



Center for State, Tribal, Local, and Territorial Support (CSTLTS)

Tribal Data Sharing Capacity SUB-AWARD

Notice of Funding Opportunity (NOFO) No.: CSTLTS-TDSC-2021

Key Dates:

Open Date	November 1, 2021
Close Date	December 1, 2021
Notification of Award	December 10 th , 2021
Period of Performance	8 months
Maximum Funding	\$65,000

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EXECUTIVE SUMMARY

The Southern Plains Tribal Health Board (SPTHB), Oklahoma Area Tribal Epidemiology Center (OKTEC) has received the Improving Tribal Data Sharing Capacity grant through the National Center for Chronic Disease Prevention and Health Promotion which is available through the Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement funded by the Center for State, Tribal, Local and Territorial Support (CSTLTS) at Center for Disease Control and Prevention (CDC). The SPTHB/OKTEC plans to subaward 1 Tribe or Tribal Organization within Oklahoma, Kansas or Texas to implement this project.

Collection of race and ethnicity data is critical to quantifying the disproportionate impact of different health conditions and is a first step in addressing health inequities. While race/ethnicity information are recommended and, in some cases, required to be reported, data are often incomplete. Reasons can include individuals not wanting to report their race/ethnicity, clinical process/provider practices during patient encounters, lack of policies requiring provider collection and reporting of this information, state/local challenges with the collection, storage and reporting of these data.

The COVID-19 pandemic has disproportionately impacted some racial/ethnic communities highlighting the importance of collecting race and ethnicity information to ensure rapid detection of and response to potential disparities. The fragmentation of the current public health surveillance system, however, contributes to incomplete collection of these data. As of 2/23/2021, CDC's COVID-19 Data Tracker reported that only 52% of reported COVID-19 cases included race/ethnicity information, and an MMWR reporting on vaccine administration in the first month of the COVID-19 vaccination program found that only 51.9% of vaccine data included race/ethnicity data. Incomplete data can lead to undercounting and distortion of the true magnitude of health disparities which can impact public health response activities and the distribution of resources.

American Indian and Alaska Native populations have experienced significantly higher COVID-19 incidence, hospitalizations and mortality, with an overall COVID-19 related mortality 1.8 higher compared to non-Hispanic White populations in 14 states. In addition to the issues impacting incomplete race/ethnicity data collection noted above, AI/AN persons are commonly misclassified as non-AI/AN races and ethnicities in epidemiologic and administrative data sets, leading to an underestimate of AI/AN morbidity and mortality.

A recent review of AI/AN COVID-19 case data reported in state systems and subsequently reported to CDC revealed variation across states in both the completeness of race/ethnicity data collected at the state level, and variation in the completeness of race/ethnicity data reported to CDC. While overall only 63% of the AI/AN cases reported to the CDC contained race/ethnicity data, there are states identified in the report that are collecting and transmitting more complete race/ethnicity data than others.

Ensuring more complete race/ethnicity data in public health surveillance systems is critical to support the ability of tribes and urban Indian health programs to leverage the unique Indian Health Service, Tribal and Urban Indian Health program clinical infrastructure and exercise the unique status of tribes as sovereign entities and their legal authority to respond to public health emergencies on their lands. The purpose of this funding is to increase the completeness of race/ethnicity data for American Indian/Alaska Native populations in public health surveillance data by providing direct funding to tribes, non-profit tribal organizations, and Tribal consortiums located within Oklahoma, Kansas, and Texas in order for them to implement specific activities in partnership with SPTHB.

The SPTHB-OKTEC will provide funding through a competitive process to federally recognized tribes,

non-profit tribal organizations, and Tribal consortiums of maximum amount of \$65,000 for 8 months. Only 1 tribe, non-profit tribal organization, or Tribal consortium will receive this award.

Awardees will receive up to a maximum of \$65,000 through a fixed cost, deliverables-based contract (described below), whose terms will be negotiated between SPTHB-OKTEC and the subawardee.

1. FUNDING OPPORTUNITY DESCRIPTION

A. Purpose

Collection of race and ethnicity data is critical to quantifying the disproportionate impact of different health conditions and is a first step in addressing health inequities. While race/ethnicity information are recommended and, in some cases, required to be reported, data are often incomplete. Reasons can include individuals not wanting to report their race/ethnicity, clinical process/provider practices during patient encounters, lack of policies requiring provider collection and reporting of this information, state/local challenges with the collection, storage and reporting of these data. Ensuring more complete race/ethnicity data in public health surveillance systems is critical to support the ability of tribes and urban Indian health programs to leverage the unique Indian Health Service, Tribal and Urban Indian Health program clinical infrastructure and exercise the unique status of tribes as sovereign entities and their legal authority to respond to public health emergencies on their lands. The purpose of this funding is to increase the completeness of race/ethnicity data for American Indian/Alaska Native populations in public health surveillance data by providing direct funding to tribes, non-profit tribal organizations, and Tribal consortiums located within Oklahoma, Kansas, and Texas in order for them to implement specific activities in partnership with SPTHB.

B. Roles

Role of the SPTHB: SPTHB will provide management and oversight of subaward as it relates to this funding opportunity. The SPTHB will provide support and technical assistance in order to build capacity and ultimately increase the completeness of race/ethnicity data for American Indian/Alaska Native populations in public health surveillance data. Will assist in identifying and building partnerships and identifying and implementing policies and best practices at the state, local, and tribal jurisdiction and clinic level that contribute to more complete collection and reporting of cases and race/ethnicity data.

