

Technical Assistance Opportunity: State Medicaid and Public Health Collaboration to Advance CDC's 6|18 Initiative

With support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies (CHCS) and the Association for State and Territorial Health Officials (ASTHO) are conducting an open solicitation inviting Medicaid agencies and public health departments to indicate interest in receiving technical assistance to participate in the Centers for Disease Control and Prevention's (CDC) 6|18 Initiative ([see application](#)) This opportunity builds on three successful years of engagement with 34 states, local jurisdictions, and territories across the United States to strengthen cross-agency partnerships and implement evidence-based prevention strategies.

Background

CDC's 6|18 Initiative offers a unique opportunity to help Medicaid and public health officials collaborate on cost-effective prevention interventions that have improved health and controlled costs. It focuses on six high-burden health conditions — **tobacco use, asthma, type 2 diabetes, high blood pressure, inappropriate antibiotic use, and unintended pregnancies** — that affect large numbers of people, are associated with high costs, and can be prevented or controlled. The "18" refers to an initial set of 18 evidence-based interventions that address the six conditions. These interventions align with activities that CDC state public health grantees undertake for these six conditions and provide an opportunity to advance that work through strategic partnerships.

The Initiative has two ultimate goals:

- Achieving improved health care outcomes and controlled health care costs across different payers through evidence-based prevention strategies; and
- Strengthening partnerships across public health and health care financing and delivery sectors to establish a new culture of collaboration for advancing population health goals.

Project Design and Benefits for States/Territories

Medicaid-public health teams will be supported by CDC, CHCS, the Centers for Medicare & Medicaid Services (CMS), the Association of State and Territorial Health Officials (ASTHO), and other subject matter experts to implement interventions for one of four 6|18 Initiative health conditions (tobacco use, asthma, high blood pressure, and inappropriate antibiotic use). Note, technical assistance opportunities around preventing type 2 diabetes and unintended pregnancy prevention are not included as part of this opportunity. The National Association of Chronic Disease Directors (NACDD) and the Division of Diabetes Translation

PROJECT MILESTONES

- **October 1, 2019**
Application issued
- **October 17, 2019**
National 6|18 Initiative webinar
- **November 4, 2019**
Applications due
- **November 22, 2019**
Notification of selection
- **December 9 – 20, 2019**
Individual orientation webinars for selected teams
- **December 2019 (date TBD)**
Group orientation webinar for selected teams
- **January 14 – 15, 2020**
Project launch with in-person convening in Atlanta, Georgia
- **February 2020 – January 2021***
Bi-monthly state/territory-specific team calls

(DDT/CDC) will engage up to six states in type 2 diabetes prevention activities through a separate solicitation. While unintended pregnancy prevention remains a priority 6|18 focus area, technical assistance is not available to support intervention implementation for that health condition at this time. Please use ASTHO's [Guide on Getting Started with CDC's 6|18 Initiative](#) for advice on choosing a condition and intervention(s).

The 12-month project* will include the following support strategies:

- **Cross-agency partnership capacity-building:** Support for Medicaid and public health staff to enhance knowledge of each agency's critical role in improving health and health care and highlight opportunities to capitalize on complementary skillsets.
- **Action plan development and sustainability planning:** Cross-agency implementation planning and goal setting through the development of Medicaid-public health team-specific action plans.
- **Targeted technical assistance:** One-on-one technical assistance to develop, implement, and assess chosen prevention strategies. The assistance will be tailored to meet each team's unique needs and will include bi-monthly, hour-long calls during the project period.
- **Resources:** Access to a wide range of health condition-specific and general *6|18 Initiative* implementation tools, templates, and other materials via CHCS' publicly available [Resource Center for Implementing CDC's 6|18 Initiative](#), and a private 6|18 Collab, a private online community created to facilitate sharing among and across cross-agency state teams.
- **Peer-to-peer information exchange:** As-needed group information-sharing calls and direct connections to peers through the *6|18 Collab*.
- **In-person convenings:** An in-person convening in Atlanta, Georgia in January 2020 for new teams and past participants. Travel for Medicaid-public health teams will be covered by CHCS.



Selected teams must attend the in-person convening, held January 14-15, 2020, and actively participate in individual and group technical assistance activities. Teams should expect to spend approximately 10-15 hours developing their initial action plan and at least one hour preparing for each technical assistance call. The time commitment for activities related to implementing 6|18 interventions will vary. This project does not include direct financial assistance.

Following the initial 12-month engagement, teams will have the option to receive an additional six months of technical assistance. *6|18 Initiative* "graduates" will also have the opportunity to consult with future participants, as well as showcase their activities and accomplishments through publicly available resources.

Selection Process

A team of reviewers will use the following criteria to select state/territorial participants:

- **A demonstrated commitment** from the state/territory Medicaid director and public health official; representation on the project team from both the Medicaid and public health agencies; a past history of Medicaid-public health collaboration and/or a current interest in fostering this partnership.
- **Staff availability to participate** in one-on-one technical assistance calls and group learning opportunities and in-person meetings.
- **Identification of the health condition and intervention(s)** the state/territory would like to address, along with a clear and compelling description of the goals, barriers, and relevant progress associated with the chosen condition and intervention(s).
- **Willingness to track progress and outcomes** on relevant process-changes and health and cost outcomes for chosen interventions, where feasible and appropriate, and willingness to work with CDC, CMS, CHCS, and ASTHO to share lessons and successes.

* Accepted teams will have the option to receive an additional six months of one-on-one technical assistance if requested.