Academic Partnerships to Improve Health
Guide for Workforce Improvement Projects (WIPs)
Request Form – FY2014

- American Association of Colleges of Nursing (AACN)
- Association of American Medical Colleges (AAMC)
- Association for Prevention Teaching and Research (APTR)
- Association of Schools and Programs of Public Health (ASPPH)

WIPs are non-research domestic or international projects with a workforce development component that are developed, funded, and managed by the CIOs. Eligible projects must meet the criteria described in CDC’s policy, *Distinguishing Public Health Research and Public Health Nonresearch* ([www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf](http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf)). See the WIPs FAQ for more information and examples of WIPs.

CIO Instructions

- Submit completed proposal to your APIH Liaison by **November 21, 2014** or the date identified by your APIH Liaison. Your liaison will review the proposed projects to ensure they are nonresearch in scope.
- Complete the funding package and submit to academicpartnerships@cdc.gov by **April 13, 2015**.

Funding Package Instructions

- Complete the following:
  - WIP proposal form
  - Signed Certification of Fund Availability CDC Form 0.1385
  - Commitment Accounting System (CAS) Entry in IMPACII Screenshot. Commitment Document Number
    - AACN: CDCOE00003
    - AAMC: CDCOE00004
    - APTR: CDCOE00005
    - ASPPH: CDCOE00002
  - Submit the IMPACII request to FMO for approval before taking the screenshot.

CDC Form 0.1385 Instructions

- Cooperative agreement FOA title: CDC’s Collaboration with Academia to Strengthen Public Health Workforce Capacity
- FOA number: CDC RFA OE12-1201 (note: this is not the IMPACII CDN)
- Estimated award date: **May 27, 2015**.
- Grant number:
  - AACN: U36 OE000003-02
  - AAMC: U36 OE000004-02
  - APTR: U36 OE000005-02
  - ASPPH: U36 OE000002-02

Questions?

Contact: Dave Brownlee: aax2@cdc.gov (404) 498-2301
Sean Trimble, Program Coordinator, ggy8@cdc.gov (404) 498-0184
1. Project Title:
I-Scale Student Practicum Project

2. National Public Health Workforce Strategy Priority Area: (select all that apply)
- Enhance the education system
- Increase the capability of the existing workforce
- Improve pathways for public health careers
- Strengthen systems and capacity to support the workforce

3. Winnable Battle/Agency Priority Area, if applicable: (select all that apply) Not applicable
- Healthcare-associated infections
- HIV
- Motor vehicle injuries
- Nutrition, physical activity, obesity, and food safety
- Teen pregnancy
- Tobacco

4. Project Description: State the problem the project addresses; define the need for the project; identify target populations, if applicable (examples might include medical, nursing, or public health students; existing workforce in state or local health departments; a specific geographic area); and describe key outcomes to be achieved by the end of the project period.

Problem statement
Public health informatics (PHI) capacity is inadequate in many state, tribal, local, and territorial (STLT) health departments (HDs) to address not only urgent public health threats, but also routine and nonurgent information needs. Standard training methods do not always provide useful knowledge to solve real-world and real-time problems associated with data collection, integration, translation, analysis, visualization, and use of data for decision making during public health (PH) emergencies. CDC's Public Health Informatics Fellowship Program (PHIFP – http://www.cdc.gov/phifp/) has provided experiential learning and service through short-term, informatics technical assistance (Info-Aids) to STLT HDs. PHIFP, however, does not have the massive surge capacity for Info-Aids if the need arises in a public health preparedness or response scenario. The number of Info-Aid requests CDC receives are far more than the response capacity available because of the limited number of PHIFP fellows available for response activities (8–10 first- and second-year fellows/year). Many schools from which informatics fellows come, including Schools of Public Health (SPHs), schools of nursing and schools of medicine with informatics training programs, in contrast, offer practicum experiences for their students. In many of their courses and programs, these practicum activities are required.

Need for the project
Schools with informatics training programs need high-quality, informatics problem-solving and service-learning opportunities for students. This creates an excellent opportunity for CDC to align Info-Aid activities with the schools' practicum activities and meet surge capacity needs through the creation of a network of academic centers that participate in an innovative “franchised” Info-Aid delivery program. PHIFP needs to increase the informatics assistance provided to the STLT HDs through Info-Aids and also has a parallel need to increase the number of well-trained students who form the future workforce in public health informatics.

Target population, if applicable
1. Schools with informatics training programs, students meeting practicum requirements, faculty supervising practicum activities
## Workforce Improvement Projects (WIPs) Proposal Form

### Key outcomes

The key outcomes for this project include:

- Training students in informatics programs in applied public health informatics.
- Provision of technical assistance to address specific informatics needs in a participating STLT HDs
- The development of a partnership between the academic center and the STLT HD’s with the purpose of delivering informatics surge capacity for PH preparedness scenarios.

