

Talking Points for Eligibility Call for Funding Opportunity Announcement (FOA) CDC-RFA-DP14-1418: National Implementation and Dissemination for Chronic Disease Prevention

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1. Introduction and Welcome – Dr. Shannon Griffin-Blake

Welcome to the pre-application call regarding CDC’s “National Implementation and Dissemination for Chronic Disease Prevention” Funding Opportunity Announcement. My name is Dr. Shannon Griffin-Blake. I am the Branch Chief for Program Development and Implementation within the Division of Community Health at CDC. I will be serving as the moderator for today’s call. During this call, CDC leaders and other staff will discuss this new funding opportunity announcement. At the end of the call, you will have the opportunity to ask questions about this program. The answers to these questions and other Frequently Asked Questions, or FAQs, will be posted along with the script from today’s call in the next couple of days on our Web site. The address is www.cdc.gov/chronicdisease/about/pichorgs and that is spelled P-I-C-H-O-R-G-S. This address will be repeated throughout today’s call.

We hope this call and the information on the Website help applicants prepare to submit their required letters of intent – **due June 5, 2014** – and their subsequent applications – **due July 22, 2014, 11:59 p.m. U.S. Eastern Daylight Time.**

Before we begin, I would like to provide an overview of today’s agenda and introduce you to the people you will be hearing from today.

- Dr. Ursula Bauer, Director of the National Center for Chronic Disease Prevention and Health Promotion at CDC, will provide an overview of the Funding Opportunity Announcement.
- Dr. Leonard Jack, Jr., Director of the Division of Community Health at CDC, will provide an overview of the Division.
- I will provide an overview of program activities, expected outcomes, and the strategies.

- Ms. Yvette Senter, Project Officer from the Division of Community Health at CDC, will review Activities for Category A and B specifically as well as common requirements.
- Dr. Robin Soler, Acting Evaluation Team Lead from the Division of Community Health at CDC, will review the performance monitoring and evaluation requirements of this FOA.
- Ms. Dana Ewing, Grants Management Specialist from the Procurement and Grants Office at CDC, will discuss submission procedures, including the letter of intent.
- And Ms. Suzi Gates, Communications Team Lead from the Division of Community Health, will lead us through the question and answer process.

We have structured the call to include time at the end to hear and answer some of your questions. Currently all lines are on mute. However, prior to the Q & A portion of the call, the operator will provide instructions on how you can indicate that you would like to ask a question. With this in mind, we suggest that you write down your questions during the call, and we will open the phone lines at the end of the CDC presentations. In the event your question is not answered on today's call, you may submit it to the FOA page of the chronic disease section of CDC's Web site. The address is www.cdc.gov/chronicdisease/about/pichorgs. To submit a question, click on the link, "To submit a question, click here."

I will now turn it over to Dr. Ursula Bauer who will give us an overview of the program.

2. Overview of Center FOAs – Dr. Ursula Bauer

Thank you, Shannon. Welcome, everyone, to the call.

First, let me provide a brief overview of the approach CDC is using in this and 5 other funding opportunity announcements. The six FOAs we are releasing this month each contribute to the nation's chronic disease prevention and health promotion efforts. Together they form a mutually reinforcing set of activities designed to reach three overall goals:

- Reduce rates of death and disability due to tobacco use by 5%.
- Reduce prevalence of obesity by 3%.
- Reduce rates of death and disability due to diabetes, heart disease and stroke by 3%.

All of the FOAs address the behaviors that put Americans at risk for diabetes and heart disease, specifically tobacco use, poor nutrition and physical inactivity. Many address the existing burden of disease by focusing on management of chronic conditions such as hypertension and pre-diabetes. And they involve partnerships at the national, state, tribal and local level because public health cannot solve these problems alone. With these FOAs we have concentrated resources on key risk factors and major diseases that contribute substantially to suffering, disability and premature death of Americans.

Individually, each of the six new funding opportunity announcements contributes uniquely to the long-term goals in several ways:

- By working through unique awardees such as state health departments and national organizations.
- By delivering interventions to unique populations such as racial and ethnic minorities and populations with very high obesity rates.
- By emphasizing specific interventions such as health system improvements and environmental approaches.
- By implementing interventions in specific places such as large cities and tribes).
- And by addressing specific risk factors, disease management, or both, such as tobacco use, obesity, and high blood pressure.

