

Talking Points for Racial and Ethnic Approaches to Community Health (REACH) Demonstration Project Funding Opportunity Announcement (FOA):

Agenda in brief:

- 1) Introduction and Welcome (5 minutes) – **Graydon Yatabe**
- 2) Overview of REACH Demonstration Project (10 minutes) – **Dr. Rebecca Bunnell**
- 3) Examples of Potential Interventions to be Supported (5 minutes) – **Dr. Rebecca Bunnell**
- 4) Eligibility Criteria & Funding Levels (10 minutes) – **Dr. Rebecca Bunnell**
- 5) Letter of Intent (LOI) Requirements & Submission (5 minutes) - **Deborah Rogers Mercy**
- 6) Resources for Additional Information (5 minutes) – **Graydon Yatabe**
- 7) Question and Answer (20 minutes) – **Q&A; Charlotte Kent, Jenny Kohr, and Becky Bunnell will respond to Q&A**

Talking Points:

- | |
|---|
| 1) Introduction and Welcome
(5 minutes) – Graydon Yatabe |
|---|

Welcome to the Racial and Ethnic Approaches to Community Health (REACH) Demonstration Project conference call. This is the *(first/second/last)* of three pre-application support calls we are hosting prior to the Letters of Intent due date of July 11, 2012.

I am Graydon Yatabe, Public Health Advisor, from the Division of Community Health here at the Centers for Disease Control and Prevention.

We want to thank you for taking the time to be on this call today. Let me run through today's agenda and the people you will be hearing from on our end.

- I will serve as the moderator for the call.
- Dr. Rebecca Bunnell, Acting Director of the Division of Community Health at the National Center for Chronic Disease Prevention and Health Promotion, will give an overview of the REACH Demonstration Project Funding Opportunity Announcement, or FOA. She will also review the major components of the FOA, the Eligibility Criteria, and Funding Levels.
- Deborah Rogers Mercy, a Grants Management Specialist with CDC's Procurement and Grants Office, will discuss the Letter of Intent requirements and submission procedures.
- I will then review some key resources available to you for additional information as you prepare your Letters of Intent and eventual applications.
- Then, Dr. Charlotte Kent, Chief of the Research, Surveillance, and Evaluation Branch in the Division of Community Health, and Jennifer Kohr, Public Health Advisor with the Division of Community Health will

review some already received questions and answers, and moderate an open Q&A session. Currently all lines are on mute. However, prior to the open Q & A portion of the call, the operator will provide instructions on how you can indicate that you would like to ask a question. With this in mind we suggest writing down your questions during the call, as questions will be held until the end of the CDC presentations. In the event your question is not answered on today's call, you may submit it under the REACH Demonstration Project section of the website, www.cdc.gov/reach. Information about two separate funding opportunity announcements can be found on this site, so please be sure to select "REACH Demonstration Project FOA" to get information about the announcement we are discussing today.

- Before we turn to details about the REACH Demonstration Project, I'll mention that the Division of Community Health has posted two additional FOAs, both of which are separate and distinct from the FOA we are discussing today. One is for the Racial and Ethnic Approaches to Community Health program and the other is for the Community Transformation Grants Small Communities program. All FOAs are available on grants.gov.

- I am now going to turn it over to Dr. Bunnell who will give us an overview of the REACH Demonstration Project.

**2) Overview of REACH Demonstration Project
(10 minutes) – Dr. Rebecca Bunnell**

Thank you, Graydon; and greetings to all of you who have joined this call.

We are excited to spend some time today walking you through the REACH Demonstration Project FOA and answering your questions about this opportunity. The purpose of this FOA is to fund organizations to develop and implement replicable and scalable strategies to reduce racial and ethnic disparities in obesity and hypertension, which are two of the leading risk factors for chronic diseases.

Chronic diseases represent some of our nation's most common and costly health problems; however, they are among the most preventable. These causes of disease are more common in populations whose environmental conditions and circumstances promote unhealthy behaviors, or provide barriers to healthy behaviors. Moreover, chronic diseases and their associated risk factors are often most debilitating, diagnosed later, and associated with worse outcomes among communities of color and in low income neighborhoods.

Elimination of health disparities for racial and ethnic groups is a central focus of this funding opportunity. Health disparities are preventable differences in the burden of disease, disability, injury or violence. Disparities may also be seen in opportunities to achieve ideal health.

Recently we have seen evidence that population-wide improvements may not be reaching the people most in need. For example, a 2011 CDC Morbidity and Mortality Weekly Report showed that obesity rates among children in New York City have decreased for all children, but the rate of decline was significantly lower among Black and Hispanic children. Racial and ethnic groups experiencing health disparities often face unique barriers which may limit the benefits they receive from programs focused on the overall population.

