward national public health standards.

NIHB will provide funds to **up to 6 Tribes** in amounts ranging from **$5,000 to $12,000** each. Tribes can use these funds to demonstrate a measurable and tangible increase in their public health systems performance and/or integration.

The completed application (Appendix A) is due by 11:59 PM EDT on **Friday, September 20, 2019.** The project period will run from approximately October 31, 2019 through July 31, 2020.

NIHB and CDC staff will host a

**Pre-Application Webinar**

**Thursday, August 22, 2019 from 2:00pm-2:30pm ET**

[Register for the Pre-Application Webinar](https://nihb.webex.com/nihb/j.php?MTID=e4702c890c8ef6f94ab9fad348df2d77a) or cut and paste this address into your browser

<https://nihb.webex.com/nihb/j.php?MTID=e4702c890c8ef6f94ab9fad348df2d77a>

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.

**Eligibility**

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

* Applicants must be an official Tribal entity defined as a federally recognized Tribal Government, Tribal organization, or inter-Tribal consortium as defined in the Indian Self-Determination and Education Assistance Act, as amended.
* Applicants must have a strong interest and/or demonstrated commitment to pursuing public health performance and systems improvement or public health accreditation.
* Applications related to the pursuit of healthcare accreditations such as AAAHC, JCAHO or CARF are not appropriate for this funding opportunity and will be disqualified.
* Prior recipients of Tribal ASI and SSSC are eligible to apply for this opportunity.
* Applicants are welcome to apply for other NIHB awards, including other SSSC funding opportunities.

#### Funding Paths and Categories

There are two paths applicant can choose between- performance improvement (PI) projects to build public health capacity, and system improvement (SI) projects, which focus on incorporating health equity and interconnection of various systems that can impact the public health of the community.

Applicants must choose at least 1, but no more than 2 categories in PI and/or SI.

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Improvement Categories of Work** | | **System Improvement Categories of Work\*** | |
| ***Category 1*** | **Tribal Health Assessments and/or Health Improvement Plans**   * Projects that work toward developing, implementing or revising Tribal/State/Community Health Assessments and/or Improvement Plans   ***Description:*** *A Tribal or community health assessment is a collaborative process resulting in a document that describes the health of the population, identifies areas for improvement, identifies contributing factors that impact health outcomes and identifies community assets and resources that can be mobilized to improve population health. A THIP/CHIP is a long-term, systematic plan to address issues identified in the THA/CHA.*  See PHAB Standards and Measures version 1.5, standards 1.1 and 5.2 for more information. | ***Category 7*** | **Health Equity/Social Determinants of Health Activity/Project**  Public health program projects that address health equity or social determinants of health (SDOH) in a community (e.g., improved housing, education, law enforcement) |
| ***Category 8*** | **System Interconnection/Coordination Activity/Project**  Projects that improve the coordination/interconnection and efficiency of the public health system and service delivery.  Example projects can include collaborative projects between the Tribal health department and other Tribal department, developing new public health programs within or in partnership with the healthcare system, implementing interventions that will improve access to care, etc.  \***(Please note**: *For system improvement projects, priority will be given to those HDs that apply with letters of intent to collaborate from partners.)* |
|
| ***Category 2*** | **Strategic Plan**   * Projects that work toward the development, implementation or revision of a Health Department Strategic Plan   ***Description:*** *A Strategic Plan is a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does.*  See PHAB Standards and Measures version 1.5, standard 5.3 for more information. |
|
|
| ***Category 3*** | **Workforce Development**   * Projects that advance workforce development efforts, including workforce assessment and development/implementation of a workforce development plan   ***Description:*** *Workforce development activities are essential to ensuring high quality public health services. Workforce development strategies support the health department, individual staff members, staff development, and the overall workplace environment.*  See PHAB Standards and Measures version 1.5, standard 8.2 for more information. |
| ***Category 4*** | **Performance Management System**   * Projects that develop or implement a performance management system   ***Description:*** *Performance management (PM) is a process to monitor and improve public health performance and outcomes in a public health department. PM is the continuous use of four components: performance standards, performance measures, reporting of progress, and quality improvement.*  See PHAB Standards and Measures version 1.5, standard 9.1 for more information. |
| ***Category 5*** | **Quality Improvement Activity/Project**   * Projects that improve organizational efficiency and effectiveness through quality improvement activities. This may include quality improvement projects, quality improvement training, and/or development /support of an agency-wide quality improvement plan   ***Description:*** *Quality improvement (QI) activities are processes to monitor and improve public health performance and outcomes in a public health department.**QI is the use of a deliberate and defined improvement process, and refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes that achieve equity and improve the health of the community*  See PHAB Standards and Measures version 1.5, standard 9.2 for more information. |
| ***Category 6*** | **General PHAB Accreditation Readiness**   * Projects that encompass focused accreditation readiness efforts not specified above, such as: agency readiness assessment, cross-agency convening, staff engagement and orientation, gathering PHAB documentation, support of PHAB initial accreditation fees (up to 50% can be supported through this award; must choose second Category of work as well. Note: Accredited HDs cannot seek to use funds for re-accreditation fees.)   Refer to the [PHAB’s Standards and Measures Version 1.5](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf) for details and definitions of the specific domains. |

