

# Prevention and Public Health Fund Coordinated Chronic Disease Prevention and Health Promotion Program

## Internal Q&A for CDC- RFA-DP09-9010301PPHF11

### Purpose

1. **Question:** What is the purpose of the Coordinated Chronic Disease Prevention and Health Promotion Program?

**Answer:** The purpose of the program is to establish or strengthen Chronic Disease Prevention and Health Promotion Programs within State Health Departments, to provide leadership and coordination, support development, implementation and evaluation of CDC funded Chronic Disease Prevention and Health Promotion programs, focusing on the top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, in order to increase efficiency and impact of categorical diseases and risk factor prevention programs, including, but not limited to heart disease, cancer prevention and control, stroke, arthritis, diabetes, nutrition, physical activity and obesity.

2. **Question:** How is the Coordinated Chronic Disease Prevention and Health Promotion Program different from the Community Transformation Grants (CTGs)?

**Answer:** The Coordinated Chronic Disease Prevention and Health Promotion Program is different from the Community Transformation Grant Program. The Coordinated Chronic Disease Prevention and Health Promotion Grant Program will support development or enhancement of State Health Department leadership, coordination, expertise and direction across targeted disease programs in a state or territories' chronic disease portfolio.

In contrast, the CTG initiative is focused on supporting the implementation, evaluation, and dissemination of evidence-based community preventive health activities to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence base for effective prevention programming.

3. **Question:** My question is to what extent do you see these funds being used for a proposed organizational structure and if we "fund a solid structure" with these funds - are we likely to lose these positions (FTEs) at the end of this funding?

**Answer:** Yes, related to the funding of a solid structure. The language in the organizational structure activities are to develop or enhance the state chronic disease prevention and health promotion organization structure to strengthen leadership, enhance coordination and collaboration across chronic disease prevention activities, improve efficiencies, share best practices across multiple program areas, and eliminate redundancies across all CDC-funded chronic disease prevention and health promotion programs; and to support and strengthen, collaborative approaches to public health policy, communications, surveillance and epidemiology, evaluation, and community mobilization. Therefore, your understanding of the intent of the organizational structure is correct.

In response to your question related to the loss of FTEs at ending of funding, it is the intent of the Center to continue supporting an effective and efficient Chronic Disease Prevention

and Health Promotion program and to support cross cutting work in policy and environmental change approaches, work with the health care system, surveillance and epidemiology.

**4. Question:** Can applicants request direct assistance assignees in lieu of cash?

**Answer:** Yes, CDC will consider requests to assign one or more federal employees to carry out approved activities under the program. For example, a state could request an epidemiologist to demonstrate the use of surveillance and epidemiology data and information to: identify and engage public health and programmatic needs (including descriptions of health disparities) and gaps; to plan, implement and evaluate chronic disease prevention and health promotion programs; and to document program impact.

**5. Question:** In one place it seems to indicate that we would need to address specific activities and milestones. “The narrative should address activities” on page 19 and page 21 “quarterly milestones”. Would it be ok to address these in the narrative and then develop a template of our own as a table or appendix since there is not a template with this grant.

**Answer:** Yes, you can address the application content in the format that best displays your program. The narrative activities referenced on page 19 relate to each of the 10 content areas that follow the statement and the milestones on page 21 are included in the Program Management and Leadership application content.

**6. Question:** Page 24 seems to indicate that we must consider reorganization of our current structure and page 5 addresses “consolidated leadership”. We actually already have a consolidated leadership at the highest level under our Deputy Commissioner and I am the Branch Manager over multiple categorical programs. So we weren’t sure what this was referencing. We appreciate the concept of this grant, and are looking forward to writing a comprehensive plan which has been on our to do list for some time, but wanted to make sure we weren’t missing something on this.

**Answer:** The consolidated leadership referenced on page 5 is part of the overall general purpose of the FOA. The Organizational Structure on page 10 in the recipient activities section, ask that you develop or enhance the state chronic disease prevention and health promotion organization structure to strengthen leadership, enhance coordination and collaboration across chronic disease prevention activities, improve efficiencies, share best practices across multiple program areas, and eliminate redundancies across all CDC-funded chronic disease prevention and health promotion programs; and to support and strengthen, collaborative approaches to public health policy, communications, surveillance and epidemiology, evaluation, and community mobilization.

**7. Question:** “specific outcome objectives” are mentioned on page 24 and we believe that this would be our cross cutting objectives that apply across categorical funding such as comprehensive smoke free laws, worksite wellness and improving our school environments through nutrition and mandatory physical activity in the schools as examples. Would this be what this is referencing and again because there is no template for objectives, we were going to discuss in the body of the narrative only.

