**Form Approved**
**OMB No. 0920-xxxx**
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# Application
# Community Approaches to Chronic Disease Prevention and Control

*1) Program infrastructure, staffing, program management and support.*

- Establish and maintain required paid project or contract staff sufficient in number and expertise to ensure project success on the following timeline:
  - 30 days post-award, establish and/or retain the minimum staffing requirements to include a representative of the leadership of the health department, such as a Program Director; a full-time staff person or equivalent responsible for managing the planning, implementation, and evaluation of the program, such as a program coordinator with management experience in physical activity and/or nutrition; a full-time staff person or equivalent, such as a media coordinator, responsible for all aspects of media planning and implementation with experience in working with media buyers to purchase advertising promotion of new media; and administrative staff and fiscal management support necessary to meet the needs of the program.
  - 90 days post-award, establish a school health coordinator located within the local education agency and a built environment coordinator located within the planning agency.
  - 90 days post-award, establish and/or retain the required additional staff to include leadership and staffing for fiscal/accountability, community outreach and coordination, evaluation, and YRBSS coordination ( responsible for conducting a YRBSS in the intervention area). The awardee should ensure that this compliment of staff and contract support is sufficient to meet the requirements of this FOA.
- Over the course of the project period, establish and maintain other part-time or full-time staff, contactors, and consultants sufficient in number and expertise to ensure project success and have demonstrated skills and experience in coalition and partnership development, community mobilization, health care systems, public health, program evaluation, epidemiology, data management, health promotion, policy and environmental interventions, built environment (e.g. urban and regional planning, transportation, parks, community development), health care quality improvement, communications, resource development, school health, and the policies related to physical activity/nutrition targeted by the FOA.
- For state-coordinated small city and rural areas, State Health Departments must establish and coordinate a State-Community Management Team, including participation from the funded communities; the state health department's collaborative FOA designated healthy communities coordinator; the state education agency, the state planning agency, the state obesity or physical activity/nutrition coordinator, and the Office of Rural Health (where appropriate).

**Public reporting of this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)**

Performance will be measured by evidence that the program is appropriately staffed to administer, manage, and evaluate the program as evidenced by the submission of staff/contractor name, date of hire and/or projected date of hire or staff to be retained due to Recovery Act funds, resumé and/or curriculum vitae for key personnel and position descriptions for other positions supported by funds under this cooperative agreement. In addition, performance will be measured by the state health department's ability, with assistance from the funded communities, to develop a State-Community Management Team. Please address how these positions would be funded at the natural end of the recovery funding. Performance in meeting this requirement may also be met by leveraging other Federal Government recovery funds to meet the above mentioned skill set (See Attachment B).

*2) Fiscal management.*

- Provide funding to local entities and organizations that focus on population-based strategies, are evidence-based and policy-focused, and will reach diverse groups.
- Utilize fiscal management procedures for this funding to track and monitor expenditures separate from other federal funding streams.
- Implement reporting systems to meet the online reporting criteria and timelines as stated for the Recovery Act required reporting located in section VI.3. Reporting Requirements under "Recovery Act-Specific Reporting Requirements" of this FOA.
- Clearly state how proposed efforts would be sustained after recovery funds come to a natural end. Recovery Act funding to existent or new awardees should be considered one-time funding.

Performance will be measured by evidence that the awardee will provide funding to local agencies and partner organizations, has established procedures to track and report expenditures separate from other federal funding, and is able to prepare required reports submitted on the designated schedule.

*3) Leadership team and community coalition.*

- 60 days post award, develop a Leadership Team consisting of 8-10 high-level community leaders (e.g. the mayor, tribal leaders, city and county officials, school superintendents, local business association or corporation leaders, hospital and health systems directors, boards of health) or other leaders of influence in the community. The Leadership Team should also include the Program Director. The Leadership Team will: oversee the strategic direction of the project activities, be responsible for enacting policies related to the evidence-based MAPPS strategies recommended in item 4 of this section, establish and maintain an organizational structure and .governance for the community coalition or coalitions, and participate in project-related local and national meetings.
- 90 days post-award, revise or add to the existing community coalition (or coalitions) committed to participating actively in the planning, implementation, and evaluation of the *Communities Putting Prevention to Work Initiative.* Partners should include a wide representation of community leaders and community members familiar with promoting physical activity and nutrition. Examples could include representatives