#### Project Requirements

Selected Tribal partners must agree to:

* Sign and return a Memorandum of Agreement (MOA) with NIHB that stipulates the amount of funds to be distributed, a schedule of funds distribution, Tribal point of contact, and deliverables. NIHB will furnish the MOA 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.
* All awardees must attend a 1.5-day awardee meeting coordinated by NIHB.
* For awardees who have not previously received NIHB’s Tribal ASI or SSSC grant, host and assist in planning a site visit by NIHB staff in the initial months of the project to review project activities, undergo a baseline assessment of public health systems or public health accreditation readiness, and coordinate the delivery of training(s) and technical assistance activities by NIHB. This site visit may also be attended by coaches from other Tribal health departments.
* Permit NIHB to share project success, lessons learned and deliverables as part of a broader information dissemination strategy.
* Participate in the monthly peer learning community 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, including pre and post assessments, and technical assistance activities.
* Submit a mid-year report in March, and a final progress report and all final deliverables to NIHB at the end of the project period.

NIHB and CDC will provide selected sites with:

* Specified amount of funds that will be paid in installments.
* For non-repeat awardees, an initial site visit to meet project staff, perform a baseline public health systems or accreditation readiness assessment, and review the project work plan.
* A coordinated 1.5-day in-person meeting with other awardees.
* 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.
* Facilitation of inter-Tribal partnerships as requested.
* Connection to learning communities, national networks, existing technical assistance resources, and activities to support PI and SI activities.
* Structured technical assistance events.

#### Application Process

1. Participate in the optional pre-application webinar on Thursday, August 22 at 2:00pm ET
2. Choose to apply for specific PI and/or SI activities (see page 2)
3. Complete the application package (Appendix A). The following will comprise a complete application package:

|  |  |
| --- | --- |
| Application, Section A: Tribe and Contact Information, Funding Category Selection |  |
| Application, Section B: Application Narrative and Scope of Work |  |
| Signed letter of support from Tribal official |  |

1. Submit all sections of the project application (as a single Microsoft Word document), the letter of support (as a PDF document), and all other additional materials (as a single PDF document) to Sarah Price, [sprice@nihb.org](mailto:sprice@nihb.org) 11:59 PM EDT, **Friday, September 20, 2019**. The subject line of the e-mail should read: **‘Strong Systems Stronger Communities Application’.** No applications will be accepted by fax or postal mail. NIHB shall confirm the receipt of all applications.

#### Selection Process

* Incomplete application packages will not be reviewed.
* All complete applications will be reviewed by a team of qualified public health professionals with experience working in Indian Country and/or public health performance improvement, systems improvement, and/or accreditation readiness.
* Applicants that currently or previously have received accreditation-readiness, performance improvement, or system improvement funding (e.g. previous ASI or SSSC funding) are eligible to receive funds but may not necessarily be prioritized.
* NIHB shall notify all applicants of the status of their application by October 9th, 2019.

**Appendix A:**

**Strong Systems Stronger Communities for Tribal Health Departments 2019-2020**

Application Package

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 letter of support (as a PDF document), and additional materials, such as letter of support from a consultant or outside contractor (as a PDF document) to Sarah Price, [sprice@nihb.org](mailto:sprice@nihb.org) by 11:59 PM EST on Friday, September 20, 2019. The subject line of the e-mail should read: ‘‘Strong Systems Stronger Communities Application’. No applications will be accepted by fax or postal mail.

**SECTION A: TRIBE AND CONTACT INFORMATION**

|  |  |
| --- | --- |
| Name of Tribe(s): |  |
| **CONTACT INFORMATION** | |
| Contact information for the individual to be contacted for notification of application status: | Name: |
| Title: |
| E-mail Address: |
| Phone Number: |
| Mailing Street Address: |
| City, State, Zip Code: |
| Contact information for the Tribal Health official/director | Name: |
| Title: |
| E-mail Address: |
| Phone Number: |
| Tribal health department/organization: | Name: |
| Mailing Street Address: |
| City, State, Zip Code: |
| Total Tribal enrollment: | Resident population |
| Size of reservation (sq. mi.): | Approximate population size served by health department or organization(number):        individuals |
| Name and Address where funding check should be sent should Tribe receive the funding | Pay to the order of: |
| Mailing Street Address: |
| City, State, Zip Code: |
| Electronic signature of health official (typed is permissible): |  |