**Answer:** Yes, the outcome requirement refers to the cross cutting objectives. However, the focus of the application content requirement is on how the programs will be organized to

foster collaboration, increase efficiency, and expand the use of evidence-based policy, system and environmental change strategies and identification of outcome objectives.

- 8. Question:** On page 7, there's a discrepancy for when the "staffing and training plan" is due. One place says 6 months after the award and in the next sentence it says 2 months. Would you please clarify?

**Answer:** The performance measurement information in the second sentence will be amended to remove the implementation language. The first part of the paragraph relates to establishing leadership in cross cutting skill areas and the second sentence relates to development of a staffing and training plan. "Performance will be measured by the establishment of strong, effective chronic disease leadership, including leadership in cross cutting skill areas such as policy, communications, epidemiology and surveillance, community mobilization, and evaluation within six months of the award. Performance will be measured by evidence that a staffing and training plan is developed within two months of the award that includes specific milestones and describes specific functions to support a coordinated and collaborative approach to chronic disease prevention and health promotion in the areas described under Program Management and Leadership recipient activities."

- 9. Question:** On page 21, last bullet – this bullet point is the exact same thing that is on the #4 at the top of page 22 for the evaluation plan. On page 21 it would appear that the evaluation plan is a part of the surveillance and epidemiology section. Is this just an error and is evaluation a separate component? Base on what is on pg. 8 – #3 it shows the evaluation plan is a separate component as it does on pg. 22.

**Answer:** Yes, the evaluation plan is a separate component. The duplicative language under surveillance and evaluation "Describe an evaluation plan to evaluate measureable outcomes and monitor progress toward achievement of programmatic objectives and longer-term outcomes including specific chronic disease conditions and risk factor impact measures, using process, output, programmatic, epidemiology, and surveillance data and information" will be removed from the surveillance component..

- 10. Question:** We would like clarification on what is meant by:

Evaluation: Describe an evaluation plan to evaluate measureable outcomes and monitor progress toward achievement of programmatic objectives and longer-term outcomes including specific chronic disease conditions and risk factor impact measures, using process, output, programmatic, epidemiology and surveillance data and information.

Are we to describe the process for developing an evaluation plan as we are to do for the State Chronic Disease Prevention & Health Promotion (CDPHP) Plan? We are confused because the State CDPHP Plan is due four months after the award. We don't understand how we develop an evaluation plan before we establish the objectives to be measured in the State CDPHP Plan.

**Answer:** The State Chronic Disease Prevention and Health Promotion plan is due within four months of the award but the evaluation plan does not have a date requirement.

- 12. Question:** On page 22, in the last sentence in #4. Evaluation paragraph, it says "State Chronic Disease Prevention and Health Promotion Plan." Is this suppose to be separate

from the Evaluation component? Should this instead be #5? On page 9 it shows that as #4 – a separate section.

**Answer:** Yes, an amendment to correct the formatting error will be issued for the funding opportunity announcement.

- 13. Question:** Finally, on page 22 & 23 it shows that Organizational Structure as # 5 and Collaboration as #6 separately, but these are scored together with 20pts.

**Answer:** You are correct. The two areas were combined in the evaluation section of the FOA.

- 14. Question:** Will the Coordinated Chronic Disease Prevention and Health Promotion supplemental require a separate work plan from our program work plan.

**Answer:** Yes, the requested activities in this FOA should be submitted in response to the requirements outlined in this FOA.

- 15. Question:** Should we alter our current work plan to reflect the vision of the new integration plan.

**Answer:** No, but you should have an opportunity to develop, update or strengthen a State Chronic Disease Prevention and Health Promotion Plan that includes development or update and implement a realistic, practical and achievable state coordinated chronic disease prevention and health promotion plan that includes the following components:

- a) Infrastructure and expertise to support focused strategies to improve policies, environments, programs and infrastructure in order to achieve measurable improvements across the top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors. Improvements in policy, environment, program and infrastructure should be implemented at the state and community levels, including in schools, worksites, child and adult care programs, transportation, agriculture and other sectors, and in the health care setting.

- 16. Question:** The Coordinated Chronic Disease Prevention and Health Promotion supplemental FOA ask for a staffing plan. Considering the program Directors involved are funded under separate grants, how do we include them in the staffing plan.

**Answer:** The Program Management and Leadership activities ask applicants to describe the existing and future program management, expertise and leadership that will be used to support development, implementation and evaluation of a coordinated and collaborative chronic disease prevention and health promotion program; to describe the staffing plan and quarterly milestones that will be followed to fully staff the management and leadership with qualified individuals. Describe the qualification and experience of each individual and consistency with the management and leadership recipient activity. These individuals may be the current categorical program managers and/or leadership and new positions created to support the work outlined under this FOA.