The goal of the REACH Demonstration Project is to address barriers specific to populations experiencing health disparities, reduce health disparities, and maximize the health benefits of population-wide changes for all. Recipients funded through this FOA will develop and implement replicable and scalable strategies to assure that population-wide policy, systems, and

environmental improvements designed to reduce obesity and hypertension also decrease disparities in these morbid outcomes. Activities will address obesity and hypertension, two of the leading risk factors for chronic diseases. Obesity and hypertension result in a high disease burden within racial and ethnic populations. This FOA will fund recipients to address racial or ethnic groups, including, but not limited to: African American or Black, Hispanic or Latino, American Indian or Alaska Native, Asian American, and Native Hawaiian or Other Pacific Islander.

There will be a strong focus on evaluation of implementation activities. This will help to expand the public health evidence base and allow for dissemination of results, equipping communities across the country to replicate and sustain population-based improvements resulting in improved health outcomes for all groups. To achieve this, rigorous evaluation and dissemination activities will be emphasized. Recipients will work in close collaboration with a national evaluation team who will assist in assessing the impact and effectiveness of strategies.

There are four important overarching components that will need to be included in each application.

- First, applicants should provide a description of the geographic area that will serve as the location of program activities. This area should represent or fall within a larger jurisdiction in which policy and environmental improvements have been or will be implemented.
- Second, applicants should provide a description of the selected intervention population, which is the population within the geographic area experiencing disparities in overweight or obesity and hypertension. This is the population that applicants will reach with their proposed activities.
- Third, applicants should provide the size of the selected intervention population, as compared to the total population in the selected geographic area.
- And, finally, applicants should provide the estimated population reach of program activities. In other words, this is the percentage of the selected intervention population that will be reached with proposed program activities.

The REACH Demonstration Project requires a partnership with several core organizations to capitalize on multiple strengths and ensure sustainability.

All applicants will be required to demonstrate a strong partnership with three

types of organizations: a local community-based organization, a local health department or tribal organization, and a university or academic institution.

Together these organizations make up the core partnership.

Now, I'd like to share some additional information about the core partner organizations that might be helpful:

- Community-based organizations should have a strong history of working with the selected intervention population.
- If the applicant is located in a geographic area not served by a local public health department, a partnership with a regional or state public health department will satisfy this requirement.
- Tribal organizations can be federally recognized or state-recognized American Indian or Alaska Native tribal governments; American Indian or Alaska Native tribally designated organizations; Alaska Native health corporations; Urban Indian health organizations; or Tribal epidemiology centers.

Only one organization can be the official applicant, or the “central coordinating organization.” However, it is expected that all organizations forming the core partnership will work together to plan and implement activities of this program. Please note that eligibility to apply for this FOA is not limited to these three types of organizations. Any organization that

applies outside of these three types of organizations will need to partner with all three.

In addition to the core partner organizations, collaboration with an existing multi-sector coalition is required. This coalition should support partners across multiple sectors, especially those outside of public health.

Community members who have experience working with the selected intervention population should be an integral part of the coalition.

Letters of support that demonstrate these partnerships and all organizations' commitment to address obesity and hypertension in the selected intervention population should be submitted with the application. One letter of support from a coalition representing all core partners would meet this requirement. This letter should include a description of commitment and involvement from all core partner organizations and the coalition.

The core partner organizations and the coalition should ensure that at least some of the strategies implemented can reach at least 75% of the selected intervention population within their selected geographic area. Overall, proposed strategies should contribute to reducing health disparities for as

many people as possible and have high impact. In addition, grantees, the core partners, and the coalition should be able to demonstrate strong community-level connections to the selected intervention population, and an understanding of appropriate methods to reach and engage the selected intervention population. Finally, the core partner organizations and the coalition should use ongoing performance monitoring data to ensure improvements in program implementation, and conduct health impact outcome evaluation, including collecting quantitative and qualitative data.

<p>3) Examples of Potential Interventions to be Supported (5 minutes) - Dr. Rebecca Bunnell</p>
--

I am now going to talk about the kinds of activities that will be supported by the REACH Demonstration Project. Recipients will implement a comprehensive approach to impact health disparities in multiple settings where the selected intervention population lives, learns, works, and plays. Recipients will assess the context of their community to determine any policy, systems, or environmental improvements that have been made that might reduce obesity and hypertension in the selected intervention population. Recipients will implement activities to support these improvements and conduct additional targeted evidence-based and practice-

based strategies to further reduce health disparities. Recipients will evaluate strategies to determine their health impact, disseminate the findings from this evaluation work, and mentor other communities with lessons learned.

All implementation activities should address the unique social conditions and identified barriers that characterize the selected intervention population. The comprehensive approach proposed should have sufficient potency to ensure that the selected intervention population receives maximum benefits. Strategies that have high impact and will reach large proportions of the selected intervention population are highly encouraged.

4) Eligibility Criteria & Funding Levels (10 minutes) – Dr. Rebecca Bunnell
--

Now I will review Eligibility Criteria and Funding Levels. All entities listed in section three of the FOA are eligible to apply. These are:

- Nonprofit organizations;
- For-profit organizations
- Small, minority, and women-owned businesses
- Universities and colleges
- Research institutions

- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian or Alaska Native tribal governments
- American Indian or Alaska Native tribally designated organizations
- Alaska Native health corporations
- Urban Indian health organizations
- Tribal epidemiology centers
- State and local governments, or their Bona Fide Agents. This includes 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.
- And political subdivisions of States, in consultation with States.

Let me turn now to the levels of funding. This FOA has a three-year project period. There are approximately 12.3 million dollars available for the full three year period. CDC expects to make approximately two to four awards. The average award will be approximately 4 million dollars. The smallest

award will be approximately 3 million dollars and the largest will be approximately 8 million dollars. The funding awarded this year should cover the entire three year period.

Letters of Intent must be **received by** the Procurement and Grants office at CDC by 5:00 pm Eastern Daylight Time on July 11th. Applications are due on August 7, 11:59 p.m., Eastern Daylight Time and should be submitted electronically via the grants.gov website.

I will now turn over the line to Deborah Rogers Mercy from CDC's Procurement and Grants Office to discuss the Letter of Intent requirements.

<p>5) Letter of Intent Requirements (5 minutes) - Deborah Rogers Mercy</p>

Thank you Dr. Bunnell.

Applicants are required to submit a Letter of Intent to be eligible to apply for this program. As Dr. Bunnell just said, CDC's Procurement and Grants Office must receive the Letter of Intent by July 11, 2012 at 5:00 pm Eastern Daylight Time. See section four of the Funding Opportunity Announcement for the correct CDC address. CDC will accept LOIs via express mail, delivery service, first-class mail, or hand-delivery. Failure to submit an LOI will result in non-responsiveness and the applicant will be deemed non-

responsive. Applications that are deemed non-responsive will not move forward through the review process. Electronic submissions of LOIs via email, fax, CD or thumbdrives are NOT ACCEPTABLE.

The LOI is required for the purposes of planning the competitive review process. The information contained within the Letter of Intent does not dictate the content of the application and will not have any bearing on the scoring of the application. However, organizations that submit LOIs are the only organizations that can respond to the FOA.

The Letter of Intent must include the following information:

- A descriptive title of the proposed project;
- The geographic area to be served, as defined by the applicant;
- A description of the selected intervention population, as well as their racial or ethnic group;
- The name and type of the official applicant;
- The name, address, and telephone number of the Principal Investigator or Project Director;
- And the number and title of this funding opportunity announcement.

Now a word about format. The LOI should be no more than two 8-1/2 by 11 inch pages. The text should be double-spaced, printed on one side, with one-inch margins, using 12-point font. LOIs should be written in plain English, and please avoid jargon. A sample LOI template is provided in Appendix E of the FOA.

Although the LOI will not be scored as part of the application process, it must be submitted to be considered as part of a formal application. The applicant will be subject to lobbying restrictions highlighted in section six of the FOA.

I will now turn it back to *Graydon Yatabe*.

<p>6) Resources for Additional Information (2 minutes) – <i>Graydon</i></p>

Thank you, Deborah.

We would like to take a few moments to make sure you are aware of several resources that are available to you such as the website, frequently asked questions, and a web form for submitting your additional questions.

We have established a special website for this initiative; it can be found at www.cdc.gov/REACH. This site will allow you to access information about two different REACH FOAs, so please be sure to select “REACH Demonstration Project FOA” to access the frequently asked questions and

answers. We have posted a list of frequently asked questions and answers 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 website, 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 REACH Demonstration Project section of the website, complete the requested information, and click the “Submit” button to send. Responses to the questions will be posted in the FAQs. Due to an anticipated high volume of inquiries, there may be a delay in posting your reply. Also, there is a possibility your specific question may not appear in the FAQ section. When similar questions on the same topic are received, one comprehensive reply is posted to the FAQs.

Now, I’m going to take a moment to describe how we will handle the questions. 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

REACH Demonstration Project website in the coming days. You should check that website frequently for new questions and answers.

And now we will turn to Charlotte Kent and Jennifer Kohr for questions and answers. Charlotte...

**7) Questions and Answers
(20 minutes) – Graydon Yatabe; Charlotte Kent, Jenny Kohr, & Becky Bunnell responding**

Thank you, Graydon. Before we go to the phones, I will read through some frequently asked questions that we have received and developed to assist you in your application. There are quite a few questions, so it will take us a little time to work through these.

All FAQs can be found online at:

<http://www.cdc.gov/reach/demoproject/faq/index.htm>

Now I will ask the operator to open up the lines to allow us to answer any questions that you may have.

8) Closing – Graydon Yatabe

That is all the time we have for questions this *morning/afternoon/evening*. For anyone still waiting to have questions answered please submit them to the website. All questions from today's call will be posted, as well. On behalf of the National Center for Chronic Disease Prevention and Health Promotion, I want to thank all of you for your time on the call today, and for your interest in the REACH Demonstration Project. This is an exciting and extraordinary time for chronic disease prevention and we look forward to receiving your letters of intent. I want to once again encourage you to reach out to partners and coalitions to pull together the strongest possible applications.

This concludes our call today. Thank you, and have a good *morning/afternoon/evening*.