|  |  |
| --- | --- |
| **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: |
| Title: |
| E-mail Address: |
| Phone Number: |
| Mailing Street Address: |
| City, State, Zip Code: |

|  |  |
| --- | --- |
| **APPLICATION INFORMATION** | |
| Applicants must choose at least 1 Category, but no more than 2 Categories for their project. Tribes may choose to work in PI, SI, or both. Applications with more than 1 category chosen or applications that chose categories in both PI and SI will not receive preference over those that only choose 1 category or choose only PI or SI, so choose category(ies) that best fits your needs and capacity.  See pages 2-4 of this document for funding category descriptions. | |
| **PI (Performance Improvement) Categories of Work** | **SI (System Improvement)**  **Categories of Work** |
| Category 1: **Tribal/State/Community Health Assessments and/or Improvement Plans**  Category 2: **Strategic Plan**  Category 3: **Workforce Development**  Category 4: **Performance Management System**  Category 5: **Quality Improvement Activity/Project**  Category 6: **General PHAB Accreditation Readiness** | Category 7: **Health Equity/Social Determinants of Health Activity/Project**  Category 8: **System Interconnection/Coordination Activity/Project** |

|  |
| --- |
| If the Tribal Health Department intends to apply for PHAB accreditation, when would that be?  Estimated date of PHAB application:  We do not intend to apply for PHAB accreditation  Unsure if we will apply |
| How many staff members will be working on this project (including teams, work groups, etc. in addition to the project coordinator)? |
| Amount being requested  $ |

**SECTION B: APPLICATION NARRATIVE AND SCOPE OF WORK**

|  |
| --- |
| **CURRENT AND PAST Performance Improvement (PI), PUBLIC HEALTH ACCREDITATION, OR Systems Integration (SI) EXPERIENCE (*250 words maximum)*** |
| *Describe the Tribal health department’s experiences with SI and/or PI, including public health accreditation based on the scope of your proposed project, both in the recent past and currently. This could range from internal discussions and planning that have taken place, training that has been received, activities that have been achieved, etc. An applicant will not be penalized if the Tribe has no experience in the category(ies) in which they are working. In this case, this space can be used to talk about why the Tribe wishes to engage in the proposed activity now.* |

|  |
| --- |
| **PROJECT SUMMARY *(250 words maximum)*** |
| *Based on the funding category(ies), provide a general description of the work the Tribe intends to undertake in the proposed project, the resources the Tribe will tap into to operationalize the plan, how the work will be sustained beyond the project period, if applicable, and how the funding will be spent. Moreover, please describe how the work you will undertake will result in measurable progress in the public health systems serving the Tribe. This should be a concise summary; details on* *activities and deliverables will be reported in the table below.* |

|  |
| --- |
| **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, as a separate PDF). 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 at the Tribal level). The letter should include the governing body’s awareness of and/or commitment to performance improvement, systems improvement, and/or public health accreditation as appropriate, awareness of the project activities, and support for completion of all deliverables. If funds are to be used to support a portion of public health accreditation application fees or salary for a project coordinator, then the letter should also state the Tribe’s intent to support the remaining fees or salary expenses, or otherwise indicate where those funds will come from  Letter(s) of Support from Other Entities (optional)  If the health department plans to use consultants or outside contractors for the completion of the work plan, a letter of support from that entity is highly encouraged.   * ***For system improvement projects, priority will be given to those health departments that apply with letters of intent to collaborate from partners (e.g., Healthcare partners, Social Services, First Responders).***   Other (please identify:      )  The applicant may submit additional material to demonstrate their commitment to PI, SI, and/or public health accreditation based on the category(ies) chosen, existence of external collaborators, etc. However, these are not required for a complete application package. |