from education agencies (local education agencies, school districts, school board members, or parent teacher organizations); school health advocates, community development/planning agencies (land use and/or transportation); key community-based governmental and non-governmental organizations (e.g. parks and recreation departments, YMCAs, Boys and Girls Clubs), health care, voluntary, and professional organizations; business, community, faith-based leaders; local Aging centers and senior centers; universities; and at least one lay person representative of the population to be served. Linkages with mental health/substance abuse organizations, health plans, foundations, and other community partners working together to promote health and prevent chronic diseases are encouraged. The community coalition will advise the Leadership Team on the planning, implementation, and evaluation of the CPPW Initiative.

- Encourage linkages with other community-based efforts and the Office of the Regional Health Administrator, with special attention to leveraging other Federally funded (including Recovery Act funded)- and foundation activities. Applicants will also be asked to demonstrate through letters of support that they have political support and connections with other community development and livability efforts, and that they build on and leverage existing place-based revitalization and reform projects funded by the US Government. These could include efforts funded by the US Department of Health and Human Services (HHS), and programs supported by other agencies such as the US Department of Housing and Urban Development, the Environmental Protection Agency, the US Park Service, US Department of Transportation, US Department of Agriculture, the Corporation for National and Community Service, and the US Department of Education. Applicants are also be encouraged to coordinate with other US Government-funded Recovery Act efforts in multiple sectors, such as transportation, education, health care delivery, agriculture and others, as well as coordinating with HHS Regional Offices. See Attachment B for examples.

Performance will be measured by the level of partner engagement throughout the project period including the involvement of key community-based and public health partners comprising an alliance of partnerships and coalitions committed to participating actively in planning, implementation, and evaluation of CPPW. This will include evidence of regularly scheduled meetings, membership lists, attendance rates, participation, and meeting minutes.

*4) Intervention area and selection of interventions.*

- Ensure that the intervention area encompasses the entire jurisdiction of the health department so that the focus of policies, systems, and environmental changes will have the broadest impact possible. The mix of interventions, taken together, must address physical activity and nutrition with sufficient reach and potential impact.
- Choose a mix of interventions that addresses obesity/nutrition/physical activity for all five evidence-based MAPPS strategies in communities and schools. Awardees are not required to select strategies in each MAPPS area for *both* physical activity and nutrition (i.e., 10 strategies). Rather, the mix of MAPPS interventions, taken

together, must address obesity and related risk factors consistent with the long term goals of the initiative, and therefore must include robust interventions in both nutrition and physical activity.

- In addition, applicants may choose to implement evidence-based interventions not listed below. If proposing an intervention not listed, applicants must provide a rationale for the choice of intervention (e.g., identified need or opportunity) and demonstrate that it has potential for broad reach and impact not achievable with a listed intervention.

| | **Nutrition** | **Physical Activity** |
|---|---|---|
| Media | • Media and advertising restrictions<br>• Promote healthy food/drink choices<br>• Counter-advertising for unhealthy choices | • Promote increased activity<br>• Promote use of public transit<br>• Promote active transportation (bicycling and walking) |
| Access | • Healthy food/drink availability (e.g., incentives to food retailers to locate/offer healthier choices in underserved areas, healthier choices in child care, schools, worksites)<br>• Remove/limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, snacks, alcohol)<br>• Reduce density liquor/fast food establishments<br>• Eliminate transfat through purchasing actions, labeling initiatives, restaurant standards<br>• Reduce sodium through purchasing actions, labeling initiatives, restaurant standards<br>• Procurement policies and practices<br>• Farm to institution, including schools, worksites, hospitals and other community institutions | • Safe, attractive accessible places for activity (e.g. access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community designs that leads to injuries).<br>• City planning, zoning and transportation (e.g., sidewalks, mixed use, parks with adequate crime prevention measures, and Health Impact Assessments)<br>• Require daily quality PE in schools<br>• Require daily physical activity in afterschool/childcare settings<br>• Restrict screen time (afterschool, daycare) |
| Point of Purchase/ Promotion | • Signage for healthy vs. less healthy items<br>• Product placement & attractiveness<br>• Menu labeling | • Signage for walking routes and multi-use trails<br>• Signage for neighborhood destinations (e.g. library, parks, shops, etc.).<br>• Signage for public transportation<br>• Signage for bike lanes/boulevards<br>• Improve safety for non-motorized transit by improved signage for electronic signalization. |
| Price | • Price increases (soda, alcohol, junk food)<br>• Selective pricing of healthy vs unhealthy items (e.g. bulk purchase/procurement/competitive pricing) | • Reduced price for park/facility use<br>• Subsidized memberships to recreational facilities |
| Social Support & Services | • Support breastfeeding through policy change and maternity care practices | • Safe routes to school<br>• Workplace, faith, park, neighborhood activity groups (e.g., walking hiking, biking) |