**17. Question:** Which cancer program is intended to be part of this agreement? Is it comprehensive, Breast and Cervical or others?

**Answer:** All cancer programs. The Coordinated Chronic Disease Prevention and Health Promotion Grant Program is designed to support development or enhancement of State and Territory Health Department leadership, coordination, expertise and direction across targeted disease programs in a state's chronic disease portfolio. It is not designed to provide funds for individual categorical efforts but rather support cross cutting chronic disease leadership, policy, communication, epidemiology, surveillance and evaluation activities in order to increase efficiency and maximize impact.

The focus of the FOA is on the five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, including tobacco, nutrition, physical activity and obesity. Funds may be used, as appropriate to individual needs, to strengthen cancer surveillance and epidemiology capacity, and develop or strengthen policy work to improve the major cancer risk factors of tobacco, poor nutrition and physical inactivity, and to develop or strengthen expertise to address gaps in the health care system related to cancer screening and other clinical preventive services.

**18. Question:** Please specially name which CDC funded programs are to be part of this coordinated cooperative agreement.

**Answer:** The purpose of the program is to establish or strengthen Chronic Disease Prevention and Health Promotion Programs within State Health Departments, to provide leadership and coordination, support development, implementation and evaluation of CDC funded Chronic Disease Prevention and Health Promotion programs, focusing on the top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, in order to increase efficiency and impact of categorical diseases and risk factor prevention programs, including, but not limited to heart disease, cancer prevention and control, stroke, arthritis, diabetes, nutrition, physical activity and obesity. This FOA is to develop capacity, expertise and leadership to strengthen cross cutting work to prevent chronic disease and promote health. A future FOA may be released that specifically "includes" CDC funded programs.

**19. Question:** Is this grant to established positions that should become the leadership for coordinated grant in FY2012 or is this grant to bring in a consultant to plan for the transition rather than conduct the transition?

**Answer:** The language in the organizational structure activities is to develop or enhance the state chronic disease prevention and health promotion organization structure to strengthen leadership, enhance coordination and collaboration across chronic disease prevention activities, improve efficiencies, share best practices across multiple program areas, and eliminate redundancies across all CDC-funded chronic disease prevention and health promotion programs; and to support and strengthen, collaborative approaches to public health policy, communications, surveillance and epidemiology, evaluation, and community mobilization. Utilizing these funds to support a consultant to plan or develop a transition strategy for FY2012 would not be consistent with the purpose of this FOA.

**20. Question:** How does this funding opportunity relate to funding opportunities in FY12 for chronic disease prevention and health promotion?

**Answer:** The FY 12 President's Budget proposes to consolidate existing budget line items for several chronic disease programs, including heart disease and stroke, diabetes, cancer, arthritis and other conditions, nutrition, health promotion, prevention centers and non-HIV/AIDS school health activities into a single, Coordinated Chronic Disease Prevention and Health Promotion Grant Program (CCDPP). The proposed coordinated program would represent a new way of delivering effective, established chronic disease prevention programming, focusing on the policies, environments, programs and infrastructure and community and clinical linkages that can prevent, reduce or mitigate a variety of chronic diseases.

The funding available in this FOA comes from FY 11 Prevention and Public Health Funding, and is intended to provide support to strengthen expertise in and coordination of chronic disease prevention and health promotion activities within states and territories in preparation for implementation of the full Chronic Disease Prevention and Health Promotion Program in FY 12.

**21. Question.** Does the Prevention and Public Health Fund Coordinated Chronic Disease Prevention and Health Program replace the funding for categorically funded chronic disease programs, including heart disease and stroke, diabetes, cancer, arthritis, and nutrition, physical activity, and obesity?

**Answer.** The CCDP&HP grant program does NOT replace the funding for categorical chronic disease programs. This is NEW money for state health departments to use to strengthen existing chronic disease capacity, specifically in cross-cutting areas like surveillance, epidemiology, evaluation, policy, communications, health systems work, and community partnerships/mobilization – areas that all or many of the categorical programs depend on and may each have developed to some degree on their own (e.g., a CVD epidemiologist, obesity epidemiologist, etc). It is expected that the chronic disease program will be able to improve efficiency and effectiveness of categorical programs by strengthening these cross-cutting areas and providing leadership and coordination across the existing categorical programs.

**22. Question:** Is this announcement in response to the collaborative chronic disease initiative described in the President's budget for FY 2012?

