

opportunity announcement (FOA), is to expand access to care for the maternal and child health (MCH) populations through the following program focus areas: (1) Ensuring continuity of coverage and care for pregnant women and children; (2) improving systems of care for children with special health care needs; and (3) promoting the use of Bright Futures Guidelines for all children. The program expansion supplement will provide funds to the Association of State and Territorial Health Officials (ASTHO), the cooperative agreement awardee, during the budget period of September 30, 2015, through September 29, 2016, to provide targeted technical assistance to two States at risk for rapid transmission of HIV and Hepatitis C virus (HCV) through injection drug use, to build capacity and expand access to care, document and share best practices with other State Health Officials also seeking to prevent HIV and HCV infection through injection drug use.

SUPPLEMENTARY INFORMATION: Intended Recipient of the Award: The Association of State and Territorial Health Officials
Amount of the Non-Competitive Award: \$100,000

CFDA Number: 93.110

Current Project Period: 9/30/2014–9/29/2017

Period of Supplemental Funding: 9/30/2015–9/29/2016

Authority: Social Security Act, Title V, § 501(a)(2) (42 U.S.C. 701(a)(2)).

Justification: On April 24, 2015, the Governor of Indiana declared a public health disaster emergency in Scott County, Indiana, attributable to the HIV

epidemic in that county. On the same day, the Centers for Disease Control and Prevention issued a Health Alert Network Advisory to inform other public health departments and healthcare providers of the possibility of HIV outbreaks among persons who inject drugs and to provide guidance to assist in the identification and prevention of such outbreaks. As of August 28, 2015, the Indiana outbreak is now 181 (177 confirmed and 4 presumptive positive) adult and adolescent HIV infections, including a small number of pregnant women. Though there are HIV prevention best practices to inform States, additional innovative practices are needed to reach women of child-bearing age, adolescents, and young adults within high risk counties, which do not routinely access health care.

As stated in the FOA, the Alliance for Innovation on Maternal and Child Health (AIM) is a Maternal and Child Health Bureau (MCHB) collaborative program of awardee organizations for the purpose of expanding access to care for the maternal and child health (MCH) populations. Per the FOA, AIM Collaborative Engagement awardees are responsible for engaging key State agencies and offices (*i.e.*, Public Health and Medicaid) in AIM activities and raising awareness of best practices.

In 2014, following objective review of its application, HRSA awarded the Association of State and Territorial Health Officials (ASTHO) cooperative agreement funding as an AIM Collaborative Engagement program. If approved, this would be the first

program expansion supplement for this cooperative agreement.

ASTHO is the national nonprofit organization representing public health agencies in the United States, the U.S. Territories, the District of Columbia, and over 100,000 public health professionals these agencies employ. As part of its AIM cooperative agreement, ASTHO identifies and disseminates best practices to meet the needs of MCH populations. At the time of the FOA and application, expanding access to care among high risk populations to prevent HIV infection through injection drug use was not yet identified as a need of MCH populations. As such, the FOA and application did not address it.

To meet this emerging need, ASTHO submitted a prior approval request to expand the scope of its AIM cooperative agreement award to work with States at risk for rapid transmission of HIV and HCV through injection drug use. ASTHO, working with MCHB, would provide targeted technical assistance to two states to build capacity and expand access to care among high risk populations to prevent HIV and HCV infection through injection drug use. ASTHO would also document and share best practices and other technical assistance resources from the two targeted states to its network of State Health Officials.

FOR FURTHER INFORMATION CONTACT: Sylvia Sosa, MSc, Office of Policy and Planning, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 18W25D, Rockville, Maryland 20857; ssosa@hrsa.gov.

Grantee/organization name	Grant number	State	FY 2015 Authorized funding level	FY 2015 Estimated supplemental funding
The Association of State and Territorial Health Officials	UC4MC28036	VA	\$350,000	\$100,000

Dated: September 11, 2015.

James Macrae,

Acting Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Centers of Excellence in Maternal and Child Health in Education, Science, and Practice Program

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice of Single-Case Deviation from Competition Requirements for Program Expansion Supplement Request for Centers of Excellence in Maternal and Child Health in

Education, Science, and Practice program Award to the University of Washington, Grant Number T76MC00011.

