Direct link:
http://www07.grants.gov/search/search.do;jsessionid=8GPhKyQG1QTJ7gCWx4RWf17yn9F3ZWgBgywSzTYTTJLbFXbWqFTY!1798842873?oppId=49571&mode=VIEW

American Recovery Reinvestment Act of 2009 Communities Putting Prevention to Work

Funding Opportunity Number: CDC-RFA-DP09-912ARRA09
CFDA Number(s): 93.724 -- Prevention and Wellness--Communities Putting Prevention to Work
Executive Summary: The American Recovery and Reinvestment Act of 2009 (Recovery Act), signed into law February 17, 2009, is designed to stimulate economic recovery in various ways, including preserving and creating jobs and promoting economic recovery, assisting those most impacted by the recession, stabilizing State and local government budgets in order to minimize and avoid reductions in essential services and counterproductive state and local tax increases, and strengthening the Nation's healthcare infrastructure and reducing healthcare costs through prevention activities. The Recovery Act includes $650 million for evidence-based clinical and community-based prevention and wellness strategies that support specific, measurable health outcomes to reduce chronic disease rates. The legislation provides an important opportunity for states, cities, rural areas, and tribes to advance public health across the lifespan and to reduce health disparities. The CDC will support intensive community approaches to chronic disease prevention and control in selected communities (urban and rural), to achieve the following prevention outcomes:

· Increased levels of physical activity;
· Improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and transfats);
· Decreased overweight/obesity prevalence
· Decreased smoking prevalence and decreased teen smoking initiation; and
· Decreased exposure to secondhand smoke.

Background: In the United States today, seven of ten deaths and the vast majority of serious illness, disability, and health care costs are caused by chronic diseases, such as obesity, diabetes and cardiovascular disease. Key risk factors–lack of physical activity, poor nutrition and tobacco use–are major contributors to the nation's leading causes of death. More than 75% of health care expenditures in the United States are spent to meet the health needs of persons with chronic conditions (www.cdc.gov/nccdphp/overview.htm). Many Americans die prematurely and suffer from diseases that could be prevented or more effectively managed.

Understanding patterns of health or disease requires a focus not only on personal behaviors and biologic traits, but also on **characteristics of the social and physical environments** that offer or limit opportunities for positive health outcomes. These characteristics of communities – social, physical, and economic – are a major influence on the public's health and have both short- and long-term consequences for health and quality of life. Research has shown that implementing policy, systems, and environmental changes, such as improving physical education in schools, improving safe options for active transportation, providing access to nutritious foods, and other broad-based policy change strategies, can result in positive behavior changes related to physical activity, nutrition, and tobacco use, which positively impact multiple chronic disease outcomes.

The key to the success of this initiative, Communities Putting Prevention to Work, will be to implement community-wide policies, systems, and environmental changes that reach across all levels of the socio-ecological model and include the full engagement of the leadership in city government, boards of health, schools, businesses, community and faith-based organizations, community developers, transportation and land use planners, parks and recreation officials, health care purchasers, health plans, health care providers, academic institutions, foundations, other Recovery Act-funded community activities, and many

other community sectors working together to promote health and prevent chronic diseases. Funded programs need to build on, but not duplicate current Federal programs as well as state, local, or community programs and coordinate fully with existing programs and resources in the community.

Purpose: The purpose of this FOA is to create healthier communities through sustainable, proven, population-based approaches such as broad-based policy, systems, organizational and environmental changes in communities and schools. Awardees funded under this FOA will work collaboratively to promote and sustain policy change efforts in communities and schools. It is recommended that awardees include a strong focus on the needs of populations who suffer disproportionately from the burden of disease.

Proposals should focus on implementing broad-based policy changes that are chosen from the prescribed set of evidence-based interventions. Each community will address all 5 evidence-based MAPPS strategies (Media, Access, Point of decision information, Price and, Social support services) for each application: tobacco and/or obesity/physical activity/nutrition.

