FUNDING OPPORTUNITY

Partnering with Undergraduate Institution Educators to Build Pathways to Disease Intervention Certification
FUNDING OPPORTUNITY

Published: July 22, 2024

Funding Amount: One award up to $200,000.

Project and Budget Period: October 1, 2024 – September 29, 2025

Eligibility: This funding opportunity is available to CEPH-accredited ASPPH-member schools and programs of public health and members of the ASPPH Undergraduate Network for Academic Public Health.

Award Mechanism: ASPPH anticipates making a subaward in support of Cooperative Agreement No. 5 NU50CK000612-03-00, Assistance Listing No. 93.318 awarded by the Centers for Disease Control and Prevention (CDC)'s through Notice of Funding Opportunity (NOFO) number CK20-2003 titled Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats.

Timeline:

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Opens</td>
<td>July 22, 2024</td>
</tr>
<tr>
<td>Application Questions</td>
<td>July 22, 2024 – August 21, 2024</td>
</tr>
<tr>
<td>Intent to Submit Email Deadline</td>
<td>August 23, 2024</td>
</tr>
<tr>
<td>Application Submission Deadline</td>
<td>September 13, 2024</td>
</tr>
<tr>
<td>Review Period</td>
<td>September 16-27, 2024</td>
</tr>
<tr>
<td>Notice of Selection status</td>
<td>September 27, 2024</td>
</tr>
<tr>
<td>Project Period</td>
<td>October 1, 2024 – September 29, 2025</td>
</tr>
</tbody>
</table>
Objectives
The purpose of this Request for Proposal (RFP) is to identify a CEPH-accredited, ASPPH-member school or program of public health or an institutional member of the ASPPH Undergraduate Network for Academic Public Health to collaborate with in support of the CDC’s National DIS Certification Project. Leveraging a network of undergraduate institutions, the subawardee will develop frameworks, models, and recommendations for educational pathway programming that will prepare students to enter the Disease Intervention (DI) workforce and achieve the Disease Intervention Specialist (DIS) Certification. Disease intervention pathway programming is a means of recruiting, training, and sustaining the disease intervention workforce and certification. This project will focus on disease intervention job domains and tasks as well as flexible pathway models and frameworks to ensure equitable opportunity for a diverse disease intervention workforce.

Purpose and Background
National certification programs are used to ensure the competence and proficiency of professionals. They can also significantly contribute to increasing the workforce and retaining employees. Certification provides a formal mechanism for employees to validate their competence, knowledge, skills, and abilities. It also demonstrates the professional has met and consistently adhered to nationally established standards, ensuring a high level of proficiency and professionalism.

The Centers for Disease Control and Prevention (CDC), in cooperation with the Association for Schools and Programs for Public Health (ASPPH) and the National Board of Public Health Examiners (NBPHE), is supporting the National DIS Certification Project by developing a voluntary Disease Intervention Specialist (DIS) Certification program. The purpose of the DIS Certification is to improve clinical and public health outcomes through national partnerships to prevent and control emerging and re-emerging infectious disease threats. The project aims to:

- Standardize and validate knowledge, skills, and abilities of disease intervention professionals, increase quality and consistency of service delivery, support the recruitment and retention of a diverse disease intervention workforce.
- Recruit, train, and retain the disease intervention workforce and strengthen pathways from educational institutions to the disease intervention workforce and DIS Certification.

(2017 Final Report to the Centers for Disease Control and Prevention (CDC) prepared by the Public Health Accreditation Board (PHAB))

Disease intervention professional is defined as any public health professional who conducts disease intervention activities, including, but not limited to, the following: person-centered interviews, collection of enhanced surveillance and community assessment data, partner services to include contact tracing, field investigation, directly observed therapy, field specimen collection, filed investigation in outbreaks and emergency preparedness, community outreach, collaboration with medical providers, and navigation of healthcare systems to ensure evaluation and treatment of people diagnosed with or potentially exposed to infectious disease.
Relevant program areas include sexually transmitted infections (STI), human immunodeficiency virus (HIV), tuberculosis (TB), hepatitis, and other infectious outbreak investigation and emergency preparedness and response.

Implemented by the ASPPH Center for Public Health Workforce Development, the National DIS Certification Project contributes to the CDC’s workforce capacity efforts to improve public health services provided to communities by DIS through a high quality, standardized approach to the professional development of this workforce.

**Scope of Work**
The selected institution will work in consultation with ASPPH and be responsible for completing the following scope of work (SOW). Routine check-in calls and monthly progress reports required throughout the project period.

ASPPH is focused on the following outcomes:
1. Explore and characterize educational pathways for the disease intervention workforce through undergraduate institutions.
2. Determine the feasibility of establishing an educational pathway within undergraduate institutions.
3. Evaluate if and ensure that the pathway increases the diversity of disease intervention practitioners to meet the needs of disproportionately impacted communities.

The general SOW is outlined below.

1. **Scan of current disease intervention-related education programs within undergraduate institutions**

   **Sample Activities:**
   A. Program Scan and Analysis
      - Conduct scan of current undergraduate institution programs that may align with disease intervention workforce development and training.
      - Compare and contextualize job tasks and competencies within the disease intervention workforce.
      - Compare and conceptualize additional skills (e.g., communication, active listening) required for the disease intervention workforce.
      - Determine the use of social media, instructional platforms, or mobile technology currently used for education, training, and mentorship.
      - Perform key informant interviews with high school career services, advisors, academic directors, and program leads that have established educational pathways to sectors that complement disease intervention (e.g., public health, nursing, phlebotomy).
   B. Inclusive Program Assessment
      - Conduct a scan of existing education programs that contribute to preparing students for a career as a disease intervention practitioner including institutions serving
underrepresented and under-resourced populations (for example, HBCUs, Tribal colleges, AAPI-serving, and Hispanic-serving institutions).