SPTHB will assist in evaluating the impact of implementation of these measures on race/ethnicity data completeness.

Role of the sub-awardees: Sub-awardees are expected to work with their tribal epidemiology center (TEC) to do the following activities:

- Identify policies and best practices at the state, local, and tribal jurisdiction and clinic level that contribute to more complete collection and reporting of cases and race/ethnicity data.
- Engage Oklahoma State Department of Health Tribal Liaison (Stephen Weaver) for partnership.
- Engage partners at IHS.
- Collaborate with partners to assess gaps and barriers to data completeness for better reporting of complete data.
- Identify 1 reportable condition to target for implementation of policy and best practice.
- Identify 1 policy and best practice to implement for race/ethnicity data collection.
- Implement identified policy and best practice.
- Evaluate impact of implementation of these measures on race/ethnicity data completeness for the 1 reportable condition identified.

C. Expectations

The following are expectations of selected Sub-Awardees. These expectations must be included or

considered when writing the application narrative and work plan.

Strategic Areas: Each application narrative and work plan must include one or more of the following strategic areas:

- Tribal Public Health Systems Infrastructure – activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement.
- Tribal Public Health Workforce – Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention.
- Tribal Data and Information Systems – Activities to increase the use of data and information systems.
- Tribal Public Health Programs and Services – activities to strengthen the ability to meet public health needs in a comprehensive manner.
- Tribal Public Health Resources and Communication – activities to improve provision of public health resources that are readily available and accessible throughout Indian Country.
- Tribal Public Health Partnerships – activities to improve development and maintenance of multi-sector, results driven partnerships at various levels.

Each application work plan must include at least 2 of the following outcomes:

- Increased implementation of tools and processes that build operational capacity and effectiveness increased use of core and discipline-specific public health competencies among public health workers
- Improved collection, maintenance, interpretation, and dissemination of tribal health data
- Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
- Development of culturally relevant public health resources and communication tools
- Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement
- Increased use of nationally established standards, such as those for public health department accreditation Increased number of qualified public health workers
- Implementation of culturally practice-based evidence-based programs and services
- Increased coordination of multi-sector partnerships to generate collective public health impact

Each application work plan must include the following outputs:

- List of identified policies and best practices to support race/ethnicity data collection and race/ethnicity data completeness.
- Implementation of one set of recommendations for race/ethnicity data collection.
- Established partnerships for implementation of recommendations.
- Evaluation of the impact of implementing race/ethnicity data collection best practices and policies on race/ethnicity data completeness.

Each application work plan must include the following process measures:

- Number of identified policies and best practices to support race/ethnicity data collection and race/ethnicity data completeness.
- Number of partners receiving recommendations.
- Number of partnerships contributing to the success of this project.
- Evaluation plan in place to ensure successful implementation of recommendations.

2. ELIGIBILITY

Eligible tribal applicants are limited to the 43 federally recognized tribes residing within Oklahoma, Kansas and Texas that are not direct recipients of the OT18-1803 Cooperative Agreement. Non-profit tribal-serving organizations (including Urban Indian Clinics) and Tribal consortiums are also eligible. SPTHB-OKTEC will review qualifications of not for profit tribal entities to determine eligibility.

The SPTHB/OKTEC CSTLTS program staff is available to assist sub-awardee recipients in anyway the recipient needs.

The Work Plan template provided by SPTHB/OKTEC will serve as the application, workplan and project narrative for this funding request.

3. APPLICATION SUBMISSION AND TIMELINE

Open Date	November 1, 2021
Close Date	December 1, 2021
Notification of Award	December 10, 2021
Period of Performance	8 months

A. Application Guidelines

An electronic version (PDF, Word doc) of the Work Plan, organized as shown below, must be received by the SPTHB-OKTEC by 5:00 p.m. CST on the stated deadline. Applicants not meeting these requirements or not meeting formatting may be considered unresponsive and eliminated from scoring. The application should be submitted, as follow:

- Work Plan (please use the template provided and fill out all required sections:
- Budget (please use the budget section of the work plan template provided)
- For Tribal consortiums – please include a letter of commitment from all participating tribes. Designate one Tribe as the financial recipient.
- Most recent audit
- Completed W9
- Wire/EFT Form

B. Budget Instructions:

Each applicant must submit a budget narrative for no more \$65,000. The budget narrative must match up with the budget submitted with the workplan. Funds may not be used to conduct research or provide direct clinical care. However, funds can be used to support a healthcare organization to improve race/ethnicity data collection and reporting. Funds may coincide with the purpose, intent, and expectations outlined in this NOFO.

Based on availability of funds, we will award applicants up to \$65,000.

**Submit electronic application to:
Amber Martinez, CSTLTS Program Manager: amartinez@spthb.org**

4. FUNDING RESTRICTIONS

Subrecipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.

Funds may not be used for:

- Research
- Clinical Care
- Furniture or Equipment over \$5000 (Equipment purchases under \$5000 must be identified in the budget)
- Publicity and propaganda (lobbying):
 - 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:
https://www.cdc.gov/grants/documents/AntiLobbying_Restrictions_for_CDC_Grantees_July_2012.pdf
- All unallowable costs cited in CDC-RFA-OT18-18030202SUPP20 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards
- A subrecipient awarded funds by SPTHB/OKTEC under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) agrees to:
 - Comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19;
 - In consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and
 - Assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

Consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the subrecipient is expected to provide to SPTHB/OKTEC copies of and/or access to COVID-19 data collected with these funds. SPTHB/OKTEC will specify in further guidance and directives what is encompassed by this requirement.
