



April 1, 2005

Centers for Public Health Preparedness (CPHP) 2005-2006 Continuation Guidance

The five-year CPHP Program goals are to: (1) strengthen public health workforce readiness through implementation of programs for life-long learning; (2) strengthen capacity at State and local levels for terrorism preparedness and emergency public health response; and (3) develop a network of academic-based programs contributing to national terrorism preparedness and emergency response, by sharing expertise and resources across State and local jurisdictions.

Based on availability of funds and CDC strategic imperatives, key priorities for 2005-2006 CPHP activities are to: (1) collaborate with health and public health agencies across the nation to help them meet preparedness education and learning needs; (2) maximize outreach of existing preparedness materials; and (3) enhance the evidence base for effective preparedness education.

State, local, and territorial public health agencies who receive CDC terrorism preparedness funding will be expected to work toward achievement of Preparedness Goals (see draft version, attachment A). CPHPs should propose work with partner organizations as needed to assist them in meeting these goals related to community preparedness. CPHP program activities should be planned in collaboration with partners to ensure state and local preparedness needs are accurately identified, and agreements are reached regarding CPHP activity development and implementation.

Please submit completed program plans and budget using the instructions and templates that follow. The Principal Investigator and an official from your Business Office must sign the Interim Annual Progress Report. The report should include:

1. Current Budget Period Activities and Objectives (already submitted as April 1 Progress Report)
2. Current Budget Period Financial Progress (an estimate of unobligated funds anticipated at end of current program year)
3. New Budget Period Proposed Activities
 - a. Program Activities: Education/Training, Other Partner Requests, Supportive
 - b. Network Activities: Resource Center participation, Collaborative Groups, Other Networking
4. Detailed Line Item Budget and Justification

Additional details for developing your report are provided in the following sections.

Current Budget Period Activities/Objectives

The recent signed submission of your Semi-Annual Progress Report (due to CDC on April 1, 2005) will satisfy the requirements for this section of the report, which includes measures of effectiveness. If for some reason you have not submitted a completed and signed Semi-Annual Progress Report, please submit as soon as possible to ensure you meet the program requirements of this program and a continuation award can be processed.

Current Budget Period Financial Progress

Please complete an interim Financial Status Report (Standard Form 269) to provide an estimate of the overall obligations for the current budget period, including unobligated dollars anticipated at the end of the current budget period (August 31, 2005). Standard Form 269 may be downloaded at the website: <http://grants1.nih.gov/grants/forms.htm>. It is anticipated that unobligated funds will be used to support activities in the next program year in lieu of new money.

New Budget Period Proposed Activities/Objectives

CPHP activities are classified as either Program or Network activities. Based on the guidance that follows, please propose specific activities for the upcoming program year (September 1, 2005 to August 31, 2006) by completing the attached form for electronic submission. A sample is shown in Attachment B.

Program activities

Program activities should be designed to

- deliver competency-based training and education;
- meet identified specific needs of state and local public health agencies across jurisdictions; and
- build workforce preparedness and response capabilities.

CPHPs are strongly encouraged to work first with the State public health agency in which your university-based CPHP resides. Letters of support from community partners related to specific activities should be submitted. If not already occurring, CPHPs and state and local partners should agree on a mechanism(s) for on-going communication to enable development of long-term work plans and to help meet newly identified preparedness education needs.

Education and Training Activities

The primary focus of CPHP program activities is the delivery of education, training, and dissemination of new information related to enhancing emergency preparedness and response. Preparedness education activities may be either a) partner-requested based on a community need or b) academic or university student-focused. Examples of these activities include: courses, train-the-trainer programs, conferences, workshops, preparedness curriculum development, internships, and training exercises/drills, each of which should be evaluated for learning effectiveness. Each proposed education activity should produce a resource that can be shared with others.

Program plans and activities should be based on work agreements with key public health and other community partners. Plans for education should be based on previously conducted training needs assessments identified by the CDC State/Local Public Health Terrorism Preparedness cooperative agreement program #99051 or otherwise meet a newly identified need of state or local public health.

No new course development will be supported with CDC funds until a review of existing CPHP and CDC resources reveals a similar course does not already exist. Program plans should include identification, assessment, adoption, and adaptation of existing course materials and tailoring for local use. If no comparable educational materials exist, development of unique materials will be supported.