SUMMARY: HRSA announces the award of a program expansion supplement in the amount of \$40,000 for the Centers of Excellence in Maternal and Child Health (MCH) in Education, Science, and Practice grant. The purpose of the Centers of Excellence in MCH program is for the training of graduate and post-graduate public health professionals in an interdisciplinary MCH setting. The purpose of this notice is to award supplemental funds to conduct a rigorous evaluation of the Pediatric

Obesity Collaborative Improvement and Innovation Network (CoIIN) to spread evidence-based practices, and to translate knowledge into practice by the University of Washington, the awardee who serves as the Centers of Excellence in MCH, during the budget period of June 1, 2015, through May 31, 2016.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award:

University of Washington

Amount of Each Non-Competitive Award: \$40,000

Period of Supplemental Funding: 6/1/

2015–5/31/2016

CFDA Number: 93.110

Authority: Social Security Act as amended, Title V, Section 501(a)(2) (42 U.S.C. 701(a)(2))

Justification: The purpose of the Centers of Excellence in MCH program is for the training of graduate and post-graduate public health professionals in an interdisciplinary MCH setting. The Centers of Excellence in MCH program supports HRSA's Maternal and Child Health Bureau's (MCHB) mission to provide national leadership and to work, in partnership with states, communities, public-private partners, and families to strengthen the MCH infrastructure and build the knowledge and human resources in order to assure continued improvement in the health,

safety, and well-being of the MCH population, which includes all U.S. women, infants, children, youth and their families, including fathers and children with special health care needs (CSHCN). It does so by training current and future workforce in applied research and state-of-the-art public health management, planning, and leadership principles to promote healthier children, families, and communities and in the identification and solution of current MCH problems while anticipating the challenges of the future. It assures a prominent focus on MCH content and competencies such as inter-professional practice, systems integration, and quality improvement within schools of public health.

In the summer of 2014, MCHB initiated a CoIIN on Pediatric Obesity in collaboration with the University of Washington and the Association of State Public Health Nutritionists (ASPHN). The work on this project (by the University of Washington) was funded through an administrative supplement in fiscal year (FY) 2014 to a previous grant, and the amount provided only allowed the grantee and its subcontractor to engage a limited number of steps in the CoIIN process.

This supplement will allow the University of Washington, in

collaboration with ASPHN, to complete the final phases of the evaluation component for the previously initiated Pediatric Obesity CoIIN. The goal of this CoIIN project is to apply quality improvement methodologies through a CoIIN framework to support state Title V agencies and others leverage for state MCH program capacity to reduce childhood obesity rates on a population level. Specifically, state teams are working to affect systems changes through the adoption of policies and practices in early care and education settings that support healthy weight behaviors and are using the CoIIN model to gather best practices, promote evidence-based strategies, and increase nutrition resources provided to young children and their families. A rigorous evaluation of this CoIIN is a critical and essential component in order to spread evidence-based practices—including qualitative and quantitative process and outcome measures—and translate knowledge into practice.

FOR FURTHER INFORMATION CONTACT:

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Grantee/organization name	Grant number	State	FY 2015 authorized funding level	FY 2015 estimated supplemental funding
University of Washington	T76MC00011	WA	\$350,000	\$40,000

Dated: September 11, 2015.

James Macrae,

Acting Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Bridging the Word Gap Competition Challenge

AGENCY: Health Resources and Services Administration (HRSA, Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), announces the funding

opportunity for the Bridging the Word Gap Incentive Prize Challenge.

MCHB is sponsoring the Word Gap Challenge (Challenge) to spur innovative solutions to promote the early language environment and address the “word gap,” the large difference in exposure to language for children from low-income families as compared to children from higher-income families. This Challenge will reward the development and testing of scalable innovations that drive behavior change among parents and caregivers.

The goal of the Challenge is to develop a low-cost, scalable technologically-based intervention that drives parents and caregivers to talk and engage in more back-and-forth interactions with their young children (ages 0–4).

This Challenge, structured in three phases, with a narrowing of applicants through each phase to result in one final winner, will reach a diverse population of innovators and solvers, including

coders, public health experts, individuals affiliated with academic institutions, research and development communities in the private sector, and others.

All submissions will be evaluated; separate prizes will be awarded for each of the three phases below.

Phase 1: Design

Phase 2: Development and Small Scale Testing

Phase 3: Scaling

The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010 (COMPETES Act, *Pub. L. 111–358*).

Estimated dates for each phase are as follows:

Phase 1: Effective on September 30, 2015

Phase 1 Submission ends: December 31, 2015, 11:59 p.m. ET

Phase 1 Judging Period: January 1–January 31, 2016