Information on Eligibility:
This effort aims to address the needs of the diverse demographics of the United States by identifying four well-established population areas: large cities, urban areas, tribal communities, and state-coordinated small cities and rural areas. The focal points for the implementation of plans for this effort are state health departments, local health departments, and tribes (see section III. 1. "Eligible Applicants" for specific requirements), which possess the infrastructure to rapidly deploy programs and interventions to their citizens. Funding will provide support to address the risk factors within the defined demographic areas set out below.

· **Large cities:** For this announcement, the term "large city" is defined as a local health department that serves a jurisdiction with a population of more than 1 million people.

· **Urban areas:** For this announcement, the term "urban area" is defined as a local health department that serves a jurisdiction with a population more than 500,000 and up to 1 million people.

· **Tribal communities:** For this announcement, "tribal communities" is defined as Federally recognized Tribal Governments, Regional Area Indian Health Boards, Urban Indian organizations, and Inter-Tribal Councils.

· **State-coordinated small cities and rural areas:** State health departments will coordinate the small city and rural area applications. The term "small city" is defined as a local health department that serves a jurisdiction with a population between 50,000 – 500,000 people. The term "rural area" is defined as a local health department that serves a jurisdiction with a population of 50,000 people and below.

This FOA focuses on two categories of activities: Category A: Obesity prevention, physical activity and nutrition and Category B: Tobacco prevention and control. Applicants will be asked to propose activities in Category A or Category B or both. If applying for both categories, a separate application must be submitted for each category.

In order to address the selected risk factors, awardees will implement population-based approaches such as policy, systems, and environmental changes across 5 evidence-based MAPPS strategies –Media, Access, Point of decision information, Price and, Social support services – in both communities and schools such that the entire jurisdiction of the health department or tribal area is impacted. Reach across both components (community and school) is necessary to achieve behavior change in youth and to sustain healthy behavior into adulthood. Awardees will work from a prescribed menu of MAPPS strategies and interventions (referenced in recipient activities) and will be required to implement specific high

priority interventions, including implementing comprehensive smokefree air policies, using evidence-based pricing strategies that discourage tobacco use, and/or limiting availability of unhealthy food and beverages. Awardees may also propose evidence-based interventions not listed within the prescribed MAPPS menu, but must provide a strong justification of how the proposed intervention will have sufficient reach and potential impact consistent with the short and long-term goals of the initiative. The Centers for Disease Control and Prevention (CDC) will provide community programmatic support and tools to strengthen and develop effective strategies tailored to community needs.

States that propose coordinating community awards will be responsible for the following activities:
· Identifying in their application up to two pre-selected communities (a combination of one small city and one rural community; two small cities; or two rural communities) that will be expected, with state assistance, to conduct the same activities and for achieving the same performance measure identified below in either Category A or Category B. Each community must have an established coalition and will be monitored for progress toward benchmarks, performance measures, and outcomes.

· Establishing and coordinating a State-Community Management Team, including participation from the funded communities and key state-level public health officials.

· Providing or facilitating the provision of programmatic support and consultation to their funded communities in risk factor surveillance; program evaluation; sustainability; evidence-based and practice-based policies, systems, and environmental changes (including the built environment where applicable); community engagement, and intervention selection and development.

· Ensuring that at least 75% of the total award is distributed to the identified communities in the state-coordinated application.

Monitoring and evaluation of the Recovery Act-funded efforts in communities will focus on the implementation of community-wide policy, systems, and environmental changes. These are the expected changes during the funding period, and are also demonstrated to be major drivers of the more downstream changes in risk behaviors and risk factors. Awardees are also expected to participate in national evaluation activities, including tracking relevant behavioral outcomes using BRFSS and YRBSS, participating in modeling studies, and examining cost and context within which community change occurs. Applicants will be asked to participate in monitoring and evaluation efforts within funded communities, including pre and post measurement.

Following the award of funds, up to $10 million will be made available for a limited set of awardees to provide peer-to-peer mentorship to other funded communities (more information can be found in Category A, item 9 and Category B, item 9 under Recipient activities). These funds will be awarded as a competitive supplement.