**Answer:** The President's 2012 Budget Proposal describes this activity as component one of a five component program referred to as: "Coordinated Chronic Disease Prevention and Health Promotion Grant Program." Specifically, the President's proposal describes component one as: "1) Competitive grant awards to all State health departments, Territories and some Tribes to establish or strengthen leadership, expertise, and coordination of overarching chronic disease prevention programming, surveillance, epidemiology and evaluation, policy, and communication..." With funding from the Prevention and Public Health Fund, we were able to establish this component of the larger program in 2011. Please note that the President's budget proposal is the first step in the budget process. We do not yet have a 2012 budget; that budget will be developed by Congress and may look different from the President's proposal.

**23. Question:** Rumor has it that this current FOA/supplement to all 50 states is replacing the funding for the individual programs (ie, no more individual programs nor funds for obesity, diabetes, heart disease, or arthritis). Is this the case?

**Answer:** The CCDP&HP grant program does NOT replace the funding for categorical chronic disease programs. This is NEW money for state health departments to use to strengthen existing chronic disease capacity, specifically in cross-cutting areas like surveillance, epidemiology, evaluation, policy, communications, health systems work, and community partnerships/mobilization – areas that all or many of the categorical programs depend on and may each have developed to some degree on their own (e.g., a CVD epidemiologist, obesity epidemiologist, etc). It is expected that the chronic disease program will be able to improve efficiency and effectiveness of categorical programs by strengthening these cross-cutting areas and providing leadership and coordination across the existing categorical programs.

**24. Question:** Ohio does not have an Arthritis Program or designated arthritis staff. The FOA specifically identifies this program as one to be included in all activities. Are states without a designated Arthritis Program expected to establish one as part of their 3-year proposal?

**Answer:** The purpose of the FOA is to establish or enhance crossing cutting expertise in the areas of Program Management and Leadership, Surveillance and Epidemiology, Evaluation, and an Organizational Structure to establish effective chronic disease prevention and health promotion for heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, including tobacco. If you do not have an Arthritis program, you are not required to create one but you can provide expert support for other Chronic Disease programs in your state.

**25. Question:** One of the key components of the FOA is expanded surveillance, particularly to identify health disparities. Are states permitted to use funds available through this FOA to expand BRFSS data collection activities and increase sample size to assure adequate data are available to define the burden of chronic diseases and describe associated health disparities?

**Answer:** You may use resources provided from this FOA to increase your surveillance and epidemiology capacity and to increase your BRFSS sample size to obtain data to identify chronic disease disparities.

**26. Question:** Will these funds be used by state HDs to coordinate across all chronic disease programs, even for those states who do not have funding for a specific program?

**Answer:** No, state health departments are not expected to coordinate across programs that do not currently exist or to establish these programs if funding has not been separately provided. The purpose of the FOA is to establish or enhance crossing cutting expertise in the areas of Program Management and Leadership, Surveillance and Epidemiology, and Evaluation, and establish or maintain an Organizational Structure to support coordinated, effective chronic disease prevention and health promotion for heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, including tobacco. If a state or territory does not have a listed program, they are not required to create one.

**27. Question:** Does this initiative address any of the newly-formed *Healthy People 2020* goals?

**Answer:** This program addresses the “Healthy People 2020” focus area(s) Obesity, Heart Disease and Stroke, Cancer, Arthritis, Diabetes, Nutrition and Weight Status and Physical Activity.

**28. Question:** What areas should awardee activities be aimed at affecting?

**Answer:** There are eight broad categories that awardees will be required to address. These areas are:

- Program Management and Leadership
- Surveillance and Epidemiology
- Evaluation
- State Chronic Disease Prevention and Health Promotion Plan
- Organizational Structure
- Collaborative Processes
- Communication
- Policy

## Eligibility

**29. Question:** Who is eligible to apply for these awards?

**Answer:** Grantees currently funded under FOAs DP09-901 are eligible to apply. **“Eligibility is limited to state health departments, District of Columbia, Puerto Rico and Virgin Islands or their Bona Fide Agents.”**

P09-901: Collaborative Chronic Disease, Health Promotion, and Surveillance Program  
Announcement: Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System

- Funds 50 states, DC, Puerto Rico and U.S. Virgin Islands

**Eligibility is limited to state health departments, District of Columbia, Puerto Rico and Virgin Islands or their Bona Fide Agents.** A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. This requires a legal, binding agreement from the state or local government as documentation of the status.