All educational programs and courses are expected to be evaluated or field tested with members of the target audience. At a minimum, field test evaluations should measure learners' attainment of the

learning objectives. Such measures may include traditional knowledge gain measures (e.g., written pre- and post-tests), behavior and skill demonstrations (e.g., performance-based tests), as well as self-assessed learner competence. Additional long-term evaluation measures are supported and strongly encouraged. CPHPs are encouraged to publish results demonstrating evidence of effective preparedness education.

Partner-requested Activities (Other than Education / Training)

Partners may request CPHPs assist with activities other than education or training. State and local agency partners and the CPHP should mutually identify needs that can be met based on CPHP qualifications, expertise, and resources available to commit to the specific activity. A scope of work, timeline, and implementation plan should be developed collaboratively. Each partner-requested activity must include an evaluation component or measure that assesses impact or improvement towards achieving a preparedness goal. Examples of this type of activity include: exercises or drills to assess participants' knowledge, skills, and abilities to respond; assistance with measuring key performance indicators of public health preparedness; and ongoing assessment of workforce education and training needs.

Supportive Activities

Supportive activities, determined by your CPHP, are activities needed for general support of preparedness education activities, outreach, partnerships, and CPHP program evaluation. Other examples of activities include: ongoing enhancement of resources for education or information dissemination; publications; convening state and local preparedness partners for on-going planning; and maintenance of learning management systems. Supportive activities involving State and local partners need to be planned collaboratively.

Network Activities

Each CPHP is required to participate in activities that enhance the preparedness network, maximize opportunities for sharing resources, and contribute to the national public health preparedness strategy. To ensure ongoing communication between CDC and the CPHPs, all Principal Investigators and their designated Program Directors and/or Coordinators are expected to participate on monthly teleconferences and travel to an annual CPHP All-Hands meeting(s).

Resource Center and Educational Calendar

Each CPHP is expected to submit to an Internet-based Resource Center a description of each preparedness education course or program, and identify what can be shared with others. It is expected a resource will result from each distinct education program activity supported by this cooperative agreement. The CPHP Resource Center is managed by the Association of Schools of Public Health (ASPH). Ongoing updates will include:

- Course / Program Title;
- Abstract / description that includes topics covered, intended audience, teaching methods;
- Learning Objectives and/or Competencies; and
- Evaluation Reports.

Information regarding educational offerings, courses, or programs that are open to enrollment are expected to be posted by CPHPs on the CPHP Educational Calendar, also managed by ASPH. Efforts will be made to link to other relevant similar course calendars to minimize duplication of effort. Submission of CPHP updates to the Resource Center and Educational Calendar will be tracked by ASPH and reported to CDC.

Collaboration Group Activities

Each CPHP will participate in Network Collaboration Groups to develop, highlight, and/or promulgate preparedness resources, standards, and tools for the benefit of a broad audience of federal, state, and local public health partners. Expert faculty should be designated by your CPHP to participate in those collaborative activities selected by your CPHP. It is expected that each group will meet 1-2 times in person during the program year, 1-2 times per month by telephone, and will conduct other work through email and listserves.

Please propose in which of the following collaborative activities your CPHP will participate. (Note: participation in some groups may be required based on your proposed Program activities.) Network Collaboration Groups for this program year are:

1. Preparedness Exercises and Measuring Performance – All CPHPs developing, facilitating, or evaluating preparedness exercises for state and local partners are required to participate. The group will assist CDC and state / local public health with measures of performance (KPIs) based on exercises and/or actual events.
2. Standards for Discipline Specific Preparedness Education – This group will complete the work that was initiated by the Exemplar group in program year one. In a collaborative process involving CPHP representatives, CDC, and public health practice partners, this group will complete and promulgate standard requirements for competency-based, discipline-specific public health worker preparedness education needed to improve consistency across the national network of a prepared workforce. (Participation in this group is voluntary this program year.)
3. Mental / Psychosocial / Behavioral Health Preparedness Education – The group will continue work initiated in program year one, with anticipated focus on development of a competency set for psychosocial preparedness education. The group will initiate development of and/or highlight resources for advanced training programs.
4. Preparedness Education Planning and Evaluation – This group, continuing work initiated in program year one, will focus on development of guidance for conducting training needs assessments for state and local public health workers, clinicians, and others. Training assessment methods and tools will be compiled. The group will begin developing draft guidance and plans for CPHP program evaluation to occur in subsequent budget years.
5. Select Agent Training (based on Final Rule) – Participants in this group will work collaboratively with CDC, state, and university laboratory partners to develop and implement a plan for the identification of needs and delivery of critical training related to Select Agent regulations passed on March 18, 2005.
6. Education Programs for Emergency Pharmaceutical Distribution – This group will work with CDC Strategic National Stockpile (SNS) to identify existing education programs, determine gaps, and collaborate on methods for disseminating materials and training.
7. International / Global Preparedness Education – This group will compile and review existing education resources available for international and global preparedness, including a focus on

international border issues. It is anticipated important resources will also need to be identified other than just those developed by the CPHP program.

