National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (NCSTLTPHIW)

Mission: To improve public health outcomes by strengthening the public health infrastructure and workforce of the United States.

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Center Organizational Chart
https://www.cdc.gov/infrastructure/bios.html

Points of Contact
Tribal Support (OTASA)
Office of Rural health
Strengthening Public Health Systems and services in Indian Country Cooperative Agreement
National Partner Cooperative Agreement
Fellowship Programs
Eip-Aids
Lab-Aids

Priority Areas and Activities

- Public Health Infrastructure and Capacity Support
  - COVID Health Disparities Grant https://www.cdc.gov/publichealthgateway/partnerships/COVID-19-Health-Disparities-OT21-2103.html
  - Public Health Infrastructure Grant https://www.cdc.gov/infrastructure/phig/index.html
- Preventive Health and Health Services Block Grant https://www.cdc.gov/phhsblockgrant/index.htm
- Tribal Support
  - Strengthening Public Health Systems and Services in Indian Country Cooperative Agreement https://www.cdc.gov/tribal/cooperative-agreements/indian-country-services/nofo_overview.html
  - Tribal Public Health Capacity Building and Quality Improvement Cooperative Agreement https://www.cdc.gov/tribal/cooperative-agreements/tribal-capacity-building-OT18-1803.html
- Leveraging partnerships to help develop the capacity of state, tribal, local, and territorial public health systems
  - OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health Cooperative Agreement https://www.cdc.gov/publichealthgateway/partnerships/capacity-building-assistance-OT18-1802.html
  - Public Health Improvement Training https://nnphi.org/relatedarticle/public-health-improvement-training-phit/
  - Public Health Accreditation https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf
- Public Health Law Services
  - Tribal Public Health Law Resources https://www.cdc.gov/phlp/publications/topic/tribal.html
  - Public Health Law Academy https://www.cdc.gov/phlp/publications/topic/phlacademy.html
- Postgraduate Experiential Service-Learning Fellowships
  - Applied Public Health Informatics Fellowship Program https://www.cste.org/page/aphif-webpage
  - Public Health Informatics Fellowship Program https://www.cdc.gov/phifp/index.html
  - Applied Epidemiology Fellowship https://cstefellows.wpengine.com/

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- o Epidemic Intelligence Service (EIS) https://www.cdc.gov/eis/index.html
- o CDC Evaluation Fellowship Program https://www.cdc.gov/evaluation-fellowship/index.html
- o Laboratory Leadership Service https://www.cdc.gov/lls/index.html
- o Public Health Associate Program https://www.cdc.gov/phap/index.html
- o Prevention Effectiveness https://www.cdc.gov/pef/index.html
- o Presidential Management Fellowship https://www.cdc.gov/pmf/index.html
- o ASPPH/CDC Public Health Fellowship Program https://aspph.org/students-alumni/fellowships-in-ternships/
- Quality Training and Continuing Education
  - o CDC TRAIN: a national system used by affiliate member organizations to manage and share public health trainings. https://www.train.org/cdctrain/welcome
  - o Training and Continuing Education Online: a system for learners to earn continuing education credits, hours, or units from CDC. https://tceols.cdc.gov/
  - o CDC Learning Connection helps health professionals find CDC and CDC partner trainings and other learning resources. https://www.cdc.gov/training/learning/
- Leading CDC's Rural Public Health Strategy https://www.cdc.gov/ruralhealth/docs/rural-health-aag-508.pdf
- Managing the CDC/ATSDR Tribal Advisory Committee https://www.cdc.gov/tribal/consultation-sup-port/tac/index.html
- Coordinating CDC's government to government relationships with tribes https://www.cdc.gov/tribal/consultation-support/tribal-consultation/index.html
- Connecting tribes and tribal-serving organizations to CDC and ATSDR programs