**30. Question:** This is a supplemental Funding Opportunity Announcement and the FOA indicates that eligible applicants are “Grantees currently funded under DP09-901 Collaborative Chronic Disease, Health Promotion, and Surveillance Program Announcement: Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance Systems.” Does this mean that only the programs listed in the FOA eligibility section title are eligible to apply?

**Answer:** No. The eligibility language states the following: “Eligibility is limited to States, District of Columbia and Territorial (Puerto Rico and Virgin Islands) health departments or their Bona Fide Agent.” Therefore, the eligible applicant is the state or territorial health department or their bona fide agent. The applicant will need to propose where they want to locate this activity in their organizational structure. Because these dollars are for overarching chronic disease capacity and to provide leadership and coordination across programs, it may be most effective to locate the work within a state health department chronic disease prevention program, rather than within a specific disease or risk factor program.

**31. Question:** Are Pacific Island Territories eligible to apply?

**Answer:** Grantees currently funded under DP09-902 Affiliated Pacific Island Collaborative Performance Agreement are eligible to apply under a similar FOA: CDC-RFA-DP09-9020303PPHF11. Eligibility is limited to Territorial health departments or their Bona Fide Agent for American Samoa, Federated States of Micronesia, Guam, Marshall Islands Palau and Northern Mariana Islands. Approximate current FY funding for the Asian Pacific Island FOA is: \$ 1,045,000. The approximate average award is: \$209,000.

**32. Question:** If we currently the DP09-901 Collaborative grant directly to the California Department of Public Health, does this new Chronic Disease FOA supplemental also have to come directly to the California Department of Public Health, or do we have the option to use a Bona Fide Agent?

**Answer:** No, eligible applicants for supplemental funds are limited to currently funded recipients under DP09-901. Eligibility is limited to state health departments, District of Columbia, Puerto Rico and Virgin Islands or their Bona Fide Agents.

**33. Question:** Is there a requirement for cost sharing or matching?

**Answer:** No. There is no requirement for cost sharing or matching.

**34. Question:** Are Tribes or Tribal Organizations eligible to apply?

**Answer:** No. Grantees currently funded under FOAs DP09-901 are eligible to apply. **“Eligibility is limited to state health departments, District of Columbia, Puerto Rico and Virgin Islands or their Bona Fide Agents.”**

## **Award Information**

**35. Question:** How much funding is available for this initiative?

**Answer:** The total approximate amount of funding available to eligible applicants in this fiscal year is \$39 million. The approximate amount of funding for the three-year project period is \$129 million. These amounts are estimates and are subject to availability of funds. These include direct and/or indirect costs.

**36. Question:** is the funding for this program competitive? Along same lines, do all programs get some funding?

**Answer:** No, the funding for this program is not competitive. Approximately 59 awards are anticipated based on current funded recipients under Dp09-901, state health departments. The floor and ceiling of individual ranges are provided in appendix A.

**37. Question:** As we write our budget narrative, are we to assume the supplemental dollars end in March 2012.

**Answers:** No. As stated in section II, Award Information on page 14 of the FOA, the budget period length is 12 months.

**38. Question:** In reviewing the FOA, I did not see information that would not allow an applicant to exceed the funding ranges in Appendix A. Can an applicant request funding above the funding range for their state or territory?

**Answer: No,** An applicant cannot request a funding amount that exceeds the funding range.

**39. Question:** How many awardees will be funded?

**Answer:** Up to 53 awards will be made.

**40. Question:** Are letters of intent for this initiative required?

**Answer:** No. Letters of intent (LOI) are not required for funding under this initiative.

**41. Question:** When are applications for this initiative due?

**Answer:** Completed funding applications are due on July 22, 2011 at 5:00pm EDST.

**42. Question:** What is the anticipated funding date?

**Answer:** The anticipated funding date for this award is September 15, 2011.

**43. Question:** What is the funding range for an award?

**Answer:** See appendix A of the FOA for the total available funding range for each eligible applicant. The amount of the award will be based on the quality of the application as determined by the application review process. The level of funds identified, are funding ranges for the available funds determined.

## **Additional Information**

### **How can I ask questions about the FOA and the Coordinated Chronic Disease Prevention and Health Promotion Program?**

For programmatic technical assistance, contact: Elijah West, Program Contact at [ejw1@cdc.gov](mailto:ejw1@cdc.gov) or 770-488-4339

For financial, grants management of budget assistance, contact: Anella Higgins [ahiggins@cdc.gov](mailto:ahiggins@cdc.gov) or 770-488-2710

For assistance with submission difficulties, contact: grants.gov contact center at 1-800-518-4726. For submission questions, contact the Technical Information Management Section at 770-488-2700 or [pgotim@cdc.gov](mailto:pgotim@cdc.gov).