The main purpose of this funding opportunity announcement is to provide support from CDC to build capacity at the local level for implementing population-based strategies that will improve health and help reduce the prevalence of chronic disease and related risk factors in communities. The strategies outlined in this FOA are aimed at reducing heart disease, stroke, diabetes, and obesity. These strategies include population-based strategies to prevent and reduce chronic disease, reduce health disparities, and develop a stronger evidence base for effective prevention programming.

The **long-term goals of this funding opportunity announcement** will contribute to:

1. Creating social and physical environments that promote good health for all;
2. Promoting health and reducing chronic disease through healthy diets and achieving and maintaining a healthy weight;
3. Improving access to comprehensive, quality health care services; and
4. Reducing illness, disability, and death related to tobacco use and secondhand smoke exposure.

The **activities and intervention strategies** of this FOA fall into some or all of the Center's four chronic disease domains. These four domains are:

1. Epidemiology and surveillance.
2. Policy, systems, and environmental approaches.
3. Health systems interventions.
4. Community clinical linkages.

The emphasis of this FOA is on policy, and environmental improvements, or PSE, that address the following risk factors:

- Tobacco use and exposure.
- Poor nutrition.
- Physical inactivity.
- Lack of access to chronic disease prevention, risk reduction, and management opportunities.

Through this funding, awardees will support local coalitions to implement evidence-based strategies, disseminate national and local stories that detail the importance of this work, and will implement communication and dissemination activities related to the four risk factors.

I will now turn the call over to Dr. Leonard Jack, Jr, who will provide you with an overview of the division overseeing this FOA.

3. Overview of DCH - Dr. Jack

Thank you, Ursula. We are so happy to have you on today's call, and we look forward to receiving many strong applications that will help advance the Division's goals in community health and the Center's work to prevent chronic disease and promote health..

The Division of Community Health, or DCH, is a relatively new division within the center. It was formally established in 2012.

The vision and mission of the Division of Community Health is to promote sustainable community action to improve health and achieve health equity. The division's community-level work is grounded in three core principles:

- **The first is to maximize public health impact.**

Given the substantial human and economic costs of chronic diseases—and the challenges of limited resources and competing priorities—it is essential to optimize prevention efforts. The division aims to reach the greatest number of people with the greatest effect. To maximize public health benefits, DCH assists communities with building their capacity to develop, implement and sustain environmental improvements designed to reach the largest portion of the community.

- **The second is to achieve Health Equity.**

The elimination of health disparities is a central focus of our work. Everyone should have equal opportunities to make healthy choices that allow them to live long, healthy lives, regardless of their income, education, racial or ethnic background, or other factors. Health disparities represent preventable differences in the burden of disease, disability, injury and violence, or in opportunities to achieve optimal health. DCH-funded initiatives address health equity by improving opportunities for health, particularly in communities with greater disease burden. DCH supports these efforts with a “twin approach” that couples population-wide interventions with targeted approaches.

- **And the third is to use and expand the evidence base.**

DCH funding addresses the leading causes of morbidity due to chronic diseases. Priority is given to improving environments that support healthy eating, active living, reduced tobacco use, and

community clinical linkages. The evidence base varies across these topics; however, DCH is at the forefront of applying the best available evidence to spur local action, designing strong evaluation to further inform and build the evidence, and supporting dissemination of results.

DCH works with communities, tribes, tribal organizations, and governmental and nongovernmental partners to strengthen community-level efforts throughout the nation to help prevent disease and promote healthy living.

This cooperative agreement builds on the Division of Community Health’s history of working with state and local governmental and non-governmental organizations and multiple sectors of the community to implement population-based strategies that address the greatest predictors of chronic disease such as heart disease, stroke, diabetes, and obesity. You may be familiar with some of our programs, the:

- Healthy Communities Program.
- Racial and Ethnic Approaches to Community Health, also known as REACH.
- Communities Putting Prevention to Work.
- Community Transformation Grants.