8. Distance-learning Preparedness Programs in Collaboration with CDC (PHTN) – Each CPHP wishing to participate in this activity should submit a proposal for a 1 hour-long program based on a needed preparedness topic, to be delivered as a national broadcast via CDC’s Public Health Training Network (PHTN). PHTN typically reaches over 50,000 viewers live, and an ongoing national audience via archived video stream through the CDC website. The CPHP, in collaboration with CDC subject matter experts and PHTN broadcast staff, will take the lead in program development, i.e. determining target audience and competencies, and developing learning objectives, course content, slides, and script. The CPHP will need to commit funds (\$30-40K) for satellite time, ancillary contract support, and travel to Atlanta. Upon receipt of all ideas, and based on Agency priorities, topics proposed, and willingness of appropriated CDC expert staff to participate, a calendar of distance-learning preparedness programs will be developed. Note: Not all topics proposed may be accepted by CDC; for programs not supported, CPHP funds and effort will need to be redirected. Multiple CPHPs who propose similar topics will be expected to work together on the same broadcast.
9. Community College Contributions to Local Preparedness – All CPHP community colleges are required to participate in this collaborative group. The group will identify the role of and resources available from community colleges to support building local public health capacity. Experts from other CPHP colleges and universities are also encouraged to participate to provide input and guidance based on their local collaborations and experience.
10. Preparedness-Track Graduate Student Follow-up – CPHPs with program activities that support academic preparedness education tracks for enrolled college or university students are required to participate in this collaborative group. Members will discuss issues and develop recommendations related to measuring the impact of academic preparedness programs, methods for tracking graduates, recruitment to preparedness-related positions in public health, and other appropriate issues as identified by the group.
11. Preparedness Resources for Nurses – This group will compile and review existing critical preparedness education programs and materials that target 1) Public Health nurses, 2) school nurses, and 3) clinical / community-based nurses. Recommendations for improving promulgation and outreach of preparedness education for nurses will be explored.
12. Tribal Preparedness Resources – This group will compile and highlight available CPHP and other important preparedness education resources and tools targeting tribal nation preparedness, identify gaps in preparedness education, and propose how CPHP programs can further assist in future program years.
13. Preparedness Education for Special populations - This group will identify, review, and highlight available CPHP-developed and other significant preparedness education / information resources that target special populations, including extremes of age, race, and culture.

14. Simulator-based and Interactive Preparedness Training – This group will be comprised of experts who have developed or used simulators or other interactive training methods as part of preparedness education. The group will review methods, identify measured benefits and successes related to such methods employed for preparedness training and education.
15. Infection Control Tools for Public Health – This group will be comprised of CPHP experts who can help identify and assess available infection control education for public health, promulgate existing guidance, and develop tools for public health related to educating others in the use of personal protective equipment.
16. Media training for University Subject Matter Experts in Collaboration with State Public Health Partners – CPHP Principal Investigators or designated University preparedness experts will travel with their specific state public health partners to Atlanta for an opportunity to receive training provided by CDC experts on how to interact with the media during times of crisis, identification of appropriate spokesperson, and other related topics. The group will develop a guidance paper for the broad university community related to the university role in emergency.
17. New Modules to CDC Forensic Epidemiology Training - Enhancement (new modules) to the Forensic Epidemiology have been developed based on needs identified by state and local health agencies. Additional modules have been proposed (e.g. food safety). This group will collaborate with CDC, compile and review existing new modules, and as needed, propose and develop additional modules.
18. Learning Management Systems to Support Preparedness Education - This group will compare and contrast existing Learning Management Systems (LMSs), develop guidance on relationship of LMSs to CDC Public Health Information Network (PHIN) standards, and explore the use of SCORM and other data standards that enable e-learning and shared content platforms.
19. Veterinarian Preparedness Training – This group will work with faculty from Iowa State University and their national veterinary organization partners, to further promulgate existing veterinary zoonotic disease preparedness training, which includes modules for food animal veterinarians, food animal producers, and companion animal veterinarians. If planning to participate in this group, CPHPs should identify needs and interest in their states or regions for veterinary preparedness training.
20. CPHPs Involved in Project Public Health Ready – This group will provide a forum for all CPHPs working to support local public health worker education and training and other preparedness aspects associated with Project Public Health Ready. A document describing how universities can be utilized for enhancing local public health agency preparedness efforts will be developed based on the experience of CPHP–Public Health Ready program interactions.