|  |
| --- |
| **PROPOSED SCOPE OF WORK** |
| In the yellow table below, detail your proposed work in terms of these components.   * **Objectives:** Objectives are the specific aims for your work and should be written so that they are “SMART” (specific, measurable, achievable, relevant, and time-based). You might have several different or related objectives, or only one main objective. All objectives should be related to the overall project goal. * **Expected Outcomes:** Please develop anexpected outcome(s) for each objective written in the work plan. Consider what you anticipate to change as a result of achieving your objective(s) (such as increase in efficiency, increase of leadership buy-in, what additional benefits were gained). Each objective should have at least one expected outcome. * **Activities & Deadline:** Activities are the specific tasks and work that you will engage in to accomplish your objectives. You will have more than one activity per objective. Each activity should include an expected deadline for completion, such that while the overall objective may not be completed until July 31, 2020, the activities will likely occur throughout the project period. * **Deliverables:** Deliverables are what you will submit to NIHB to demonstrate achievement of your objectives (e.g., evidence of processes put in place, health assessment survey shared, PHAB documentation developed, draft plan completed, etc.). You should have at least one deliverable per objective, and may have smaller deliverables for some activities (not all activities will have a deliverable though). In considering your proposed deliverables, think about how the achievement of your objective will result in progress in terms of the Tribe’s PI or SI objectives, and how to measure and demonstrate that to NIHB. In addition, if your major deliverable for an objective will not be completed until the end of the project period, consider what interim deliverables for the related activities might be submitted to demonstrate progress. * **Assigned Funding:** This is the amount of funding estimated that a specific activity/deliverable will cost. This funding will be awarded to selected applicants conditionally upon completing the deliverable. Some activities may be assigned no funding, however all assigned funding for the project should add up to the total requested funding.   Additional Guidance / Information   * Use one table per objective, and number each objective accordingly. Each outcome and all activities for that objective will be listed within that same table. Add additional tables for additional objectives. * Add additional rows to the tables below as needed to list out more activities. Be sure to represent the full scope of your proposed work. * If intending to apply for public health accreditation before 7/31/2020 and intend to use these funds for application fees, be sure to include the application as one of the objectives, and list relevant deliverables as appropriate (i.e., evidence of PHAB registration or accepted PHAB application, completed plans). * Please note that selected Tribal partners 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, * Participate in a 1.5 day in-person NIHB training/meeting * Complete a mid-year report, and final report documenting the development of deliverables, improvements gained, changes in infrastructure and capacity, work with supported agencies and lessons learned throughout the project, * Submit deliverables for consideration in NIHB’s documentation repository. |
| **Continue to the Work Plan Table Below** |

**PROPOSED SCOPE OF WORK- WORK PLAN TABLE**

Please follow the SMART model for writing objectives:

**S**pecific: Objectives should provide the “who” and “what” of program activities. ...

**M**easurable: The focus is on “how much” change is expected. ...

**A**chievable: Objectives should be attainable within a given time frame and with available program resources.

**R**ealistic: Objectives should relate to the overall goal of the program or project

**T**ime-phased: What is the time frame for accomplishing the objective?

A SMART objective should answer: WHO will do WHAT resulting in MEASURE by WHEN.

Example: By November, 2020, performance improvement team at the Tribal health department will complete a first draft of a community health assessment.

Objective 1 is pre-filled with the deliverable to attend the mandatory in-person meeting.

**Budget:** The requested award amount 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.

These funds will be provided as agreements for goods and services:

|  |
| --- |
| $5000-$12,000, based on request |

NIHB will pay this funding in two installments- half the funding as an advance at the start of the award cycle, and the second half of funding following the completion of the award deliverables.

Funding should be assigned to each deliverable based on the estimated costs of completing that deliverable. Funds assigned to the “funding assigned” section of the workplan proposal should add up to the requested total funding for the grant. Not all activities need to be assigned funds. Awardees will receive funds conditionally upon completing the deliverable.

Awards **may not** be used to: provide direct support to external individuals (e.g., delivery of patient care); 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. Due to the size of the award, funds are not eligible to support indirect costs.

Budgets should reflect travel/training funds to attend the 1.5-day NIHB training (estimate airfare, 2-3 nights lodging, per diem, taxi, mileage to airport).

|  |
| --- |
| **Requested Funding Amount** ($5,000 – $12,000): **$** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objective 1: Awardee will attend the mandatory in-person meeting by December 20, 2019 | | | | |
| Expected Outcome 1: Staff will increase knowledge and skills on PI/SI, and build relationships with both other awardees and national partners. | | | | |
| **Activities** | **Deadlines** | **Deliverables** | **Person(s) Responsible** | **Assigned Funding** |
| Activity 1.1: Obtain necessary permissions to travel | 11/18/19 |  |  |  |
| Activity 1.2: Make staff travel arrangements | 11/18/19 |  |  |  |
| Activity 1.3: Attend the entire mandatory training by December 31, 2019 | 12/20/19 | Completed training |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objective 2: | | | | |
| Expected Outcome 2: | | | | |
| **Activities** | **Deadlines** | **Deliverables** | **Person(s) Responsible** | **Assigned Funding** |
| Activity 2.1: |  |  |  |  |
| Activity 2.2: |  |  |  |  |
| Activity 2.3: |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objective 3: | | | | |
| Expected Outcome 3: | | | | |
| **Activities** | **Deadlines** | **Deliverables** | **Person(s) Responsible** | **Assigned Funding** |
| Activity 3.1: |  |  |  |  |
| Activity 3.2: |  |  |  |  |
| Activity 3.3: |  |  |  |  |

Copy and paste additional tables here as needed if you have more than 3 objectives.

**Thank you for your application, and please contact Sarah Price,** [**sprice@nihb.org**](mailto:sprice@nihb.org) **with any questions.**