- Selection of interventions to pursue should be based on a thorough analysis of the potential for broad reach, impact, successful implementation and to address gaps and build on opportunities that exist in the community.
- Applicants are expected to propose strategies that are most likely to affect community-wide burden and therefore where appropriate emphasize plans to eliminate health disparities.
- Applicants must provide specific information on removing/limiting availability of unhealthy food and beverages. Strategies should provide current information about such restrictions, and should include this strategy in the intervention selection unless there is justification based on existing strong policies.
- Applicants should engage existing coalition or coalitions and potential members of the leadership team in the selection process.

Performance will be measured by evidence that the intervention area encompasses the jurisdiction of the health department and that the communities have selected interventions that address all five evidence-based MAPPS strategies and that the interventions have broad reach and impact in the community.

*5) Community Action Plan (CAP).*

- Submit a two-year CAP as part of the application that describes an overall integrated strategy that identifies the selected interventions; describes key activities; describes milestones and timelines on achieving intervention implementation; identifies anticipated policy outcomes; and includes SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed) for each intervention.
- 90 days post-award, finalize the two-year CAP utilizing recommendations from the application objective review process and input from community information, HHS agencies, other sources of programmatic support, and on-going discussions with internal staff and community partners.
- Clearly articulate how activities and interventions highlighted in the CAP will be sustained after Recovery Act spending is complete.

Performance will be measured by evidence that the CAP contains program objectives that are SMART, that there are plans for sustainability, and that the plan is approved by CDC.

*6) Community-wide and school-based policy, systems, and environmental change strategies.*

- Address all five evidence-based MAPPS strategies for obesity/physical activity/nutrition in communities and in schools, such that the reach and potential impact is consistent with achieving the long-term goal of the initiative (e.g. PE in schools that impact an entire school district in the jurisdiction, menu labeling that impacts the entire jurisdiction).
- Where applicable, implement a targeted strategy in areas with a disproportionate burden of chronic diseases/conditions that tend to experience disparities in access to and use of preventive and health care services. This focused strategy should include significant areas of the community in order to have the broadest impact possible (e.g. not one school, but an entire school district; not one grocery store, but the availability

of grocery stores in an entire neighborhood; not one street, but places to walk on a network of streets; not one health clinic, but a major health care system).

- Ensure that community media leads work with their media-buying contractors to develop and refine a media-buy strategy within the first 120 days, in coordination with national media activities, to deliver 2250 total quarterly gross rating point reach[*] to ensure an effective level of exposure for the community's priority media campaign.
- Collaborate with CDC to implement emotional, hard-hitting counter-marketing and messaging and normative marketing to promote active behaviors and healthy eating. Co-brand and locally tag all campaign advertisements and materials with locally relevant information and resources.

Performance will be measured by evidence of progress in building community capacity to institute policy, systems, and environmental changes.

*7) Evaluation to monitor/measure progress.*

- 60 days post award, establish a monitoring plan that includes the following:
  - The systematic collection of data on a bi-annual basis (twice a year) of progress on and implementation of existing policy, systems, and environmental change strategies using the Community Health Assessment aNd Group Evaluation (CHANGE) tool related to chronic disease prevention and health promotion, to evaluate the process and outcomes of program activities.
  - The collection of implementation cost information for each initiative, to evaluate the process and outcomes of program activities.
- 120 days post award, finalize a comprehensive evaluation plan that is directly tied to the Community Action Plan.
- Track progress on implementing activities to create policy, system, and environmental changes utilizing the CHANGE Tool.
- Collaborate with and provide necessary information to your state health department, which will be responsible for collecting BRFSS data at the community level at baseline and follow-up.
- Work with state and local education and health agencies and CDC to conduct a YRBSS using standard YRBSS protocol among a representative sample of as many as 1,500 to 2,000 $9^{th}$ - $12^{th}$ grade students in the intervention area during the fall semester of the 2010-2011 school year that measures at least dietary behaviors and physical activity. Repeat the YRBSS among another representative sample of $9^{th}$-$12^{th}$ grade students at the end of the project period. Cooperative agreement funds may be spent on school incentives.
- If selected as a case study site, collaborate with CDC and contractors in implementing a site-specific case study that examines contextual and environmental factors that act