### How this project contributes to developing the workforce that contributes to the public’s health

Public health response to emergencies is an information-intensive activity, requiring timely and reliable information essential for situation assessment, resource mobilization, and coordination of multi-sector and multi-agency stakeholders. Such an endeavor requires availability of a trained informatics workforce and adequate infrastructure to enable access to and increase the availability and quality of information for response activities. STLT HDs have limited informatics workforce capacity, and they are stretched to their limits during PH emergencies. A solution is to develop surge capacity through an informatics workforce that can be available to deploy quickly during PH emergencies.

Academic programs that teach informatics are an excellent source of trained students seeking practicum opportunities for experiential learning. In contrast, STLT HDs have limited informatics capacity, including an aging information infrastructure and a workforce with gaps in PHI training. CDC PHIFP has been a leader in providing applied PHI training since 1996 and has conducted 92 Info-Aids thus far. By connecting the expertise available at CDC PHIFP with the resources available in academic centers to the informatics needs at STLT HDs, we can develop a sustained approach to building informatics capacity and advance surveillance, epidemiology, and laboratory practices that support PH preparedness and response activities in STLT HDs.

A project that trains existing state and local health department workforce in informatics known as the “Informatics Training-in-Place Program (I-TIPP)” is currently in place. However, no training program exists to prepare the future workforce in applied PHI. Such training can help develop an “Informatics Corps,” a network of informatics-trained persons who can be mobilized quickly for surge capacity during PH emergencies. By bringing together STLT HDs with academic center counterparts, a mutual benefit is created for both — academic centers benefit from the applied training opportunities created for students through practicums, and HDs benefit from the expertise that academic centers offer. This project proposes to train the students in PHI programs and related disciplines through academic centers by working on short-term technical assistance projects (Info-Aids) for HDs to gain applied PHI experience and proficiency in the information dimensions of PH preparedness and response.

The uniqueness of I-SCALE stems from leveraging:

1. The value of the CDC brand;
2. The Info-Aid as a service–learning package that matches academic practicum requirements;
3. Remotely delivered, innovative, applied PHI training; and
4. PHIFP capability to deploy and implement this service–learning package as a franchise to academic partners.

PHIFP has successfully completed 92 Info-Aids during 1996–2014, however; the number of info-Aid inquiries and requests in recent years from state and local health departments exceeds the ability of PHIFP to support them through PHIFP fellows. Apart from addressing this critical gap in providing technical assistance, this franchise partnership enables:

1. Creation of a multi-perspective learning ecosystem characterized by mutual interdependence and shared responsibility for developing the informatics workforce;
2. Ownership of informatics workforce development by academic centers, creating opportunities for supporting the integration of PHI in curricula of schools of public health;
3. Strengthening of local partnerships between academic centers and local public health, creating patterns of collaboration that can be translated to CBRN events;
4. Leveraging of unique intellectual capacities and strengths (faculty and students) of academic partners for service and learning;

Wider diffusion of informatics problem-solving knowledge to academic centers and communities they serve, including public health, making them an active part of CDC’s support systems for preparedness and response activities.

This project (I-SCALE student practicum) is a key component of the I-SCALE program and is limited to recruitment, selection and disbursement of funds to the academic centers.

### 5. Project Focus Area: (select one primary area)

- **Center for Global Health (CGH)**
  - Parasitic diseases and malaria
  - Global health protection
  - Immunization

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6. **Awardee Strategies and Approaches:** Describe possible strategies or approaches the awardee will address to implement the project. Note any required or recommended strategic partnerships or collaborations for implementing the project.

The overall objectives of the I-SCALE project are to:

1. Create a well-trained, contingent informatics workforce (“Informatics Corps”) available as surge informatics capacity to STLT HDs during PH emergencies;
2. Increase the informatics support to STLT HDs by providing short-term informatics assistance through local partner academic centers;
3. Create resilient "networks of action" in informatics by promoting collaboration between academic centers and state and local health jurisdictions; and
4. Inform and strengthen the academic curriculum in health and public health informatics by providing practicum opportunities to students.

CDC PHIFP has an existing mechanism for providing short-term informatics technical (informatics) assistance to STLT HDs through Info-Aids delivered by PHIFP fellows. The objectives of the I-SCALE project can be achieved by developing a franchise model to scale-up the number of Info-Aids by using local partnerships between academic centers and STLT HDs to train the future PHI workforce and to increase informatics capacity available to STLT HDs through Info-Aids.

To achieve these objectives through I-SCALE, CDC PHIFP would partner with the National Academic Associations to fund academic centers (schools of public health, nursing, medicine and other member schools) that have an informatics training program focused on improving population health, and a student practicum requirement of at least 160 hours. The applicant schools must also have:

Active faculty participation in training and supervision of practicum students and related programs to use the students in these programs to implement Info-Aids. A phased approach, including a timeline, to the franchisee model of Info-Aids is described in the following.