Other Networking Activities

In addition to the listed Network Collaboration Groups, discussion forums based on common interests may also be convened and will be supported through scheduled conference calls and internet work space. Discussion forums will be developed based on the request and interest of

multiple CPHPs. While there will be no formal program requirements or budget associated with these forums, a one-page summary of resources, needs, and ideas for CPHP input should be developed based on the discussion topic.

Detailed Line-item Budget and Justification

Provide a detailed, line-item budget and justification of the funding amount requested to support program activities for the upcoming budget period. Complete the Standard Form 424A, which can be downloaded at <http://www.cdc.gov/od/pgo/funding/grantmain.htm>.

For the 2005-2006 program year, CPHP program activities and effort should be allocated as follows:

- 10-20% Network activities
- 80-90% Program activities

The majority of Program activities should directly provide needed preparedness education/training. CPHPs are not required to separate Program and Network activities in the detailed line item budget. The budget justification should indicate approximate proportion of effort and funding proposed for Program versus Network activities.

Guidelines for Budget Preparation, which can be downloaded at <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>, provide valuable information for compiling your budget in accordance with CDC regulations. Based on issues needing further clarification in CPHP budget submissions last year, please ensure you review requirements, as appropriate for

- consultants and professional services contracts;
- meal reimbursement; and
- travel.

Adherence to these regulations will allow for more efficient review and approval by CDC.

Please also ensure you are not requesting funds for activities that are covered in your Institution's indirect cost agreement. Indirect costs will be reimbursed at the eight percent rate used for training and education grants. If you are requesting indirect costs in your budget, you will be reimbursed at eight percent of total allowable direct cost, exclusive of tuition and related fees, and equipment, or at the actual indirect cost rate, whichever results in a lesser dollar amount. Contact your program administrator for further clarification.

A signed original and two copies of your Interim Annual Progress Report must be received by May 15, 2005, and mailed to:

Centers for Disease Control and Prevention (CDC)
Procurement and Grants Office
Acquisition and Assistance Branch VI
Attn: Angela Webb
2920 Brandywine Road, Suite 3000, MS K-69
Atlanta, Georgia 30341

Also a copy of your completed templates must be emailed by May 15, 2005 to the CPHP Program Official at LSteele@cdc.gov.

Please reference your cooperative agreement number on all correspondence. Refer to the program announcement for consistency with regard to program requirements and continuation of activities.

You must submit your report on time. A late or incomplete report may result in delay of the award and/or restriction in funds. CDC will only accept requests for a deadline extension on rare occasions and only after adequate justification has been provided.

Any programmatic questions regarding the submission of your application should be directed to your CDC Program Official, Lynn Steele, by telephone at (404) 639-7142 or email at LSteele@cdc.gov. Should you have any grants management questions, including questions related to your budget, contact Angela Webb, CDC Grants Management Specialist, by telephone at (770) 488-2784 or email at AWebb@cdc.gov.

Sincerely,

Sharon Robertson
Grants Management Officer
Acquisition and Assistance Branch VI
Procurement and Grants Office

Enclosures

cc: Alison Johnson
Lynn Steele
Angela Webb

ATTACHMENT A

CDC PREPAREDNESS GOALS (Draft)

CDC has developed preparedness goals designed to measure urgent public health system response performance, which are directly linked to health protection for the public.

Overarching Goal: Protect people in all communities from infectious, occupational, environmental and terrorist threats.

Pre-Event Goals -

Prevent: (1) Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

(2) Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

Detect and Report:

(3) Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food or environmental samples that cause threats to the public's health.

(4) Improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection in real time to those who need to know.

