

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

Request for Applications

Native-Serving Organization to Identify Legal and Practical Strategies to Promote Public Health Data Sharing

Date of release: Monday, March 30, 2020

Applications are due by 5:00 pm ET on Friday, April 24, 2020

Purpose

The National Association of County and City Health Officials (NACCHO) is seeking a native-serving organization to develop a working advisory committee of tribal members with broad representation, tribal experts, public health practitioners serving tribes, and other native serving partners to identify legal and practical strategies that have proven to be successful in supporting, facilitating, and enhancing public health focused data sharing, including data collected by health departments as part of their programmatic functions such as surveillance data as well as administrative data that provides insight into the needs of tribes and urban communities. This opportunity is funded by CDC Cooperative Agreement NU38OT000306-02-01.

Background and Overview

Federal Indian law principles designate federally recognized tribal governments as separate political sovereigns with inherent authority to govern their territories and their members. Contemporary tribal governments exercise sovereign authority through their executive, legislative, and judicial functions. Tribal sovereignty is federally protected, and tribes maintain authority over tribal natural resources and cultural resources. In order to protect tribal interests and their cultural resources, some tribal governments have issued moratoriums on research and data sharing while other tribal governments have successfully entered into data sharing agreements that benefit the public health of tribal members.

The Centers for Disease Control and Prevention (CDC) Office of Tribal Affairs and Strategic Alliances (OTASA) and the Public Health Law Program (PHLP) and NACCHO have opened this request for applications to identify and work with a native-serving organization to seek legal and practical strategies that have proven to be successful in supporting, facilitating, and enhancing public health focused data sharing. The native-serving organization will have previous experience with all aspects of public health data efforts including study design, accessing data, data analysis, the use of public health surveillance data and reporting findings to tribal and native serving partners.

This project is not intended to identify data gaps and the needs of tribal nations and urban Indian communities; there already exists a robust collection of publications that documents unmet data needs. Instead, this project will focus on the experiences of tribal nations and urban Indian communities in order to identify legal and practical barriers to public health data sharing, strategies to overcome those barriers, and factors that have facilitated data sharing to improve the health of Native Americans. The native-serving organization will work with the identified project advisory committee and engage with staff from NACCHO and the Centers for Disease Control and Prevention (CDC) Office of Tribal Affairs and Strategic Alliances (OTASA) and the Public Health Law Program (PHLP).

The final product of this project is to be determined by the successful applicant after collecting input from the advisory committee of experts, practitioners, and native serving partners. Potential outcomes of this project may include, but are not limited to: 1) a series of webinars on the strategies tribal nations and urban Indian communities have used to benefit from data sharing; 2) the development of a train-the-trainer course designed for tribal nations that is culturally sensitive and addresses data use, misuse, sharing, ownership, and other issues as identified by the advisory committee; and; 3) the development of a web-based toolkit that tribes and urban Indian communities can use to develop the agreements that identify specific strategies to engage, support and enhance public health data sharing to improve tribal health outcomes while remaining culturally sensitive to data ownership issues. While these are examples of possible outcomes resulting from this project, additional products may be developed based on the input from the native-serving organization and the advisory committee, including but not limited to, policy assessments, case studies, and the use of legal epidemiology methods to compare and evaluate laws related to data sharing.

Applicants may pose individual questions to NACCHO at any point during the application process by e-mailing: gmwaungulu@naccho.org.

Schedule of Events:

Please note the following deadlines and events for this application:

Event	Date/Time
Submission Deadline	April 24, 2020 at 5:00pm ET
Award Notification Date	No later than May 8, 2020

Description and Availability of Funding

The CDC-OTASA and CDC-PHLP have entered into a cooperative agreement with NACCHO to award up to \$200,000 in funding to a native-serving organization to build upon the data sharing successes that some tribal nations and urban Indian communities have demonstrated to improve public health outcomes and to further build upon the knowledge and expertise of an advisory committee to develop culturally supportive strategies for effective data sharing agreements, training, and dialogue. The identified organization may work with other entities to complete project work. However, NACCHO will only contract with, and provide funding to, one organization.

Project period

Project period is from the date of the executed contract to July 31st, 2020, during which time the tribal organization must convene the advisory committee and create a feasible plan for developing specific deliverables related to the project.

At the discretion of the CDC, an extension period may be granted for up to six months (February 28, 2021) to fully develop project deliverables, pilot test as needed, and develop a plan to make the data sharing products widely available to tribal public health practitioners, policy makers, data sharing decision makers, Indian Health Boards, Inter-Tribal Councils, and others who can benefit from the products made available by this project.

Description of Activities/Expertise

The native-serving organization may work with or partner with other organizations to complete the work. However, NACCHO will only contract with and provide funds to one tribal organization.

The funded native-serving organization will be required to identify and convene a project advisory committee made up of tribal members, urban Indian organizations, or tribal serving individuals whose expertise may include:

- publications in public health, especially data and policy;
- fluency in the concepts of tribal data sovereignty, data “on loan”, and other tribal positions on respectful health data collaborations;
- background and formal training/discipline in biostatistics, epidemiology, public health policy, public health leadership, social sciences, legal epidemiology, etc.;
- executing successful data sharing agreements with tribes, with urban Indian organizations, and state governments;
- executing research using statewide administrative health data;
- partnering on multi-jurisdictional public health (e.g. assessment, implementation, monitoring or evaluation);
- determining policy vs administrative and operational barriers in accessing health data for small dispersed tribal populations;
- extensive experience with racial and ethnic minority data collection, tabulation, weighting and reporting data to decision-makers;
- racial misclassification;
- evaluating tribal, urban Indian organizations (including Tribal Epi-centers which are most commonly divisions with a native-serving 501(c)(3) organization; and

- demographics of the advisory committee should include a broad representation of age, gender, tribal affiliation, geographic residency, and a familiarity with geographic and jurisdictional data systems.

The selected native-serving organization should be able to demonstrate previous experience with all aspects of public health data efforts (e.g. study design, accessing data, indicator and variable selection, data analysis including statistical packages, reporting findings to tribal and native-serving partners). As described above, this project is not to identify data gaps and needs of tribal communities because the field is robust with documenting unmet data needs. Instead the project will focus on the experiences of tribal nations and urban Indian communities in order to identify legal and practical barriers to public health data sharing, strategies to overcome those barriers, and factors that have facilitated data sharing to improve the health of Native Americans.

The ideal native-serving organization identified to work with the advisory committee and oversee this project to its completion shall have the following capacity and demonstrated skills:

- Expertise in public health or policy frameworks, especially on data use and release;
- Executing successful data sharing agreements with tribes, urban Indian organizations and state governments;
- Developing reports and conducting analysis using Resource and Patient Management Systems (RPMS);
- Executing research using statewide administrative health data;
- Working with multiple tribes in multiple regions on health data projects, collaborative models, and capacity building;
- Working nationally on native issues;
- Previous experience with mixed model evaluation and policy evaluation at the state or federal government level;
- Partnering on multi-jurisdictional public health (e.g. assessment, implementation, monitoring or evaluation);
- Determining policy vs administrative and operational barriers, in accessing health data for small geographically dispersed tribal populations;
- Previous experience with small area estimates and synthetic estimates;
- Extensive expertise with racial and ethnic minority data collection, tabulation, weighting and reporting data to decision-makers;
- Previous expertise with racial misclassification;
- Disseminating training materials to tribal, urban Indian, and native-serving organizations;
- Fostering successful state, local government and tribal partnerships;

- Assessing tribal, urban Indian organization (including Tribal Epi-centers) data capacity and organizational capacity to conduct quantitative studies and evaluation, including experience assessing infrastructure opportunities (i.e. co-collaborative evaluation models respectful of context and resources available in Indian country);
- Existing relationships with multiple tribal and urban Indian partners to support rapid startup of project;
- Expertise in project management;
- Fluent in concepts of tribal data sovereignty, data “on loan”, and other tribal positions on respectful health data collaborations;
- Fluent in the diversity of the infrastructures and values to protect human subjects at the tribal level, including concepts of community risks vs individual risks;
- Convening project advisory committees ensuring geographic representation and composition of public health and tribal expertise;
- Technical translation and mentoring of tribal and urban Indian organizations in data capacity building;

