

Community Transformation Grants  
Post-LOI Conference Calls Conducted June 14, 2011

WELCOME

Speaker Name: *Dr. Ursula Bauer*

Welcome, this is Ursula Bauer, Director of the National Center for Chronic Disease Prevention and Health Promotion at CDC. I am pleased to be on this call today with you as we prepare for this important new program. As a reminder, you have joined the pre-application call regarding the Community Transformation Grants (or "CTG") program from CDC.

The call is specifically for potential applicants for the CTG Funding Opportunity Announcement. Only those entities that submitted a Letter of Intent to apply are eligible to submit a full application for this announcement. Letters of Intent were due June 6 and are no longer being accepted.

Community Transformation Grants (CTG) are funded through the Prevention and Public Health Fund, authorized under Section 4002 of the Affordable Care Act of 2010. CTG provides \$102.6 million dollars in fiscal year 2011 to support multi-year cooperative agreements to state and local governmental agencies, tribes and territories, and state and local non-profits with specific requirements for resource distribution within areas to be served and to rural/frontier areas of the country.

CDC anticipates funding up to 75 awards under this FOA.

As you indicated in your Letter of Intent (LOI), you have an interest in submitting an application for either a Capacity Building application or an Implementation award. Both types of applications must address evidenced-based interventions consistent with the Strategic Direction requirements outlined in the FOA. You also indicated the area you would like to serve. Please make sure the area you have selected is consistent with the requirements of the FOA and is responsive to the FOA.

During today's call, several CDC staff will be providing an overview of key portions of the FOA, providing responses to common questions that many of you have already submitted, and answering your questions on today's call as time permits.

The level of interest in CTG has been high. In total, CDC received about 900 Letters of Intent to apply for funding. While this does not mean that all those agencies and organizations will ultimately apply, we are preparing for a large number of applications to be submitted. To foster collaboration among potential applicants, we are posting to the Community Transformation Web site contact information from those agencies and organizations that submitted an LOI by the deadline and gave permission for us to share their contact information by answering yes to that question in the letter of intent.

Before we turn to more details about CTG, I'll mention that CDC has posted an additional FOA for the Coordinated Chronic Disease Prevention and Health Promotion Program. Eligibility for this additional FOA is limited to state health departments, District of Columbia, Puerto Rico, the Virgin Islands, and Territories or their Bona Fide Agents who are current grantees under DP09-

901 or 902. This new funding opportunity is different from the Community Transformation Grant Program and eligible entities may apply for both funding opportunities.

The Coordinated Chronic Disease Prevention and Health Promotion Program will support development or enhancement of cross cutting skills and expertise including surveillance, epidemiology, evaluation, policy and communications, and partnerships among others. These funds will also support state health department leadership, coordination, expertise and direction across targeted disease programs in a state or territory chronic disease portfolio.

Our entire team at CDC looks forward to the submission of your CTG applications on July 15, and more importantly, to working with many of you to implement this critically important program. Our hope is that the Community Transformation Grant Program grows over time, so that we can bring this program to scale and eventually cover every area defined in the FOA. If you are not successful in your CTG application this year, now is the time to develop or strengthen your community health coalitions, develop your multi-sectoral partnerships and bring new partners to the table in order to position yourself to succeed in any future CTG funding opportunity.

I will now turn the line over to Dr. Rebecca Bunnell, Acting Division Director for our proposed Division of Community Health here at CDC.

Overview

Speaker Name: *Dr. Becky Bunnell*

Thank you Dr. Bauer. And thank all of you for being on the call today.

As you have read in the FOA, the purpose of the CTG program is to achieve reductions in death or disability from the leading causes of death in the U.S. and specifically to demonstrate changes in weight, proper nutrition, physical activity, tobacco use, emotional wellbeing, and overall mental health.

CTG awards will support the implementation, evaluation, and dissemination of evidence-based community preventive health activities to reduce chronic disease rates, prevent the development of secondary conditions, reduce health disparities, and develop a stronger evidence base for effective prevention programming. Applicants are encouraged to submit applications that support intensive and integrated community approaches to reduce a wide variety of risk factors responsible for the leading causes of death and disability in our nation.

Elimination of health disparities is a central focus of this FOA. All Americans 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.

Recipients will engage populations that are experiencing health disparities in a variety of settings to make the healthy choice the easy choice. CTG recipients are responsible for achieving BOTH population-wide improvements in health and reducing or eliminating health disparities associated with specific population subgroups and specific health outcomes.

The purpose of this program is to create healthier communities by:

- 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes in large counties, states, tribes and territories, including rural and frontier areas; and
- 2) supporting implementation of such interventions in five strategic areas called "Strategic Directions" that align with "Healthy People 2020" focus areas.

Let me share the goals and some examples associated with these Strategic Directions.

Strategic Direction 1 focuses on tobacco-free living, with goals to prevent and reduce tobacco use and to protect people from exposure to tobacco smoke.

Example strategies include:

- Supporting comprehensive tobacco-free policies;
- Expanding use of tobacco cessation services; and
- Using media to educate and encourage individuals to live tobacco-free.

Strategic Direction 2 addresses active living and healthy eating. Its goal is to prevent and reduce obesity, increase physical activity; and improve nutrition in accordance with the dietary guidelines for Americans 2010.

Example strategies under this direction would:

- Encourage community design and development that supports physical activity;
- Facilitate access to safe, accessible, and affordable places for physical activity;
- Improve nutritional quality of the food supply; or
- Support policies and programs that promote breastfeeding.

Strategic Direction 3 promotes increased use of high impact quality clinical preventive services. Its goal is to increase control of high blood pressure and high cholesterol.

Here are some example strategies:

- Implement interventions to increase control of high blood pressure and high cholesterol;
- Support the National Quality Strategy's focus on improving cardiovascular health;
- Use payment and reimbursement mechanisms to facilitate the delivery of clinical preventive services; or
- Reduce barriers to accessing clinical preventive services, especially among populations at greatest risk.

Strategic Direction 4 promotes social and emotional wellness. The goal of this strategic direction is to increase health and wellness, including social and emotional wellness.

Example strategies are divided into mental health and substance abuse with a focus on alcohol and misuse of prescription drugs:

Mental health examples may:

- Promote positive early childhood development, including positive parenting and violence

- free homes; or
- Facilitate social connectedness and community engagement across the lifespan.

Alcohol and prescription drug interventions may:

- Support state, local and Tribal Nation implementation and enforcement of alcohol control policies;
- Identify alcohol and other drug abuse disorders early, provide brief intervention, and refer to treatment; or
- Reduce inappropriate access to and use of prescription drugs.

Strategic Direction 5 addresses healthy physical environments. The goal of the healthy physical environments direction is to increase bicycling and walking; and improve the community environment to support health.

Examples may include:

- Adoption of comprehensive policies to improve community design to enhance active transportation;
- Establishing community design standards; or
- Reducing the density of retail alcohol outlets.

Appendix C contains links to best practice guidance documents for these strategic directions. Appendix C is not a complete list, but includes some key examples of evidence- and practice-based strategies that may be implemented as part of the CTG program.

All capacity building activities and implementation strategies selected by applicants should be associated with specific measures to achieve health equity, eliminate health disparities, and improve the health of the population.

As Dr. Bauer mentioned we will be posting the LOI list today. We have included those of you who indicated that you were willing to have your contact information shared. If you did not state that you wanted your contact information shared or if you stated explicitly that you did not want it to be shared, we did not include you on the list. If you notice any errors in the information in the posted list, kindly send us the corrections and we will revise your listing.

We received approximately 900 LOIs and about 600 indicated a willingness to have their information shared. We do encourage you to continue to reach out to potential collaborators, even if they have not submitted a LOI.

While LOIs are not used to assess eligibility, we did note that a number of potential applicants submitted LOIs that indicated they would be applying to serve an area which is not considered responsive to the FOA. For example, some entities stated that they would serve a large county but propose to work in a state with no counties that had a population greater than 500,000.

We remind all potential applicants to pay close attention to the areas to be served section of the FOA and FAQs and to ensure that they are working on applications that will meet the FOA requirements. In addition, we would like to remind all applicants to ensure that they are addressing all three required strategic direction areas.

Thank you again for your interest and we look forward to partnering with you. I will now turn the line over to Vivian Walker from our Procurement and Grants Office here at CDC to review

eligibility and application submission procedures.

## OVERVIEW OF CTG ELIGIBILITY

Speaker Name: *Vivian Walker*

Thank you Dr. Bunnell. I am Vivian Walker, Grants Management Official from the Procurement and Grants Office at the CDC.

As stated earlier, in order to submit an application for this FOA you were required to have submitted a Letter of Intent to CDC that was received by close of business June 6. If you did not meet that deadline there is no provision for accepting any further letters of intent.

### Eligibility and Select Fiscal Management Requirements

The first thing that we'd like to review, just as a reminder, are the categories of eligible applicants for this FOA. While this was discussed in detail on the May 25 call, we want to review the major elements to continue answering common questions.

This effort aims to address the needs of the diverse demographics of the United States by supporting communities in urban, suburban, and rural/frontier areas.

Eligible applicants for this funding opportunity include:

- A local governmental agency (including city, county and district health departments), its bona fide agent, or its equivalent;
- A state governmental agency, its bona fide agent, or its equivalent. For this announcement, the term "State" includes the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau;
- State nonprofit organizations;
- Local nonprofit organizations;
- Federally recognized American Indian Tribes and Alaska Native Villages
- Tribal organizations, which include Intertribal Councils and American Indian Health Boards; and
- Urban Indian Health Programs, tribal and intertribal consortia.

In order to meet the objectives of the FOA, eligible applications must describe the area to be served. The area to be served must be one of the following:

- Large counties, defined as those with populations of 500,000 or more according to the 2009 Census estimates

- States
- States minus their large counties
- Tribes
- Territories

Applicants proposing to serve the same geographic area may apply for funding. However, CDC will fund only one application serving a population within the same geographic area.

Therefore, CDC encourages collaboration among agencies at the state and local level, and we point you to the list of LOI submissions on the CTG Web site or [www.cdc.gov/communitytransformation](http://www.cdc.gov/communitytransformation).

Please note that if you are an eligible entity and you submitted a Letter of Intent to apply for the CTG program, your application must address one of the five areas to be served that I just mentioned. If your Letter of Intent indicated you will serve only a city within a county, your application must describe how you will serve the entire county.

If your Letter of Intent indicated you would serve a state INCLUDING large counties, you must submit separate applications for each of these areas to be served: the large counties within your state or the rest of your state.

State and county implementation recipients must award at least 50 percent of the total grant funding to local areas, including county or city health departments and local governmental or non-governmental organizations to ensure local participation, support, and effective implementation and sustainability of the program.

Of this 50 percent, rural and frontier areas of the state must receive at least 20 percent of the total grant award or an amount consistent with their proportion of the state population, whichever is higher (with the exception of New Jersey, Rhode Island and Washington DC which do not have any rural or frontier areas).

Further, a funded entity serving a state is responsible for implementing the program in all areas of the state not separately eligible for funding under this announcement as a county or tribal grantee. An entity serving a state should not propose funded activities for those counties that are eligible for separate funding. An entity serving a state is not required to provide a subaward to EVERY city or county within the Rest of State area, but is required to demonstrate how the proposed interventions will reach widely across the state.

Letters of Intent were not solicited for determinations of eligibility. CDC will not be responding to the letters to confirm eligibility. Please refer back to the FOA for complete eligibility requirements and continue to check the FAQ section on the CTG website at [www.cdc.gov/communitytransformation](http://www.cdc.gov/communitytransformation). An eligibility and responsiveness determination will be made after receipt of applications.

Applications must be submitted electronically at [www.Grants.gov](http://www.Grants.gov) by July 15 at 5:00 pm Eastern Daylight Saving time using Funding Opportunity Announcement CDC-RFA-DP11-1103PPHF11.

This system services 26 Federal agencies.

All 26 federal grantmaking agencies using the system will be receiving applications in the next few months. It is critical to the successful submission of your application that your organization is prepared to enter your application into the system. Please pay close attention to the following information:

#### Required Registrations

Registering your organization through [www.Grants.gov](http://www.Grants.gov), the official agency-wide E-grant Web site, is the first step in submitting an application online. Registration information is located on the "Get Registered" screen of [www.Grants.gov](http://www.Grants.gov). Please visit [www.Grants.gov](http://www.Grants.gov) at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes.

The "one-time" registration process will take three to five days to complete. However, the [www.Grants.gov](http://www.Grants.gov) registration process also requires that you register your organization with the Central Contractor Registry (CCR). The CCR registration can require an additional one to two days to complete. You are required to maintain a current registration in CCR.

Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from [www.Grants.gov](http://www.Grants.gov) on the deadline date. The application package can be downloaded from [www.Grants.gov](http://www.Grants.gov). Applicants can complete the application package off-line, and then upload and submit the application via the [www.Grants.gov](http://www.Grants.gov) Web site.

The applicant must submit all application attachments using a PDF file format when submitting via [www.Grants.gov](http://www.Grants.gov). Directions for creating PDF files can be found on the [www.Grants.gov](http://www.Grants.gov) Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Again, please pay careful attention to the application submission requirements detailed in the FOA beginning on page 80 and required registration on page 58.

The anticipated award date for both capacity and implementation awards is September 15, 2011. The budget period length is 12 months and the project period length is 5 years. The specific amount of funding per award will be determined by a mix of interventions, population size, ability to reduce health disparities, and likelihood of success.

Applications are being accepted via [www.Grants.gov](http://www.Grants.gov) and are due by 5:00 pm Eastern Daylight Saving time on July 15, 2011.

I will now turn the line over to Dr. Pattie Tucker for a more in-depth look at the differences in the two application areas of the FOA – capacity building and implementation.

CTG Program Elements: Capacity Building  
Speaker Name: *Dr. Pattie Tucker*

As mentioned, this FOA has two categories of awards:

- Category A, is focused on Capacity Building and
- Category B is for jurisdictions that are ready for Implementation.

Applicants may only apply for category A or category B per area to be served, but not both. You were asked to indicate your category in your LOI.

However, you are not required to stay true to this intention in your application. Your application must clearly describe whether you are applying for Capacity Building or Implementation level funding.

## Capacity Building

We will first address Capacity Building as the expectations and requirements of the two categories are different.

In general, Capacity Building applicants should be ready to take steps towards developing capacity, which includes:

- Establishing or strengthening a multi-sectoral coalition;
- Participating in training that's focused on policy, environmental, programmatic, and infrastructure change;
- Summarizing existing community health data and conducting a health needs assessment of the area, including identification of health disparities in population subgroups;
- Conducting community engagement with population subgroups experiencing health disparities; and
- Conducting a policy scan and documenting gaps in existing policies, environments, programs, and infrastructure.

During the funding period and using information from these activities, recipients should develop a Capacity Building Plan for implementation activities that are aligned with the strategic directions and policy, environmental, programmatic and infrastructure intervention strategies. Should additional funds become available, Capacity Building recipients may be awarded Implementation funds to fully implement their Community Transformation Implementation Plan (CTIP), once their capacity building milestones are achieved.

The term of this Award is 5 years. During that time, Capacity Building grant recipients that complete the required targeted outcomes for the Capacity Building award will be eligible to request funding to become an Implementation grantee, if funds are available to support the request. Capacity building recipients are not guaranteed to receive future implementation program funding.

It is anticipated that the Average Category A - Capacity Building awards for States, local

governments, nonprofit organizations, Territories, Tribal and American Indian / Alaska Native Consortia will be between \$50,000 - \$500,000. This amount is for the first 12-month budget period, and includes both direct and indirect costs.

Now for a bit more detail on Capacity building. This information begins on page 11 of the Funding Opportunity Announcement.

The following are expectations CDC has for Capacity Building applicants.

In order to demonstrate Program Capacity, applicants must:

- Establish or retain the minimum staffing requirements of the program. This should include a representative of the leadership of the recipient organization, a fulltime staff person responsible for managing the planning, implementation, and evaluation of the program and identified individuals with demonstrated capacity in administrative and fiscal management and the support necessary to meet the needs of the program;
- Establish and maintain other staff, contractors, and consultants sufficient in number and expertise to ensure project success;
- Ensure that staff, contractors, and consultants engage in training related to policy, environmental, programmatic, and infrastructure strategies; coalition and partnership development; community engagement; health equity; and other competencies related to strategies supported by the FOA; and
- Participate in CDC-convened meetings to facilitate peer exchange, training, and technical assistance.

Fiscal Management can be demonstrated by:

- All recipients, including sub-recipients, using funds to: support and align with the goals of the initiative; assist in summarizing existing health information; conducting an area health needs assessment and policy scan; document gaps and opportunities in existing policies, environments, programs and infrastructure; and to help identify opportunities for strategies that will be included in a future application for Implementation funds;
- Using fiscal management procedures for this funding to track and monitor expenditures; and
- Implementing reporting systems to meet the "Reporting Requirements" section beginning on page 91 of this FOA.

A Leadership Team and Coalition must be established to provide a coordinated, organizational structure that supports the area coalition or coalitions; oversees the strategic direction of the project activities; participates in project-related local, state and national meetings and trainings; and is ultimately responsible for ensuring adoption of policy, environmental, programmatic, and infrastructure changes related to the strategic directions listed in this FOA.

I'm going to take a few additional minutes to talk about the Community Leadership Team and Community Coalition, because these are one of the most important aspects of this program.

#### Leadership Team:

Within 60 days of receiving a CTG award, Capacity Building grantees will be expected to develop a Leadership Team consisting of 8-10 high-level community leaders. This will be critical to the success of the CTG program.

- By "high-level community leaders," we mean people like state and local elected leaders, tribal leaders, state, city and county officials, state and local education leaders and school superintendents, state and local business association or corporation leaders, hospital and health systems directors, boards of health or other leaders of influence in the state and community, depending on whether the application is to serve a state, state minus large counties or large counties, tribes or territories;
- The Leadership Team should also include the Program Director and the overall manager of the program; and
- The Leadership Team will: oversee the strategic direction of the project activities, be responsible for mobilizing the area served to address policies related to the evidence-based strategies, establish and maintain an organizational structure and governance for the community coalition or coalitions, and participate in project-related local, state and national meetings.

#### Community Coalition:

Community partnerships are key to the success of state and local programs, and the roles of community partners are important in this program.

Community partners will be essential to leveraging far-reaching policy and environmental changes, and will play important roles in carrying out evidence-based strategies and interventions. We expect that applicants will have a community coalition (or coalitions) committed to participating actively in the planning, implementation, and evaluation of the Community Transformation Grants Program.

Coalitions should include a wide representation of state and community leaders and community members familiar with promoting policy, environmental, programmatic, and infrastructure interventions. Examples could include:

- State- and community-based organizations;
- Local YMCAs, Park and Recreation Departments;
- Representatives from state or local education agencies;

- School health advocates;
- State or community development/planning agencies (land use and/or transportation);
- State or local governmental and non-governmental organizations;
- Healthcare, including local non-profit organizations;
- Voluntary, and professional organizations;
- Business, community, faith-based leaders;
- Local Aging centers and senior centers; and
- Universities.

We expect that community coalitions will include at least one layperson representative of the population to be served.

Applicants will also develop and implement an area-wide Community Health Assessment and Plan that includes population subgroups experiencing health disparities.

In order to accomplish this, applicants must

- Review rates of chronic disease risk factors using local data including population subgroups analyses, where applicable.
- Identify any known factors which might contribute to population level chronic disease burdens and describe the potential impact of addressing those factors through policy, environmental, programmatic, and infrastructure changes.
- Actively engage population subgroups experiencing health disparities to understand potential barriers to, and needs of, population subgroups for policy, environmental, programmatic and infrastructure change.
- Identify appropriate strategies for overcoming barriers and ensure effective and equitable implementation of CTG strategies.
- Develop a plan for conducting a policy scan to identify gaps in existing policies, environments, programs and infrastructure, and opportunities to address these gaps.
- Develop a Community Transformation Implementation Plan (CTIP) as part of the Capacity Building activities to be submitted after other capacity building targets have been met. The required content for the Community Transformation Implementation Plan is outlined on pages 27 to 29 of the FOA. The CTIP must address one or more evidence

or practice-based strategy (ies) identified in Appendix C or via the active link now on page 11 of the FOA. We will be discussing these strategies in more detail in just a few minutes. An example CTIP is included in Appendix E of the FOA.

- A revised Capacity Building Plan (CBP) is due 90 days after the award date. All funded organizations will submit a revised CBP utilizing recommendations from the application objective review process, and the CDC Project Officer.

The CBP must describe an overall integrated strategy that:

- details plans for building a local coalition and leadership team;
- describes proposed approaches for conducting a health assessment and policy scan that includes population subgroups;
- forecasts how results of the health assessment and policy scan will be used to select strategies and key activities; and
- describes a process for developing a Community Transformation Implementation Plan (CTIP).

The CBP should include concrete milestones and timelines and objectives that are Specific, Measurable, Achievable, Relevant, and Time-Framed. Please use the template in Appendix A of this FOA for developing your CBP. An example of a CBP is provided in Appendix B.

Before proceeding to a discussion of Implementation Applications, I would like to cover some elements for Performance Monitoring and Evaluation for Capacity Building applicants. While the information in the FOA concerning performance monitoring and evaluation is not final, at this time we can say:

- All Capacity Building applicants should develop a core evaluation plan for utilizing performance monitoring information for ongoing program implementation assessment and improvement and mid course corrections as needed.
- Your community may also be selected to participate in nationally coordinated evaluation activities such as case studies, a cost study, policy audit, targeted surveillance, and other enhanced evaluation studies to be determined and based on select implementation activities.
- Consider the use of the CDC Simulation Model, developed as part of "Communities Putting Prevention to Work" as a planning tool for examining the potential long-term health impacts of select strategies and activities aligned with the strategic directions.
- If local measurement sources are not available to address specific subpopulations, collaborate with CDC to develop ways to measure and assess, as appropriate, changes in weight, proper nutrition, physical activity, tobacco use prevalence, emotional well-

being and overall mental health , as well as other program outcomes. Develop and distribute at least 2 unique dissemination documents created for and provided to stakeholders or the broader community that are based on your work. These documents may be briefing updates, reports, or you may use of other formats.

Finally, Capacity Building grant recipients that complete the required targeted outcomes for Capacity Building awards will become eligible to request funding for Implementation activities at any time within 48 months of their original award, if funds are available to support the request. Capacity Building award recipients MUST complete all of the following requirements to be eligible to request an Implementation award. They must have:

- Established the required programmatic infrastructure,
- Established the fiscal management requirements,
- Established a leadership team,
- Conducted a community health assessment and planning,
- Developed a capacity building plan (CBP), and
- Include a community transformation implementation plan (CTIP) and budget narrative and justification to support the proposed activities.

The outline of the content of the Capacity Building application is described on pages 67-71 of the FOA. Your application should include a section for:

- Background and Need
- Program Infrastructure
- Fiscal Management
- Leadership Team and Coalitions
- Community Health Assessment and Planning
- Capacity Building Plan
- Performance Monitoring and Evaluation , and
- Budget Justification and Narrative

Your Capacity Building application will be reviewed and scored for funding consideration using the criteria outlined on pages 83-85 of the Funding Opportunity Announcement. Please read this

section carefully.

This concludes our overview of category A-Capacity Building. Again, if you have any additional questions about the Capacity Building application, please ask it at the end of this call or submit your question to our inbox at [ctg@cdc.gov](mailto:ctg@cdc.gov) .

I will now turn the call over to Becky Payne who will discuss Implementation Applications.

CTG Program Elements: Implementation  
*Speaker Name: Becky Payne*

Thank you Patti. Implementation recipients will work to implement policy, environmental, programmatic and infrastructure changes consistent with the strategic directions you heard Dr. Bunnell describe, and also listed in the FOA. The reach of these awards has two dimensions to address. First, recipients must ensure that planning and implementation activities are carried out that will affect the entire population of your area to be served. Second, activities must also address specific population subgroups with documented health disparities within the geographic area.