Event Goals -

Investigate: (5) Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Control: (6) Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

Post-Event Goals -

Recover: (7) Decrease the time needed to restore health services and environmental safety to pre-event levels.

(8) Improve the long-term follow-up provided to those affected by threats to the public's health.

Improve: (9) Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

ATTACHMENT B

Continuation Guidance Form for Electronic Submission

The following templates are to be used for proposing your 2005-2006 CPHP activities.

 <p>Centers for Public Health Preparedness (CPHP)</p> <p>EDUCATION AND TRAINING ACTIVITY</p>	
<p>Submit a completed form for each proposed education and training activity.</p>	
Name:	University of _____
Activity Number:	Assign a whole number (e.g. 1, 2, 3). 1
Activity Name:	Each activity name should be concise and should accurately describe the associated activity. CDC may edit names for program clarification.
Community Partner:	Each education and training activity should be based on an identified community need. Please indicate the specific federal, state or local public health partners you will be working with to provide this education and training activity and ensure it meets their need. If your activity is an academic program for enrolled college or university students and/or the university faculty community, please indicate 'Academic Program'. You are strongly encouraged to work with practice partners to ensure that the academic programs will meet long-term community needs.
Activity Description:	Describe the education and training activity including objective, content, topic(s), and method of delivery (what is being provided? how? for whom? to whom? by when?).
Evaluation Plan:	For this education and training activity, describe plan and measures for learning effectiveness.
Audience:	Identify the target audience for education materials.
Reach:	Indicate the approximate number of participants who will utilize this education or training during program year September 1, 2005 to August 31, 2006.
Completion Date:	Specify a date (month/year) by which the activity will be completed.



Centers for Public Health Preparedness (CPHP)

PARTNER-REQUESTED ACTIVITY (Other than Education/Training)

Submit a completed form for each proposed partner-requested activity other than education/training (CPHPs are not required to have activities in this category).

Name:	University of _____
Activity Number:	Assign a whole number (e.g. 1, 2, 3). 1
Activity Name:	Each activity name should be concise and should accurately describe the associated activity. CDC may edit names for program clarification.
Community Partner:	Each partner-requested activity should be based on an identified community need and be undertaken to support analysis, design, development, implementation, and/or evaluation related to achieving one or more preparedness goal. Please indicate the specific federal, state or local public health partners you will be working with to provide the partner-requested activity
Activity Description:	Describe the partner-requested activity including objective, content, and topic(s) (what is being provided? how? for whom? by when?).
Evaluation Method:	Describe method or measures to be used to assess impact or improvement.
Completion Date:	Specify a date (month/year) by which the partner-requested activity will be completed.



Centers for Public Health Preparedness (CPHP)

SUPPORTIVE ACTIVITY

Submit a completed form for each proposed supportive activity (CPHPs are not required to have activities in this category).

Name:	University of _____
Activity Number:	Assign a whole number (e.g. 1, 2, 3). 1
Activity Name:	Each activity name should be concise and should accurately describe the associated activity. CDC may edit names for program clarification.
Community Partner:	If applicable, indicate the specific federal, state or local public health partners you will be working with to provide the supportive activity.
Activity Description:	Describe the supportive activity including objective, content, and topic(s) (how much? of what? for whom? by when?).
Completion Date:	Specify a date (month/year) by which the supportive activity will be completed.



Centers for Public Health Preparedness (CPHP)

REQUIRED NETWORK ACTIVITIES

Submit one completed form for required network activities.

Name:	University of _____
Resource Center and Educational Calendar:	In the space below outline your plan for ensuring on-going contributions to the Resource Center and Educational Calendar.
Monthly PI Calls and Annual Meeting:	In the space below please state your commitment to participate in monthly calls and plan for travel to the Annual Meeting.



Centers for Public Health Preparedness (CPHP)

COLLABORATION GROUP PARTICIPATION

Submit a completed form for each collaboration group you wish to participate.

Name:	University of _____
Collaboration Group:	Insert name of collaboration group.
Interest and Expertise:	<p>Based on the information provided in the guidance about this specific collaboration group, provide a description of your interest in the group and the expertise you can contribute to the group including qualifications and experience.</p> <p>Note: For the Distance-learning Preparedness Programs in Collaboration with CDC (PHTN) group, you are required to also include in this section a proposal for an hour-long program on a needed preparedness topic.</p>
Designated University Faculty Assigned to Group	Contact Name: Contact Title: Contact Telephone: Contact Email: