

Workplan

Form Approved
OMB No. 0920-1175
Exp. Date 07/31/2023

Recipient: _____

How many Projects are contained in this workplan?

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CDC estimates the average public reporting burden for this collection of information as 21 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1175).

Project Title _____

Project Description _____

Primary Strategy

- Surveillance
- Information Technology
- Partnerships
- Communication/Outreach
- Program Capacity
- Evaluation

Activity Title

Upon completion of the activity title, an additional fields related to the project activity will appear below.

Additionally, another activity title field will appear to begin entry for description of the next activity. Once all activities have been entered for a project, leave the last activity title field blank. This will indicate there are no further activities to describe for the project.

Logic Model Activity

Please select the associated Logic Model Activity.

S: Surveillance

IT: Information Technology

P: Partnerships

C: Communication and Outreach

PC: Program Capacity

E: Evaluation

- S: Establish processes and ensure data quality for CDC data submission
- S: Integrate data into recipient's Tracking Network
- S: Maintain existing and newly adopted Nationally Consistent Data and Measures (NCDM) requirements
- S: Disseminate additional indicators and measures, as needed
- S: Address gaps or limitations in available data
- S: Conduct routine descriptive analysis of Tracking data
- S: Use Tracking data to identify and prioritize Tracking program activities
- S: Apply and interpret Tracking data to inform the development of public health actions
- S: Develop and maintain at least 1 sub-county and/or real-time/near real-time data feed
- S: Develop and implement plans for surveillance data collection, quality checks, and dissemination with a focus on data interoperability
- S: Use Tracking data to identify at least one disproportionately affected population and address the concern
- S: Identify and develop advanced analytic data science methods to further the use of data sources
- IT: Modernize existing data, data pipelines or systems
- IT: Increase data management efficiency
- IT: Implement additional innovative enhancements that improve analysis, enable collaboration, or increase the sustainability or efficiency of systems
- IT: Evaluate informatics needs and conduct a gap analysis
- IT: Support the development and sustainability of a technical portal
- IT: Enhance existing information systems by adding or improving functionality to integrate, analyze, and visualize data.
- IT: Establish repeatable, reliable, and readily accessible electronic access to data sources, including tools and processes to increase the availability and accessibility of timely and locally relevant data (e.g., sub-county and real time data) and any needs discovered as the result of the gap analysis.
- IT: Maintain the technology infrastructure and resources to submit Tracking NCDMs to CDC during scheduled data calls.
- IT: Make data sharing easier through common policies, practices, and standards.
- P: Lead, maintain, and grow existing partnerships with diverse public and private organizations to inform decisions about Tracking Program data, data analysis, communication messages and products.
- P: Collaborate with CDC, data stewards, data users, and other Tracking recipients to improve existing NCDMs and adopt new and optional NCDMs as developed by the Content Workgroup.
- P: Develop a partnership with the IT department and establish a scope of work to coordinate IT investments, decisions, and policies across the health department or jurisdiction; ensure program informatics/IT activities align with organizational strategies and objectives; and leverage IT resources.
- C: Create and disseminate communication messages and products (e.g., data stories, community health reports, social media posts) to key audiences. Ensure messaging aligns with CDC's health equity project goals.

- guiding principles for inclusive communication.
- C: Present and/or exhibit at meetings and conferences.
- C: Conduct needs assessment with priority audiences to inform communication message and product development and dissemination methods selection.
- C: Participate in one coordinated, program-wide communication activity (e.g., Tracking Awareness Week) each year.
- PC: Develop a formal mentoring relationship with one surrounding unfunded jurisdiction and provide support, facilitate data and knowledge sharing, build capacity, and increase Tracking program reach.
- PC: Develop and maintain an Environmental Public Health Tracking Program within state and/or local jurisdiction. Provide technical assistance on EPHT best practices; integrate Tracking priorities throughout the jurisdiction; improve workforce and skills in key programmatic areas including data science, epidemiology, bioinformatics, and computer scientist.
- PC: Support and facilitate the development of state and local public health workforce to train staff and partners on understanding the Tracking Program principles.
- PC: Plan for/address surge capacity needs for responding to known, reemerging, new environmental health concerns, and outbreaks (e.g., establishing teams/workforce, cross training staff, building resilience).
- E: Monitor program implementation and progress through performance measurement.

Project Activity Description

Logic Model Output

- Standardized and accessible national environmental and health surveillance data
- Expanded evidence base for the practice of environmental health
- Comprehensive surveillance system with tools, guides, and best practices to assess health effects related to environmental exposures
- Targeted communications products and messages
- Increased awareness of the Tracking Network
- Informed and engaged partners and users
- Improved workforce and Tracking Network capacity

Short-Term Outcome

Please select the associated Short-Term Outcome.

S: Surveillance

IT: Information Technology

P: Partnerships

C: Communication and Outreach

PC: Program Capacity

E: Evaluation

- S: Increased data monitoring of environmental health topics
- S: Improved completeness, timeliness, and quality of environmental public health surveillance data
- S: Increased surveillance of environmental health disparities *
- P: Increased stakeholder inclusion in data sharing, communication, and response
- P: Increased collaboration with stakeholders to reduce health disparities *
- C: Improved communication of environmental health topics to appropriate audiences
- C: Improved messaging that promotes inclusive communication *
- PC: Increased knowledge and ability among EPHT workforce
- PC: Increased recipient capacity to provide technical assistance to advance environmental public health interventions
- E: Improved completeness, timeliness, and quality of evaluation data

Timeline for Completion

- Q1
- Q2
- Q3
- Q4

EH Topic

Please select all that apply

- Acute Toxic Air quality
- Asthma
- Biomonitoring
- Birth defects
- Cancer
- Carbon monoxide poisoning
- Childhood cancers
- Children's environmental health
- COPD
- Climate change
- Community characteristics
- Community design
- COVID-19
- Developmental disabilities
- Drinking water
- Drought
- Drug/illegal drug
- Emergency response/preparedness
- Environmental justice
- Food safety
- Harmful algal blooms
- Hazardous waste site
- Heart disease and stroke
- Heat and heat-related illness
- Hormone disorders
- Hydraulic fracturing ('fracking')
- Infectious disease
- Lead poisoning
- Lifestyle risk factors
- Pesticide exposures
- Per- and polyfluoroalkyl substances (PFAS)
- Pollen
- Populations and vulnerabilities
- Precipitation and flooding
- Private well water
- Radon
- Reproductive and birth outcomes
- Severe weather
- Sunlight and UV
- Toxic substance releases
- Vector-borne disease
- Wastewater
- Wildfire
- Other

Please describe what other EH Topic(s) is addressed.

Disproportionately Affected Populations (DAP)

Please select all that apply.

- Racial and ethnic minority populations
- People living in rural or frontier areas
- People experiencing homelessness
- Essential and frontline workers
- People with disabilities
- People with substance use disorders
- People who are justice-involved or incarcerated
- Non-US-born people
- Tribal populations

Status

- Planned
- In Progress
- On Hold
- Completed

Successes

Challenges

Assistance needed from CDC