For more information about DCH, we encourage you to visit our Website at www.cdc.gov/nccdphp/dch. You can also find a link to the Web site on page 24 of the FOA.

I will now turn the call back over to Dr. Shannon Griffin-Blake to describe the funding requirements, expected outcomes, and an overview of the funding categories.

4. Funding Outcomes and Strategies - Dr. Shannon Griffin-Blake

Thank you, Leonard.

The “National Implementation and Dissemination for Chronic Disease Prevention” program is a 3-year, 30 million dollar cooperative agreement that will support national organizations and their chapters or affiliates in building and strengthening their communities’ abilities to implement policy, system, and environmental strategies that will improve the communities’ health. Both Category A and B applicants must demonstrate evidence of having members, affiliates, and/or chapters in 25 or more U.S. states and territories by submitting a copy of their organization’s bylaws. CDC anticipates funding up to 4 awards per category for a total of up to 8 awards.

As you have read in the FOA, the purpose of the *National Implementation and Dissemination for Chronic Disease Prevention* program is to fund national organizations to implement, evaluate, and disseminate evidence-based and practice-based community health activities that build local-level capacity and implement population-based strategies. This work aims to prevent and reduce chronic diseases, reduce health disparities, and develop a stronger evidence base for effective prevention programming.

Outcomes of the program are categorized as short-term, intermediate, and long-term. Awardees will be responsible for measuring short-term outcomes, while CDC will be responsible for the intermediate and long-term outcomes.

Examples of **Short-Term Outcomes** include:

1. Increased collaboration between national and community partners, and
2. Increased community capacity to implement policy, systems, and environmental improvements

Examples of **Intermediate Outcomes** include:

1. Increased access to smoke-free or tobacco-free environments;
2. Increased access to environments with healthy food options and opportunities for physical activity; and
3. Increased opportunities for chronic disease prevention, risk reduction or management through clinical and community linkages; and

Examples of **Long-Term Outcomes** include:

1. Reduced exposure to secondhand smoke;
2. Increased daily consumption of fruits, vegetables, and healthy beverages; and
3. Increased use of community-based resources related to better control of chronic disease.

As mentioned, there are two categories of funding available through this FOA:

In Category A, which is also called community building and implementation, awardees will use at least 75% of their annual award to select and fund two cohorts of 15-20 chapters or affiliates that may have limited experience or capacity in working with multi-sectoral coalitions on community improvement initiatives. We will also refer to these chapters or affiliates as ‘sub-recipients.’ This funding will support the creation or enhancement of local coalitions and collection of supplemental local data through a community assessment process. It will also support implementation of evidence-based and practice-based strategies that address previously identified community gaps and needs, with the goal of reducing the prevalence of chronic diseases and their risk factors.

For Category B, what we are referring to as dissemination and training, awardees will develop and provide training and tools to support Category A sub-recipient activities and strategies. Additionally, Category B awardees will use their award and other resources to develop and disseminate national and local stories illustrating the importance of this work, its successes, and lessons learned.

Category A sub-recipients should focus, at a minimum, on one of the following risk factors.

Risk Factor #1: Tobacco use and exposure. Awardees would be expected to educate community residents on the benefits of tobacco- and smoke-free environments;

Risk Factor #2: Poor nutrition. Awardees would be expected to increase the number of people with access to environments with healthy food and beverage options;

Risk Factor #3: Physical inactivity. Awardees would be expected to increase the number of people with access to physical activity opportunities;

And lastly, Risk Factor #4: Lack of access to opportunities for chronic disease prevention, risk reduction, or management opportunities. Awardees would be expected to improve access through clinical and community linkages.

Examples of activities for each strategy can be found on pages 18-20 of the FOA.

I will now turn the line over to Ms. Yvette Senter, for a more in-depth look at the application submission process.

5. National Implementation and Dissemination for Chronic Disease Prevention Program Elements -- Ms. Yvette Senter

Thank you, Shannon.

As mentioned earlier, national organizations with demonstrated influence, reach, and experience are able to apply for **only one** funding category. Your letter of intent and application package must clearly describe whether you are applying for Category A or Category B.