[*] 2250 total quarterly gross rating point (GRPs) reach for the community's priority media campaign. Based on evaluated large-scale public health media campaigns like VERB™ and truth®, this level of exposure is necessary to ensure that the campaign reaches a sufficiently large segment of the population a sufficient number of times (frequency) for the campaign to be noticed and remembered. GRPs are calculated by multiplying the percentage of the target audience reached by an advertisement by the number of times the audience sees and/or hears it in a given campaign. For example, a TV advertisement that reaches 50% of the target audience and is aired 5 times would have 250 GRPs (50% x 5).

as facilitators or barriers to program implementation and achievement of intended outcomes and lead to variations in implementation costs across sites.

- Applicants will be asked to participate in monitoring and evaluation efforts within funded communities, including pre and post measurement. This includes the use of biometric measurements for those applicants of communities already engaged in biometric measurements and who wish to improve the quality of those efforts as they relate to collection of height and weight in school-age children and youth should describe their current activities and the proposed activities to improve the quality of their biometric data collection.
- In collaboration with CDC, provide information that will assist with modeling studies, which will allow, even in the short term, some estimation of long-term impact of policy and environmental changes on risk behavior and health outcomes.
- In collaboration with CDC, provide implementation cost information in a uniform format that will permit examination of efficiency and cost effectiveness of program activities.

Performance will be measured by evidence that the evaluation plan addresses the lifespan of the program; that the awardee is appropriately participating in any national evaluation activities; and adequate progress on targets for specific outcome and output measures.

*8) Participation in Programmatic Support Activities*

- 30 days post-award, ensure that three members of the Leadership Team (the Program Director, the program coordinator or equivalent, and one additional leader outside the health department) as well as the media coordinator attend a kick-off meeting in Atlanta.
- 90 days post-award, ensure that all 8-10 members of the Leadership Team participate in an Action Institute that will promote the importance of policy, systems, and environmental change strategies.
- Ensure that two members of the Leadership Team attend two peer-peer meetings during the project period.
- Ensure that the YRBSS lead attends a CDC-led 3-day YRBSS training in August 2010.
- In collaboration with CDC, work with currently-funded community-based programs (e.g. Healthy Communities, REACH, Active Living by Design, and others) to learn about cutting-edge policy and environmental change strategies and interventions to eliminate health disparities.
- If applicable, invite national experts and health-related foundations to provide programmatic support with the selected interventions.
- In collaboration with CDC, provide information on successful initiatives at the community level that can be published on the web and shared with other communities.
- For state-coordinated small city and rural areas, the State-Community Management Team should provide or facilitate the provision of programmatic support and consultation to their funded communities in risk factor surveillance, program evaluation, evidence-based and practice-based policies, systems, and environmental changes; community engagement, and intervention selection and development.

- For state-coordinated small city and rural areas, the State Health Department is responsible for ensuring that at least 75% of the total award is distributed to the identified communities in the state-coordinated application.

Performance will be measured by attendance and participation in training programs, peer-peer meetings, and dissemination activities. State health department performance will be measured by the level of programmatic support provided and the percentage of funds distributed to identified communities.

*Peer-to-Peer Mentorship*
Note: There will be an opportunity for successful applicants to apply for up to $10 million supplement (April 2010) to support peer-to-peer mentoring in the following areas:

- Serving as an expert center in selected areas of expertise by coordinating programmatic support to communities that request information sharing and on-the-ground lessons learned in specific intervention areas.
- Providing on-site workshops to profile outstanding success and give peer communities on-the-ground access to seeing interventions in place, information sharing sessions with leadership and staff, and sharing lessons learned.
- Serving as an information warehouse of broad-based policy change interventions, implementation tools, promising approaches, and strategies for addressing broad-based policy changes.