Center Level Technical Assistance Services and Programs

- National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities
  - o COVID-19 Health Equity Resource Library https://covidresources.nnphi.org/
  - o CDC's COVID-19 Health Equity Webpage https://www.cdc.gov/coronavirus/2019-ncov/commu-nity/health-equity/index.html
  - o COVID-19 Health Equity Technical Assistance https://covid19healthequity.org/
- Public Health Law Technical Assistance https://www.cdc.gov/phlp/technicalassistance/
- Strong Systems, Stronger Communities https://www.nihb.org/sssc/index.php
- Short-term technical assistance of fellows to state, tribal, local, and territorial health departments.
  - o An Epi-Aid is the mechanism CDC uses for public health authorities to request short-term (1–3 weeks) epidemiologic assistance. Epi-Aids allow rapid response by Epidemic Intelligence Service (EIS) officers. https://www.cdc.gov/eis/index.html
  - o A Lab-Aid is a mechanism for public health authorities to request laboratory assistance and is offered through the Laboratory Leadership Service. https://www.cdc.gov/lls/index.html
  - o An Info-Aid is a mechanism for public health partners to request informatics assistance and is offered through the Public Health Informatics Fellowship Program. https://www.cdc.gov/phifp/index.html

FY23 Funding Acitivities with Tribes, TECs, and THOs

- Strengthening Public Health Systems and Services Through National Partnerships to Improve Protect the Nation's Health (OT18-1802)
  - Period of Performance: 6 years (August 1, 2018–July 31, 2024)*
    - *Includes a 12-month cost extension
  - Five-year funding opportunity for organizations to implement activities to strengthen governmental and nongovernmental components of the public health system. The purposes of this program are to strengthen the nation's public health infrastructure; ensure a competent, current, and connected public health system; and improve the delivery of essential public health services through capacity-building assistance (CBA).
- The Preventive Health and Health Services (PHHS) Block Grant Program (Notice of Funding Opportunity OT19-1902)
  - The Preventive Health and Health Services (PHHS) Block Grant Program allows the 50 states, the District of Columbia, 2 American Indian tribes, 5 US territories, and 3 freely associated states to address their own unique public health needs and challenges with innovative and community-driven methods.
  - $146 million in total funding for FY23
    - Two tribes funded (Kickapoo Tribe- $46,512, and Santee Sioux- $46,512)
- Tribal Public Health Capacity Building and Quality Improvement (OT18-1803)
  - Period of performance length: 5 years (August 31, 2018–August 30, 2023)
  - Five-year cooperative agreement awarded to 25 AI/AN tribal nations and regional AI/AN tribally designated organizations. The recipients of this cooperative agreement work on activities to enhance the quality and performance of the tribal public health system, including infrastructure, workforce, data and information systems, programs and services, resources and communication, and partnerships.
  - Funding Strategy One provides a total of $550,000 annually among 25 recipients. This strategy supports building capacities and capabilities. Strategy One recipients are eligible for further funding under Funding Strategy Two.
- Strengthening Public Health Systems and Services in Indian Country (TO-23-0001)
  - Period of performance: 5 years (August 31, 2023 – August 30, 2028)
  - As of October 2023, CDC has provided nearly $26 million to 26 federally recognized American Indian and Alaska Native (AI/AN) Tribes and regional AI/AN Tribally designated organizations to improve Tribal public health infrastructure and services to Tribal communities.

Health Equity Updates

Goal: Increase the number of Division of Jurisdictional Support (DJS) information products publicly disseminated that contribute to the evidence-base about the role foundational public health capabilities play in the equitable implementation of essential public health services.

Milestones

- Implement a new monitoring and evaluation methodology for DJS tribal grants to begin to build evidence of what works in Indian Country.
- Develop and begin initiating a plan to build evidence to address DJS equity-related learning agenda questions through OT21-2103 and OT20-2004 monitoring and evaluation activities.

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- Plan and conduct Phase 1 novel and emerging practice evaluation studies with [OT21-2103](#) recipients to build evidence of what works in addressing COVID-19 health disparities.

Goal: Increase the proportion of DJS infrastructure and capacity-building grants and cooperative agreements that explicitly address health disparities or social determinants of health.

Milestones

- Monitor [OT21-2103](#) recipient use of funds and develop an evaluation plan to assess achievements toward intended outcomes to reduce COVID-19 health disparities.
- Coordinate and track the provision of technical assistance, tools, and training to [OT21-2103](#) recipients.