There are some expectations and requirements of Category A and B that are different. I will first share the unique requirements for each category, and then share the common requirements.

Category A sub-recipients must be identified and funded through a process that meets CDC's approval. The sub-recipients will develop or strengthen their coalitions and examine community needs assessment information in the first six months of the sub-award. These chapters and affiliates will then have 15 months to implement policy, system, and environment strategies that have both broad reach and measurable effects on chronic disease risk factors.

Category A sub-recipients must provide evidence of being a non-profit or for-profit organization within a community that has a strong coalition, or network, within the community. Sub-recipients also must demonstrate that they have begun work to improve community health through policy, system, and environmental strategies. Examples of local-level, population-based strategies for inclusion in the sub-recipient workplan can be found on pages 18 - 20 of the FOA. Other resources for evidence-based strategies are found on pages 43 and 44.

Each Category A applicant must prepare an application that addresses staffing, a 3-year work plan with annual objectives and plans for identifying recipients, a communication plan, and a sustainability plan.

Category B awardees will develop and provide training and tools to support Category A sub-recipient activities and strategies. Additionally, Category B awardees will leverage their resources to develop and disseminate national and local stories that detail the importance of this work and the progress and lessons learned from work conducted under this funding opportunity.

Similar to Category A, Category B applicants must prepare an application that addresses staffing, a 3-year strategic plan with annual objectives and activities to guide dissemination and training efforts, a communication plan, and a training plan that details tools and resources to be developed. Category B applicants should also describe how the national organization will use its existing distribution channels to disseminate prevention messages and successes to their various audiences and stakeholders, including their own chapters, affiliates, and partners.

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to achieve the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones. Please see Appendix B for the work plan template.

In addition to the individual requirements for category A and B awardees, there are common requirements for each. These include

Sustainability Planning. Awardees will develop a sustainability plan that details how they will ensure that their collaborations, partnerships, and population-based strategies will continue beyond this FOA's funding.

Collaborations. Awardees are encouraged to collaborate with CDC programs, if they currently are funded or become funded in your state, county, city, and/or tribal area. We also encourage awardees to collaborate with other non-funded organizations. Applicants should provide evidence of any collaborations using MOUs, MOAs, or letters of support. Letters of support must indicate the partnering organization's role in the implementation of the coalition's strategies, if funded.

Joint Training. In the third year of the project period, Category A and B awardees will convene a joint training with all Category A sub-recipients and other DCH awardees to exchange lessons learned.

The outline of the content, including page limits, of both Category A and B application package is provided on pages 39-43 of the FOA. The scoring criteria are included on pages 48-50. Please be sure to read and follow these sections carefully.

I will now turn the call over to Dr. Robin Soler. She will describe the evaluation and performance measurement requirements of this FOA.

6. Evaluation and Performance Measurement -- Dr. Robin Soler

Thank you, Yvette.

Awardees will be required to submit an evaluation and performance measurement plan. It is important to know that CDC may revise the existing requirements, and if so, a detailed explanation of any additional requirements will be provided to successful applicants in their Notice of Award letter from PGO. Any additional reporting requirements will not exceed applicable grants regulations limits.

Awardees' Evaluation and Performance Measurement Plan will include two components:

1. Track the progress and completion of strategies. Using the CDC-identified electronic performance monitoring and reporting system, Category A and B awardees will track overall progress on infrastructure and short-term outcome objectives, as well as specific progress on activities on a quarterly basis. In addition, awardees will track specific progress on activities designed for priority populations. Category A awardees will also track their sub-recipients' overall and specific progress on a quarterly basis. The collection of these data is known as performance monitoring.
2. Measure short-term and intermediate-term outcomes. Category A awardees will assist sub-recipients in setting targets and then monitor their progress toward these targets. The number of people who have access to healthier environments as a result of the implementation of each awardee strategy is known as awardee reach. In addition, Category A awardees will also be required to track sub-awardees' reach for each strategy and report these data to CDC on a quarterly basis. An example is found on page 26 of the FOA.

Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first four months of the project.

