Talking Points for Eligibility Call for Funding Opportunity Announcement (FOA) PPHF 2014: A Comprehensive Approach to Good Health and Wellness in Indian Country – DP14-1421-PPHF14

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1. Introduction and Welcome – Beth Patterson

Welcome and thank you for taking the time to be on this conference call today to discuss a new funding opportunity announcement for tribes and tribal organizations, "A Comprehensive Approach to Good Health and Wellness in Indian Country." This call is being hosted by staff from the National Center for Chronic Disease Prevention and Health Promotion at the CDC.

My name is Beth Patterson. I am a member of the center's Office of Public Health Practice. I will be serving as the moderator for today's call. 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.

- Dr. Ursula Bauer, Director of the National Center for Chronic Disease Prevention and Health Promotion, will provide an overview of the Funding Opportunity Announcement, or FOA.
- I will discuss examples of program activities that we would like to see as part of this funding opportunity.
- Larry Alonzo from our center's Division of Diabetes Translation will review eligibility criteria and funding levels. He will also review some resources available to you for additional information as you prepare your applications, including the Email box and Web site.
- Tracey Sims from CDC's Procurement and Grants Office will discuss submission procedures.
- Rebekah Buckley from the center's Division for Heart Disease and Stroke Prevention will lead us through the question and answer process.
- I would also like to recognize the presence of two of our Division Directors. Dr. Barbara Bowman, Director of the Division for Heart Disease and Stroke Prevention and Ann Albright, Director for the Division of Diabetes Translation.

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 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 chronic disease section of CDC's Web site. The address is www.cdc.gov/chronicdisease/about/tribalhealthwellness.

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

2. Overview of the new FOA for tribes and tribal organizations – Dr. Bauer

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

First, let me provide a brief overview of the approach CDC is using in this and five 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: 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 help prevent heart disease, diabetes, and associated risk factors in American Indian tribes and Alaskan Native villages. It is my personal hope that this FOA represents a down payment on this center's investment in Indian Country. By working together and demonstrating real improvements in the health of American Indians and Alaskan Natives, we will be able to grow and expand this program of work in the future.

The announcement offers a holistic approach to population health and wellness. It represents five chronic disease prevention programs in this center – diabetes; heart disease and stroke; tobacco use prevention and control; reproductive health; and nutrition, physical activity and obesity. Our center, and all of CDC, places a high priority on our Federal Trust Responsibility to American Indians and Alaskan Native people. The programs in our center have rich experience in funding tribes and tribal

organizations. This FOA brings together a substantial amount of funds—65 to 75 million dollars over a 5-year period—for a comprehensive approach to chronic disease prevention and health promotion in Indian Country.

The strategies outlined in this FOA are aimed at reducing risk factors associated with chronic diseases – such as obesity, physical inactivity, unhealthy eating, high blood pressure, and use of commercial tobacco. These strategies are also aimed at working with health care systems and communities to prevent complications associated with chronic diseases such as diabetes, heart disease and stroke.

The activities and interventions supported by this FOA are from the center's four domains. These are:

1) Epidemiology and surveillance;
2) Policy and environmental approaches;
3) Health systems interventions; and
4) community-clinical linkages.

The emphasis of this FOA is on policy and environmental approaches, health systems interventions, and strengthening community-clinical linkages.

There are two groups of applicants that are eligible to apply and receive funds from this FOA: federally recognized American Indian Tribes and Alaskan Native Villages, and tribal organizations.

- We anticipate making 12 awards total directly to American Indian Tribes/Alaskan Native Villages. Our goal is to fund one award in each of the 12 IHS Administrative Areas. Depending on the applications we receive and the strength of those applications, we may fund two awards in one area and no awards in another area.
    - Component 1 recipients will propose to work on a combination of effective community-chosen and culturally adapted policies, systems, and environmental improvements. These changes will aim to reduce commercial tobacco use and exposure, improve nutrition and physical activity, increase support for breastfeeding, increase health literacy, and strengthen team-based care and community-clinical links. Awardees will customize effective environmental approaches for their communities to create sustainable programs, broaden community and cross-sector partnerships, and demonstrate health improvements among the populations served by this award.