**FY 2015**

**Phase I: Preparation (Q1: Oct–Dec)**

CDC Informatics Workforce Development Team (IWDT): Design and develop a package of Info-Aid franchise (I-SCALE) materials, including an Info-Aid handbook, training package (consists of a series of one hour lectures on problem solving in public health informatics and case studies), memorandum of understanding, and related forms.

**Phase II: Recruitment and Selection (Q2: Jan–Mar)**

1. National Association: assist CDC ISCALE to contact academic programs and STLT HDs to recruit pilot sites for implementing I-SCALE (Cohort 1).
2. CDC IWDT: Consult with STLT HDs to identify potential informatics projects related to PH preparedness.
3. CDC IWDT: Identify a timeline for Info-Aid project implementation with academic centers and STLT HDs.
4. CDC IWDT: Develop evaluation plan for assessing the need for improvement of process and program.

**Phase III: Implementation (Q3/Q4: Apr–Sept)**

1. CDC IWDT: Start implementing faculty and student orientation/training.
2. CDC IWDT: Start implementing Info-Aids.
   (Note: Several ongoing activities might occur in Nos. 1 and 2 at different times, depending on when partners are enrolled in I-SCALE.)

**Phase IV: Evaluation (Q3/Q4: Apr–Sept)**

1. CDC IWDT: Evaluation of outcomes of training activities.
2. CDC IWDT and WIP partner: Evaluation of I-SCALE products and process (franchisee materials, recruitment, and selection).
3. CDC IWDT and Academic Center: Formative/summative evaluation (assessment) of student learning outcomes.
4. CDC IWDT, Academic Center, and STLT HD: Evaluation of service outcomes with STLT HDs.

For evaluation activities, the National Association would assist CDC with collecting the data and program reports from subawardees.

7. **CDC-CIO Staff Activities:** Describe expected CDC-CIO project staff involvement in the project, including technical assistance and other program support and monitoring activities. Describe anticipated requirements for reporting.
8. **Special Eligibility Requirements**: If applicable, describe and provide justification for any special requirements that would relate to eligibility to apply for the funding opportunity. This might include requirements related to organizational capacity or unique skills or expertise needed to successfully execute the project. Applicants will be required to substantiate that they meet these requirements.

Not applicable.

9. **Review Criteria**: Applications will undergo an objective review process. Clearly describe the criteria that will be used to evaluate applications. List criteria by importance in descending order and assign scored values for each criterion; the total value should equal 100 points.

The review criteria CDC ISCALE will use to assess the viability of subawardee applicants include the following:

1. **Curriculum in Health Informatics, Health Information Technology, or Public Health Informatics (25 points)**
   a. Does the applicant offer course or courses in health informatics, health information technology, or public health informatics?
   b. Does the applicant offer practicum opportunities to the students in health informatics, health information technology, or public health informatics?
   c. Does the applicant promote interdisciplinary research and training?

2. **Existing Partnerships with Health Department(s) (25 points)**
   a. Does the applicant have experience working with a local and/or state public health agency?

3. **Coordination and Collaboration (25 points)**
   a. Does the applicant demonstrate a commitment to work with others to further the goals of this project?
   b. Does the applicant describe how it will leverage existing relationships and build new ones to achieve the activities of this project?

4. **Organizational Capacity (25 points)**
   a. Does the applicant have faculty member(s) who have experience supervising students in field practicums?
   b. Does the applicant have individuals who have experience working in public health agencies?
   c. Does the applicant have students who have basic informatics training and are qualified for independent work with minimal supervision?
10. **Other Information**: Provide additional information that would be useful for applicants, such as web links to more information about the CDC program or other reference materials.

Applicants may refer to the PHIFP web site to learn more about CDC Public Health Informatics Fellowship Program:

[http://www.cdc.gov/PHIFP](http://www.cdc.gov/PHIFP)

11. **Total Duration of Project**: ● 1 year ○ 2 years

12. **Approximate Total Project Period Funding**: Provide a funding estimate, subject to availability of funds. Include awardee direct and indirect costs.

   - AAMC: $30,005
   - ASPPH: $44,995
   - APTR: $44,995
   - AACN: $30,005

13. **Approximate Average Award**: Provide an award estimate for the first 12-month budget period, subject to availability of funds.

14. **Approximate Number of Awards** (CIOs may fund one or more proposals)

   **Budget Planning Worksheet**
   - Administrative fee of 10% of the first $50,000 of the award (capped at $5,000)
   - Association indirect fee (varies by association, not to exceed $8,900 per award)
   - Amount to be awarded per awardee
   - Total anticipated cost per award

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