- Identify innovations, modalities, and additional skills offered by programs (e.g., resume writing, exam prep, interview skills).

C. Economic Analysis

- Determine interest and demand for disease intervention programs at undergraduate program level.
- Conduct an economic analysis of establishing an educational pathway and the impact of this entry-level position within agencies.
- Compare and conceptualize sustainability of an educational pathway, including grant funding streams and state general funds.
- Determine cost benefit or return on investment for the entry level disease intervention position, including salaries, potential for pay increases, and percentage pay increase.

D. Recommendations

- Develop recommendations to support sustained efforts in diversifying and certifying the disease intervention workforce.

2. Feasibility of Establishing an Educational Trajectory for the Disease Intervention Workforce.

Sample Activities:

A. Undergraduate Institutions

- Identify potential partner institutions.
- Analyze how Disease Intervention Certification can be integrated into undergraduate programs and post graduate pathway.
- Develop strategies to integrate disease intervention educational pathways into existing undergraduate programs.
- Identify opportunities for collaboration with hospitals, clinics, community-based organizations, professional organizations.
- Explore partnership for internships, externships, and practical training.

B. Pilot Programs

- Design pilot program proposal at selected undergraduate institutions.
- Outline methods for collecting and analyzing data from pilot programs to assess effectiveness/feasibility.

3. Leveraging Entry-Level Pathways to Increase Diversity of Disease Intervention Practitioners

Sample Activities:

A. Diversity and Inclusion Analysis

- Analyze current demographic of the DI workforce.
- Identify barriers to entry and advancement for underrepresented groups.

B. Outreach and Recruitment
• Develop targeted outreach program recommendations to attract diverse candidates to disease intervention educational pathways.
• Recommend strategies to partner with community organizations, high schools, and minority serving institutions to promote disease intervention careers.

C. Support Systems
• Recommend support needed to aid underrepresented students through their educational journey.

D. Outcome Measurement and Impact
• Develop metrics to measure success of initiatives aimed at increasing diversity.

E. Policy Recommendations
• Develop policy recommendations to support sustained efforts in diversifying the disease intervention workforce.

Deliverables
Defined based on proposed workplan.

Review Criteria
Applications will undergo an objective review. All applications will receive a compliance review for eligibility and completeness by ASPPH Center for Public Health Workforce Development staff. A review panel will evaluate complete, eligible applications in accordance with the criteria below (100 points total):

• **20 points**: Demonstrated understanding of disease intervention practice, training, and certification.
• **20 points**: Demonstrated understanding of the college and university system, funding mechanisms, and educational infrastructure.
• **20 points**: Demonstrated expertise and experience in conducting quantitative and qualitative data collection and analysis, including key informant interviews and focus groups.
• **30 points**: Demonstrated organizational capacity to complete the project.
• **10 points**: Budget to support proposed study workplan and outcomes.

Funding
All federal grant regulations apply to this funding, including **Uniform Guidance 2 Code of Federal Regulations (CFR) Part 200** as codified by HHS at **45 CFR Part 75** as well as the **CDC General Terms and Conditions for No-Research Awards**.

Funds may be used for salaries and benefits for staff engaged in the project supplies, pre-approved project-related travel, office supplies, and communications. Funds are not intended to supplant state or federal funding. Funds may not be used for: lobbying activities; ongoing general operating expenses or existing deficits; items for which third-party reimbursement is available; endowments; meeting meals; or capital costs, including construction or renovation.
To Apply
Submit an application package to ASPPH via email (grants@aspph.org) that includes the following items:

1. Application Cover Sheet with the following information:
   - Institution name and address
   - Institution EIN and UEI number
   - Project Director name/address/email/phone #

2. Project Approach, Workplan, and Organizational Capacity - Format requirements are:
   - Maximum of 20 pages, each page numbered
   - One-inch margins
   - 1.5 line spacing

3. Budget/Budget Justification
   - Line-item budget and budget justification – No page limit and is not included in the Project Narrative page limit.
   - The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Preparation Guidelines.

4. Indirect Cost Rate Agreement if requesting IDC

5. Resumes or CVs for all proposed personnel.

All files submitted to ASPPH should be in PDF file format. Applications must be submitted to ASPPH via email at grants@aspph.org no later than 5:00 pm (ET) on September 13, 2024.

Please email grants@aspph.org with your intent to submit by 5:00 pm (ET) August 23, 2024. Send a brief email identifying the name of the institution, the contact person’s name and email, and the name of the project for which you intend to submit an application. This email is non-binding but helps ASPPH plan for the number of reviewers required based on expected applications.

Questions regarding the project can be sent to grants@aspph.org. Technical questions will be forwarded to CDC for response when appropriate. ASPPH will publish responses to all submitted questions on the Funding Opportunities website.

Notice to Applicants
ASPPH views the application process as a learning opportunity. Information from the applications will be shared in the summary format with our funding agency and ASPPH members to support learning and capacity building for the public health workforce.

Please be advised that ASPPH reserves the right to modify the terms of the RFP with reasonable notification to all interested parties. This RFP and any related discussions or evaluations by anyone create no rights or obligations whatsoever. ASPPH may cancel or delay this solicitation at any time at its
discretion. Anything to the contrary notwithstanding, the subaward executed by ASPPH and the selected applicant, if any, will be the exclusive statement of rights and obligations extending from this solicitation. Applicants are further advised that all information submitted in response to this solicitation shall remain in the public domain.

This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.