Category A awardees and sub-recipients should share their success and lessons learned through the creation and dissemination of at least two success stories per year. Category B awardees should prepare, by the end of year 3, at least one unique dissemination document created for stakeholders or the broader community based on the evaluation of Category A awardees and their sub-recipients' high-impact strategies. Additional information on these requirements can be found on pages 27 of the FOA.

I will now turn the line over to Ms. Dana Ewing to review application requirements, including a Letter of Intent.

7. Application Requirements -- Ms. Dana Ewing

Thank you, Robin.

The Letter of Intent for this FOA is due on June 5. A letter of intent is required to be considered for funding, and late submissions of letters will not be accepted. Let me repeat that: A letter of intent is required to be considered for funding, and late submissions of letters will not be accepted. The information to be included in the Letter of Intent is in Section D of the FOA, entitled "Application Submission Information", and is found on page 38. Letters of intent are being accepted by email through June 5 at this address: NatlOrgLOI@cdc.gov. You may also submit your letter via express mail or US Mail, and those are due or postmarked by June 5, 2014.

Applications are due on July 22, 2014, 11:59 p.m. U.S. Eastern Daylight Saving Time, on www.grants.gov.

Please remember that an organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

The first is the Data Universal Numbering System or DUNS: All applicant organizations must obtain a DUNS number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet. It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

The second is the System for Award Management or SAM: The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

The last is Grants.gov: The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov. All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

The websites I mentioned are all in the Funding Opportunity Announcement so don't worry if you weren't able to write it all down as I was speaking.

The Anticipated Award Date for this award is September 30, 2014. The budget period length is 12 months and the project period length is 3 years.

Again, letters of intent are being accepted by email at this address: NatlOrgLOI@cdc.gov by 5 p.m. Eastern Daylight Time. You may also submit your letter via express mail or US Mail, and those are due or postmarked by June 5, 2014. The application packages are being accepted via Grants.gov and are due by 11:59 p.m. EDT on July 22, 2014.

I will now turn the call over to Ms. Suzi Gates who will facilitate our questions and answers.

8. Question and Answer Session -- Ms. Suzi Gates

Thank you, Dana.

To the extent possible we will try to answer your questions on the call today. In the event that we are not able to provide an immediate answer, we will be posting all of the questions and answers from today's call on the FOA's Web site in the coming days. You should check that Web site frequently for new questions and answers. Before we go to the phones, I will read through some frequently asked questions that we have developed to assist you in your application.

1. Do I need to provide letters of support or letters of involvement?

Letters of Support can be a part of your application to demonstrate the level of commitment from collaborating and partnering organizations.

2. Do intended sub-recipients need to be selected and identified prior to submitting the grant proposal?

No, sub-recipients do not have to be selected prior to the start of the project period. However, when sub-recipients are selected, there is a required prior approval process to hire contractors, consultants, or sub-recipients. This process takes a minimum of 30 days, which may delay when you may begin your work.

3. Will Category A awardees receive additional funding in Year 2 to support the second cohort of sub-recipients?

No. We anticipate that Category A awardees will receive the same amount of funding for Years 1, 2, and 3. Category A awardees will fully fund all Cohort I sub-recipients in Year 1. Similarly, the Category A awardees will fully fund all Cohort II sub-recipients in Year 2.

4. Please define what is meant by a member, chapter, or affiliate.

An affiliate is an official, existing organization or group that reports directly to a national organization. A chapter is local branch of a larger, national organization. When we use the word "member" in this context, we are referring to individuals who are part of a chapter or affiliate.

5. Please define what you mean by national organization.

A national organization is a non-governmental organization that has an established board, articles of organization, by-laws, and chapters (state or local) serving public good to deliver social benefit across the U.S. for which they are chartered.

We will now open the call up for questions. Operator, please review the process for callers to ask their questions.

This concludes the question and answer portion of the call. I will now return the call to Dr. Shannon Griffin-Blake for closing.

9. Closing: Dr. Shannon Griffin-Blake

Thank you for your interest in the “National Implementation and Dissemination for Chronic Disease Prevention” FOA. I want to remind everyone that we have created a Frequently Asked Questions website. The address for that website is: www.cdc.gov/chronicdisease/about/pichorgs. We hope to have answers posted within 48 hours of receipt.

This concludes our call.