- The second group of applicants works in Component 2. Again, we anticipate making 12 awards total to Tribal Organizations. Our goal is to fund one award in each of the 12 IHS Administrative Areas. Depending on the applications we receive and the strength of those applications, we may fund two awards in one Area and no awards in another Area.
    - These Tribal Organizations will provide leadership, technical assistance, training, and resources to American Indian tribes and Alaskan Native villages and other tribal organizations as appropriate within their I.H.S. Administrative areas. They will work to promote the same kinds of effective community-chosen and culturally adapted policies, systems, and environmental improvements, as the Component 1 awardees.
    - In addition, these Tribal Organizations may provide financial support to tribes and villages in their I.H.S. Administrative Areas to initiate program activities that will lead to sustainable improvements to improve health and prevent chronic diseases such as type 2 diabetes, cancer, heart disease and stroke

This is a very exciting program of work that I hope will build the foundation for additional resources and work to come.

I will now turn the call back to Beth Patterson who will give an overview of program activities that are part of Components 1 and 2 of the FOA.

3. Examples of Program Activities – Beth Patterson

Thanks, Dr. Bauer

This FOA contains 2 logic models. One, on page 8 of the FOA, is for Component 1 applicants, that is, directly funded tribes and villages. The other, on page 9 of the FOA, is for Component 2 applicants, or tribal organizations. Please turn to these pages as I walk through the logic model and follow along.

Component 1 – Tribes

For Component 1 grantees, year one is a time for strategic planning. For example, successful applicants will conduct a community assessment, identify needs and opportunities, and develop an action plan. They will choose 1 to 2 outcomes from each of the 3 domains to work on, focusing on those areas that will have a significant impact on the health and wellness of tribal members.

Examples of short-term outcomes that tribes may choose to work on in years 2-3 are provided on pages 13 and 14 of the FOA.

- Under the domain of policy, systems, and environmental approaches, an example of a short-term outcome is to increase availability and access to healthy traditional and other foods and beverages, such as fruits, vegetables, and water.
- Under the domain of community-clinical linkages, tribes might focus on increasing access to Community Health Representatives who link patients to community resources that promote self-management of high blood pressure and prevention of diabetes.
- An example under the domain of health system interventions is to increase the proportion of high-risk adults who participate in the CDC-recognized diabetes prevention program.

In years 3-5, successful applicants for Component 1 will be expected to achieve outcomes based on the strategies they implemented in years 2-3. For example,

- Increase physical activity among children, youth, and adults in the population.
- Increased rates of breastfeeding among newborns.
- Increase the proportion of American Indians and Alaskan Natives protected from secondhand commercial tobacco smoke as a result of implementation of tobacco-free policies.

Component 2 – American Indian or Alaskan Native Tribal Organizations

In Component 2, tribal organizations will provide leadership, technical assistance and support to the tribes in their Area to initiate chronic disease prevention and health promotion activities and implement key strategies. These efforts will lead to the short-term and intermediate outcomes and long-term impacts depicted in the logic model on page 9.

Here are examples of three short-term outcomes expected to be achieved in years 1 and 2:

- Increased involvement of tribes in partnerships and collaborations.
- Increased delivery of trainings on team- based care and prevention and management strategies.
- Increased collection of data to support effective program implementation, evaluation and sustainability.

In years 3 to 5, successful applicants will be expected to achieve a number of intermediate outcomes as a result of their work with the tribes throughout their Area region. For example:

- Increase in community-clinical linkages.
- Increased team-based systems of care.
- Decreased consumption of commercial tobacco.

Applicants for Component 1 and 2 will be expected to submit an application that includes all of the required components described on pages 36-40 of the FOA, including a Project Narrative of no more than 25 pages that addresses background, approach, Evaluation and Performance Measurement Plan, Organizational Capacity, and work plan. Applicants must also submit an itemized Budget Narrative which clearly addresses Component 1 or 2.

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, bringing in or working with other resources and related ongoing efforts to promote sustainability is strongly encouraged.

I will now turn the call over to Larry Alonzo who will go over the eligibility criteria and funding that is available for this program.

4. Eligibility Criteria & Funding – Larry Alonzo

Thank you, Beth.

Eligibility for this FOA is limited. Component 1 funds are limited to American Indian tribes and Alaskan Native villages and Component 2 funds are limited to American Indian and Alaska Native Tribal Organizations. The two groups do not compete against each other. Tribes and villages compete against each other within each Area and tribal organizations compete only against each other within an area.

A total of approximately 14 million dollars is available for year 1 of this 5-year cooperative agreement. As Dr. Bauer mentioned earlier, CDC anticipates funding up to 24 applicants, up to 12 each from Components 1 and 2.

- The average award for Component 1 will be 350,000 dollars, and will range from 100,000 to 450,000 dollars.
- The average award for Component 2 will be 850,000 dollars, and will range from 650,000 to 1.1 million dollars. For Component 2, successful applicants will be encouraged to make small sub-awards available to tribes in their Area.

Now I would like to provide some specific guidance related to the development of the budget justification and budget narrative.