Proposal Outline

In order to be considered for this project, proposals must be in pdf format and should not exceed 8 pages including the following:

- A. Project Narrative that includes:
 - a. A description of the methodology to identify and recruit an advisory committee as defined in this RPA
 - b. A description of the proposed structure of the advisory committee, how often it will be convened, whether it will be convened in person or electronically; and a sample agenda for the first two meetings of the advisory committee;
 - c. A description of who the organization believes is imperative to have as members of the advisory committee (including a list of potential advisory committees and their expertise and qualifications).
 - d. A description of the organization’s experience related to project management;
 - e. Examples that demonstrate the organization has experience implementing successful data sharing projects and the drafting of successful data sharing agreements;
 - f. A description of other tribal organizations that may be engaged with the project as needed;
 - g. A timeline of proposed activities including meetings of the advisory committee, work by the tribal organization to develop the recommendations of the advisory committee into a viable project deliverable, and a marketing strategy to promote widespread awareness of the project and its resources to the nationwide tribal community;

- h. The name(s) of the primary staff and other significant contributors working on the project including relevant qualifications;
- B. Line Item Budget
- a. Personnel Cost
 - b. Advisory committee travel costs
 - c. Funds to be provided to other tribal organizations working on the project, if any.
 - d. Communication system cost
 - e. Other costs associated with the development of the deliverables associated with the project

NOTE – funds provided for this project are federal funds from the CDC and therefore cannot be used to purchase large equipment, pay for food or beverages except as permitted under current travel regulations, or support lobbying of any kind.

- C. Project Deliverables and Timelines
- a. While it is understood the deliverables will be defined by the advisory committee, the application should provide a generalized timeline and work plan based on the concept presented by this RFA.
 - b. The native-serving organization will convene a bi-weekly conference call to provide project updates to NACCHO and CDC staff.
- D. References, relevant letters of support, and links to examples of relevant work.

Selection Process

Each proposal will be reviewed and rated by NACCHO and the CDC on the following elements:

- **Project Narrative (60%):**
 - **Understanding of Project:** Applicant has a clear understanding of the project purpose, goals, activities, and deliverables.
 - **Operational Plan:** The proposal includes a clear, feasible, appropriate, detailed and supportable methodology and plan to effectively meet the goals and deliverables of the project.
 - **Relevant Experience:** Applicant has clearly documented evidence of organization's and proposed project staff's subject matter expertise and experience in the proposed content area.
- **Budget (20%):** The proposal includes a detailed, line item budget justifying the proposed expenses, and the expenses are appropriate for the purposes of the deliverables.
- **Project Deliverables/Timeline (10%):** The proposal includes a detailed and realistic timeline with all deliverables completed by the referenced timeframe.
- **References (10%):** The proposal contains references, relevant letters of support, and/or links to examples of relevant work.

In addition to the submittal of a proposal, applicants may be invited to participate in a virtual interview with the CDC and NACCHO to assist in the final determination process.

Please note that submission of a proposal is a statement of acceptance of NACCHO's [standard form contract](#). If any items cannot be accepted, these issues need to be resolved prior to submitting a proposal.

NACCHO Contact and Responsibilities

NACCHO staff will oversee the contract and serve as the contact for the identified organization. Other responsibilities include:

- Providing overall project management.
- Providing background information, as appropriate.
- Reviewing all materials, in draft form, and recommend revisions.
- Participating in project activities as needed.

Submission Process and Deadline

Submissions must be in PDF format and submitted via email to:

Geoff Mwaungulu Jr., JD, MPH
NACCHO
gmwaungulu@naccho.org

Please use “Native-Serving Organization to Identify Legal and Practical Strategies to Promote Public Health Data Sharing – RFA” as the subject line.

The deadline for submission is **5 pm, Eastern Standard Time, on Friday, April 24, 2020** (NACCHO will not accept applications received after the deadline). Decisions will be made, and applicants will be notified of their selection status, no later than May 8, 2020.