Goal: Increase the proportion of available legal datasets addressing issues of public health importance that are made available/accessible to specific requestors and/or the public whose intended use is equity-related.

Milestones

- Develop and provide trainings, presentations, and webinars to CDC CIOs and STLT health departments that include content on health equity, legal epidemiology, and the law.
- Establish a proposal intake process for new legal epidemiology research project partnerships that requires health equity considerations in the research design and creation of legal datasets.
- Identify and engage strategic STLT and CDC CIO partners to integrate equity-related content and analysis into legal datasets and technical assistance.
- Develop and provide trainings, presentations, and webinars to CDC CIOs and STLT health departments that include content on health equity, legal epidemiology, and the law.

Goal: Increase the proportion of Public Health Associate Program (PHAP) assignments that focus on underserved areas and/or work with populations who are underserved.

Milestones

- Create a process to gather, systematically code, and manage host site application health equity data.
- Begin to develop a robust curriculum around health equity for associates.
- Connect host sites with CDC or partner-developed health equity tools and information.
- Develop and deliver tailored technical assistance on how to apply to be a PHAP host site to tribes and/or other tribally focused organizations and agencies interested in hosting an associate.

Goal: Increase and sustain the demographic diversity of individuals who apply for Division of Workforce Development (DWD) fellowships, by improving recruitment strategies and reducing barriers to seeking and entering the fellowship programs. This goal supports the larger aim of growing a public health workforce that better reflects the diversity in communities served.

Milestones

- Characterize the race and ethnicity distributions of 1) fellowship applicants, to establish baseline values, and of 2) relevant applicant pools and comparative populations, to establish benchmarks
- Implement and evaluate the integration of implicit bias and situational judgement training into the Division's fellowship recruitment and application review processes
- By September 1, 2024, increase by 10% the amount of historically underrepresented candidates reached via tailored outreach through Handshake and other platforms.

Goal: Offer all DWD fellowship participants strengthened, evidence-based curricula related to applying health equity and diversity, equity, and inclusion (DEI) to public health, and routinely assess the associated learning progress. The target is for all fellowships to be strengthened in this way and for all fellows to benefit from the curricula. The broader aim of this goal is to increase the capability of public health practitioners to apply health equity goals to public health programs.

Milestones

- Identify evidence-based methods for teaching how to apply DEI and health equity to public health, which can be incorporated or adapted for fellowship curricula
- Draft a detailed work plan for modifying the DEI and health equity competencies, courses, and experiential learning activities, starting with those fellowships or courses with the widest reach
- Define a monitoring and evaluation plan for the curricula improvements, including the incorporation of DEI and health equity learning assessments into existing fellowship evaluation tools
- Based on evidence from the literature and partner feedback, refine and implement a detailed work plan for modifying the DEI and health equity competencies, courses, and experiential learning activities, starting with those fellowships or courses with the widest reach.
- Complete analysis of new data on race and ethnicity of key DWD fellowship programs' applicants and participants and share findings with fellowship recruitment leads, fellowship program staff, and division leadership for reflection and identification of potential areas for program improvement. The new data will allow us to compare two years' data points and to analyze race and ethnicity in more ways, based on best practices in reporting and interpreting this kind of information.

Goal: Offer all DWD leadership development program participants curricula that include evidence-based content related to being an effective leader in a diverse workplace, and increase and sustain the demographic diversity of DWD leadership development program participants. The broader aim of this goal is to strengthen public health leadership's capacity to make decisions based on diverse perspectives and life experiences.

Milestones

- Consult the literature and experts to identify appropriate, evidence-based approaches to developing leadership skills that meet the needs of a diverse workforce, and assess learning associated with the delivery of these approaches
- Conduct a CDC roundtable on leadership development programs, including a specific examination of health equity challenges and opportunities for improvement
- Characterize the race and ethnicity distributions of 1) program participants, to establish baseline values, and of 2) relevant tiers of CDC leadership, to establish benchmarks
- Continue working with CDC Office of the Director to assess leadership development needs agencywide, with an explicit focus on DEIA and health equity within leadership development programs.