Applicants should prepare a budget narrative that supports the work being done in the component they are applying for. The budget narrative should be uploaded into Grants.gov per the instructions on the bottom of page 39. In the budget narrative, applicants should indicate how they are budgeting for the various line items that are typically included in the budget (FOA page 39) including the following object class categories:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Total direct costs
- Total indirect costs
- Contractual costs

Applicants are strongly encouraged to review the budget guidance provided on the CDC Procurement and Grants Office Web page to be sure all of the required information is included. The Web page address is: www.cdc.gov/od/pgo/funding/grants/foamain.shtm.

Direct assistance is available through this FOA. Please refer to page 33 for more specific instructions regarding direct assistance.

I will now turn over the line to Tracey Sims from PGO to discuss specific application requirements related to the Application.

5. Application Requirements – Tracey Sims

Thank you, Larry. No letter of intent is requested for this FOA. 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 (D&B). 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 Web sites 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.

I will now turn the call back to Larry.

6. Email box and Web site for Additional Information – Larry Alonzo

Thank you, Tracey.

We would like to take a few moments to make sure you are aware of several tools and resources where you can access more information about the strategies that we would like to see implemented as a result of this funding opportunity. On pages 19 through 23 of the FOA you will find a list of relevant resources and web-links that we think will be helpful to you. Additionally, throughout the FOA, web-links are embedded in the document that will take you to helpful resource documents. Additionally, CDC has set up a Web site that is specific to this FOA that will include frequently asked questions, or FAQs, and a system for electronic submission of questions through the Web site.

The Web site for this FOA can be accessed from the Center's Web site which is www.cdc.gov/chronicdisease. Look for the link to the "A Comprehensive Approach to Good Health and Wellness in Indian Country" link.

We will be posting FAQs and answers to the Web site, and we will continue to add to this list as we receive additional questions. We encourage you to review the full Funding Opportunity Announcement, as well as the FAQs already posted on the Web site, before submitting a new question.

If you have a question that has not already been addressed in the FAQs or the FOA, please go to the "Submit Your Question" link on the Web site, complete the requested information, and click the "Submit" button to send. Responses to the questions will be posted on the FAQ section of the Web site.

Let me know turn the call to Rebekah Buckley who will describe how we will handle questions on today's call.

7. Question and Answer Session – Rebekah Buckley

Thank you, Larry. 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. **What are the qualifications to be considered a "Tribal Organization"?**
   "Tribal organization" means: the tribally recognized intertribal organization which the recognized governing bodies of two or more Indian tribes on a reservation authorizes to provide public health leadership and/or programming on their behalf. For the purposes of this FOA, tribal organizations will be those which the recognized governing bodies of half plus 1 of the federally recognized tribes located in an IHS administrative area authorizes to provide public health leadership and/or programming on their behalf (page 66).

2. **Should funds be budgeted for evaluation activities?**
   Applicants are encouraged to budget 10% of the total funding award to evaluation activities. Evaluation is one of the 10 essential public health functions and awardees should build capacity in this area through use of internal evaluators and/or by working with Tribal Epidemiology Centers as appropriate. However, if awardees choose, they may contract with outside/independent evaluators.

3. **Can I apply for more than the ceiling listed in the FOA?**
   Applicants should not request more than the ceiling listed in the FOA.

4. **Can funds be used for the purchase of equipment?**
   In general, funds should not be used for equipment. Funds can be used to purchase equipment that directly benefits the grant supported project or program. Such items are required by grant personnel to operationalize the proposed activities and include such items as a computer or phone. Any such proposed spending must be identified in the budget.

   Purchasing curriculum materials to be provided in classrooms would be considered a direct service, and would not be an appropriate use of funds. However, funds could be used to educate teachers who could, in turn, provide ongoing health-related education to students.

5. **Do I need to provide letters of support?**
   Component 1 awardees must be eligible tribal applicants as noted in the Eligible Applicant section of the FOA. Eligible tribal applicants should provide support in the form of an official letter from official tribal leadership, or a tribal resolution.

   All eligible Component 2 applicants must provide official letters of support or resolutions from the tribes they intend to work with under the funding announcement, representing half plus one of the tribes in their IHS designated area. (Page 33)

I will now turn the call over to the operator who will provide instructions on how you can indicate that you would like to ask a question.
I will now turn the call back to Beth.

8. Closing – Beth Patterson

On behalf of the National Center for Chronic Disease Prevention and Health Promotion, I want to thank all of your for your time on the call today, and for your interest in this funding opportunity announcement. This concludes our call today. Thank you, and have a good afternoon.