In other words, your application should present a balanced approach of strategies that affect everyone, AND strategies that address pockets of high burden with increased intensity tailored to the specific barriers and needs of populations suffering from disparities. Implementation applicants should already have documented community capacity based on past experience and success and ability to implement policy, environmental, programmatic and infrastructure change strategies. As with the capacity awards, the project period of these awards will be 5 years.

It is anticipated that the approximate average implementation award for States, local governments, and nonprofit organizations may range from \$500,000 - \$10,000,000; Territories may range from \$100,000 - \$150,000, and Tribal and American Indian/Alaska Native Consortia may range from \$100,000 to \$500,000. Again, this amount is for the first 12-month budget period, and includes both direct and indirect costs.

For applicants proposing to serve states, states minus large counties, and large counties, think in terms of the number of people in the area to be served and about \$1 per capita as the rough funding level to apply for. The total available funds for this program this year is \$102.6 million, with up to roughly 75 awards made this year for this funding opportunity.

Implementation recipients will be expected to document the presence of the support necessary for the successful implementation of proposed interventions through the existence of specific programmatic and fiscal supports as well as through presence of an existing Leadership Team and Coalition or Coalitions.

Now I would like to review the recipient activities of Implementation awards.

Similar to those outlined under Capacity Building, Program Infrastructure expectations for

Implementation awards will include, but are not limited to:

- Maintaining the minimum staffing requirements to manage the program for the first 90 days.
- Within 90 days post-award, a recipient must identify a full-time staff person responsible for managing the planning, implementation, and evaluation of the program, and identify at least 1 full-time staff person responsible for the evaluation of the program. Other individuals will be necessary to meet the needs of the program and should also be identified in the proposal.
- 120 days post award, a recipient must establish or retain the required additional staff to ensure effective implementation of this award and sufficient to meet the requirements of this FOA.
- Over the course of the project period, recipients should also establish and maintain other part-time or full-time staff, contractors, and consultants sufficient in number and expertise to ensure project success.
- Recipients are required to participate in the required CDC convened meetings to facilitate peer exchange, training and technical assistance.

Of course, the activities to get both capacity and implementation awards started will begin immediately and should you be selected for funding, it is important to fill critical staff roles as quickly as possible in order to fully benefit from the kick-off meeting and one of the action institutes that will take place in the fall.

Tentatively these meetings are planned to occur on or around the following dates:

- The Kick-off is planned for Oct. 24-28.
- In addition, funded applicants will be required to attend one of the three Action institutes planned for Nov. 29-Dec. 2, Dec. 5-8, and Dec. 12-15.

Again these dates are tentative but are provided for your planning purposes.

Fiscal Management requirements include documentation of the following:

- Entities awarded to serve States, Rest of States, and large Counties must provide at least 50 percent of the total grant funding to state and/or local community entities or governmental or non-governmental organizations to ensure local participation, support, and effective implementation and sustainability of the program;
- All recipients, including sub-recipients, support and align with the goals of the initiative; assist in conducting area health needs assessment and policy scan; and document gaps and opportunities in existing policies, environments, programs and infrastructure;

- Fiscal management procedures for this funding will be in place to track and monitor expenditures; and
- Reporting systems to meet the online reporting criteria and timelines as stated in the "Reporting Requirements" section of this FOA.

For implementation applications a Leadership Team and Coalition must be in place. These two important bodies must be already present and utilized to provide a coordinated organizational structure that supports the area and oversees the strategic direction of the project activities, participates in project-related state, local and national meetings and trainings; and is ultimately responsible for ensuring adoption the proposed Community Transformation Grant changes related to the strategic directions listed in this FOA.

Strategies should be selected that maximize public health impact. Recipients must develop area-wide policy, environmental, programmatic and infrastructure changes and should work across multiple sectors. For example, recipients may seek to make sure changes in the child care environment are aligned with changes in the school environment, which are reinforced by changes in the community and in the health care system.

In selecting strategies, recipients should emphasize complementary CTG change activities that integrate and build on each other to optimize health improvements.

A 5-Year Community Transformation Implementation Plan (CTIP) must be submitted as part of the application that describes an overall integrated approach that identifies the selected strategies; describes key activities; describes population subgroups targeted, describes milestones and timelines for achieving strategy implementation; identifies anticipated policy, environmental, programmatic and infrastructure change outcomes; and includes SMART Objectives for each intervention using the template in Appendix D.

An example of the template completed for a portion of a plan can be found in Appendix E.

The first three years of the Community Transformation Implementation Plan should contain detailed milestones for all outcome activities. Only outcome objectives, not detailed milestones, are required for years 4 and 5 at the time of application. The plan will be reviewed and finalized annually in collaboration with CDC.

Within the first 120 days of the award, recipients will submit the final 5-year Community Transformation Implementation Plan incorporating recommendations from the application objective review process and, the CDC Project Officer along with input from state and community information, HHS agencies, other sources of programmatic support, and on-going discussions with internal staff and state and community partners.

In developing the Community Transformation Implementation Plan, applicants should:

- Assess rates of chronic disease risk factors using or developing appropriate monitoring systems, and develop or identify methods to assess rates of chronic disease risk factors in rural and frontier areas, as applicable, and among population subgroups;

- Identify any known factors which might contribute to population-level chronic disease burdens and describe the potential impact of addressing those factors through policy, environmental, programmatic, and infrastructure changes;
- Actively engage population subgroups experiencing health disparities to understand potential barriers to and needs of population subgroups for policy, environmental, programmatic, and infrastructure change;
- Identify appropriate strategies needed for overcoming these barriers and ensuring effective and equitable strategy implementation; and
- Coordinate with other Federal agencies and existing place-based revitalization and reform projects funded by the US Government, including efforts and activities funded by the Affordable Care Act.

Now I'd like to go into a little more depth and provide some examples with each of the required strategies that must be addressed in your plans.

As has been stated, this is a program focused on five Strategic Directions. Given the desire to show sustainable outcomes across funded areas, this program largely supports strategies from this menu of evidence and practice-based policy and environmental change strategies which are provided in the FOA. Applicants also have the opportunity to suggest innovative strategies should they choose.

The SMART objectives you will associate with your selected strategies must be aligned with one of the four categories of policy, environmental, programmatic, and infrastructure changes that were mentioned on this call. I will now review an example of each of these categories:

An example of Policy for Strategic Direction 1 is to:

Increase the understanding and effectiveness of comprehensive indoor smoke-free policies for workplaces, bars, restaurants and other settings including multi-unit housing, and outdoor smoke-free policies such as campuses and parks.

An Environmental change supporting Strategic Direction 2 might be to:

Increase the availability of and access to healthy and affordable food options such as fresh fruits and vegetables, by increasing consumer choice and eliminating "food deserts," particularly in urban, rural, and underserved communities experiencing health disparities.

A Programmatic Change supporting strategic Direction 3 could:

Facilitate community participation in the National Diabetes Prevention Program by identifying sites to become recognized providers of the intervention and health plans that will pay for the intervention; provide coordinated technical assistance to large health systems to promote clinical and other preventive services and control of high blood pressure and high cholesterol.

Lastly, infrastructure Change supporting Strategic Direction 3 would:

Support the establishment of outreach systems, such as utilizing community health workers or automated patient reminder systems, which increase use of and access to clinical and other

preventive services.

As a reminder, delivery of direct services is not within the scope of this announcement.

#### Required Interventions for Implementation Awards

Of the five strategic directions included in this program reviewed by Dr. Bunnell earlier, recipients must work on at least one strategy in each of the first three strategic directions and must use a minimum of 50% of resources to address the three strategic directions.

The following are required activities for implementation recipients:

- Within the Tobacco-Free Living strategic direction, "Educate the public and stakeholders on the dangers of secondhand smoke, e.g., work with businesses to implement smoke free policies" is a requirement for all recipients.
- Within the High Impact Clinical Preventive Services strategic direction, the first strategy, "Implement interventions to increase control of high blood pressure and high cholesterol," is a requirement for all recipients.

Keep in mind that within the Active Living and Healthy Eating strategic direction, applicants may also select strategies from the healthy and safe physical environment strategic direction that specifically address increasing physical activity.

The FOA also calls for applicants to integrate strategies across the five strategic directions. However, activities in the fourth and fifth strategic directions are not required.

There will also be complementary components to these awards. They will be rolled out over the coming weeks and include opportunities for national organizations to support, extend and evaluate the reach and impact of the community projects.

Similar to what we discussed under capacity building, these are the sections that should be included in your implementation application. This information can be found on pages 71 -78 of the FOA.

- Background and need;
- Program infrastructure;
- Fiscal management;
- Leadership team and coalitions;
- Community Transformation Implementation Plan;
- Selection of strategies and performance measures;

- Performance monitoring and evaluation;
- Participation in programmatic support activities; and
- Budget justification and narrative.

Your Implementation application will be reviewed and scored for funding consideration using the criteria outlined on pages 84-88. Please read this section carefully.

This concludes our overview of Implementation. Again, if you have any additional questions about an Implementation application, please ask it at the end of this call or submit your question to our inbox at [ctg@cdc.gov](mailto:ctg@cdc.gov) . I'm now going to shift to reviewing a few topics related to some of the more common questions that we have been asked regarding this FOA.

To date, CDC has received over 1,300 questions in the CTG inbox and has responded to over 357 unique questions. Furthermore, the FAQ page on the CTG Web site has been visited more than 38,000 times.

As stated at the beginning of the call, the response to CTG has been incredible! For the next few minutes, I would like to reiterate some of the points related to eligibility and read some of the more common questions that have been asked and the responses that have been developed.

First, there have been a number of questions regarding eligibility. When considering how to apply and what area your proposal will serve, please keep in mind the following:

- All entities listed in Section III (Eligibility Information) are eligible to apply for this Funding Opportunity Announcement: They are: state and local government agencies, state and local nonprofit organizations, federally recognized American Indian tribes and Alaska Native Villages, tribal organizations, which include Intertribal Councils and American Indian Health Boards, Urban Indian Health Programs, and tribal and intertribal consortia as outlined and defined in the FOA.

In order to meet the objectives of the FOA, eligible applications must describe the area to be served, i.e., the area must be one of the following:

- A Large county (defined as a county with populations of 500,000 or more as based on the 2009 Census) OR
- The entire state OR
- The rest of state not including large counties of 500,000 or more OR
- Tribes OR
- Territories

As identified in the FOA, separate from eligibility,

- Applicants are required to describe the area to be served, including a thorough description of the exact population and descriptions of the populations to be served with special focus on size of population to be served, and on populations in most need, including in rural and frontier areas if applicable.
- Applicants applying to serve a large county must include letters of support from ALL health departments (e.g. city and county health departments, if they exist) located within and serving all or parts of the county AND a letter of support from the state health department.
- Applicants applying to serve an entire state or an entire state not including large counties eligible to apply on their own must include a letter of support from the state health department AND a letter of support from one or more local health departments (city or county), if local health departments exist.

Now moving into some common and important questions:

Q. There is a new requirement in the Affordable Care Act that mandates all hospitals complete community health needs assessments every three years and that the process include public health expertise. Can you say more about that mandate and what implications this mandate may have for potential applicants?

A. Section 501(r) of the Internal Revenue Code, as amended by section 9007(a) of the Affordable Care Act, requires each nonprofit hospital facility in the United States to conduct a community health needs assessment and adopt an implementation strategy to meet the community health needs identified. This community health needs assessment requirement is effective for tax years beginning after March 23, 2012 and is to be completed by nonprofit hospital facilities every three years.

In conducting the community health needs assessment, nonprofit hospitals are required to take into account input from persons who represent the broad interests of the community served, including those with special knowledge of or expertise in public health.

This mandate presents an opportunity for multi-sectoral collaboration between CTG applicants/grantees, hospitals and other community stakeholders for working together to ensure improved community health outcomes. CTG applicants are encouraged to consider engaging their local nonprofit hospitals and other sectors as key stakeholders in the community health planning process, potentially through inclusion in their Leadership Team or coalitions.

Q) In the CTG Funding Opportunity Announcement, a line reads, "The emphasis of this program should be on policy and environmental changes. Delivery of direct services is not within the scope of this announcement." Are any direct service delivery dollars allowable for prevention activities?

A) No. Funding for direct services is not within the scope of this announcement and will not be available through the CTG Funding Opportunity Announcement (FOA). The FOA is clear and states, "Delivery of direct services is not within the scope of this announcement." The FOA focuses on policy, environmental, programmatic, and infrastructure activities and these are

defined in the FOA. For example, direct services such as the provision of smoking cessation services and nursing services in the home are not funded by this announcement.

Q) What does CDC consider an evidence-based strategy to protect people from secondhand smoke?

A) A policy that prohibits smoking in all indoor areas of a building is an evidence-based strategy to eliminate exposure to secondhand smoke. The Surgeon General has concluded that eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure to secondhand smoke.

To have the most public health impact, applicants are encouraged to include strategies that will eliminate exposure to secondhand smoke through comprehensive smoke-free policies. CDC considers a comprehensive smoke-free policy as an area-wide policy that prohibits smoking in all indoor areas of workplaces, restaurants, and bars.

Q) Is it appropriate for an applicant to budget funds for direct support from nationally-identified technical assistance providers?

A) Yes. It is appropriate for an applicant to budget funds for intensive and direct consultation from nationally recognized experts who can assist in coalition building, policy development, and legal technical assistance.

Q) We would like to speak with someone to ask specific questions about our unique situation. Is it possible to schedule a call with CDC?

A) No. We are unable to schedule individual discussions with potential applicants. Specific questions can be asked during the open period for questions on the pre-application calls, and by submitting questions to the in-box [ctg@cdc.gov](mailto:ctg@cdc.gov). Answers to all questions received are posted on the FAQ portion of the CTG website which is [www.cdc.gov/communitytransformation](http://www.cdc.gov/communitytransformation).

Now we would like to open the lines for questions that you may have. We have about 30 minutes for your questions today. Any questions we do not get to can still be submitted to the e-mail box and you can look for the answer on the CTG frequently asked questions page. As a reminder, official answers to all questions asked today or via the inbox are posted to [www.cdc.gov/communitytransformation](http://www.cdc.gov/communitytransformation)

The operator will provide instructions for how to ask a question – operator we are ready for you to open up the lines for questions.

Our time for this call has come to an end. If you missed any portion of this call, CDC will be placing a transcript of this call up on the CTG website that will be available for download at the conclusion of all of today's calls.

Please remember that applications are due at 5:00 pm Eastern Daylight Saving time on Friday July 15 via [www.grants.gov](http://www.grants.gov) .

We encourage you to continue to submit questions to the CTG mailbox at [ctg@cdc.gov](mailto:ctg@cdc.gov). Thank you all for your interest in CTG and have a great rest of the day.