

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

Agenda in brief:

- 1) Introduction and Welcome (5 minutes) – **Graydon Yatabe/Jenny Kohr**
- 2) Overview of REACH FOA (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/Jenny Kohr**
- 7) Question and Answer (20 minutes) – **Graydon Yatabe/Jenny Kohr will moderate Q&A; Shannon Griffin-Blake, Jenny Kohr and Becky Bunnell will respond to Q&A**

Talking Points:

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| 1) Introduction and Welcome
(5 minutes) – Graydon Yatabe/Jenny Kohr |
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Welcome to the *first/second/third* technical assistance call for the Racial and Ethnic Approaches to Community Health, also known as REACH, funding opportunity announcement. This is one 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 (OR) Jenny Kohr, 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 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. Shannon Griffin-Blake, Chief of the Program Implementation and Development Branch in the Division of Community Health and Jennifer Kohr, Public Health Advisor with the Division of Community Health will review some existing 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 FOA 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 FOA" to get information about the announcement we are discussing today.
- Before we turn to details about this REACH funding opportunity, 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 Demonstration Project and the other is for the

Community Transformation Grants Small Communities program. All FOAs are available on grants.gov. One additional technical assistance call for the REACH Demonstration Project FOA will be held at 10:00 am Eastern time tomorrow. The call information can be found in the FOA or on the REACH Demonstration Project FOA section of the website.

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

2) Overview of REACH (10 minutes) – Dr. Rebecca Bunnell
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Thank you, *Graydon/Jenny* and greetings to all of you who have joined this call.

We are excited to spend some time today walking you through the REACH FOA and answering your questions about this opportunity. The purpose of this FOA is to fund organizations to implement sustainable practice- and evidence-based strategies impacting health disparities across the country.

These organizations will allocate at least 75% of their awarded funds to local partners or community-based organizations. This will ensure funding is spread broadly to many local communities to allow them to implement

evidence- and practice-based strategies that reduce health disparities at the local level.

Chronic diseases represent some of our nation's most common and costly health problems, however, they are also 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.

This FOA will fund recipients to address health disparities in 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. Additional information about the intervention population will be shared shortly.

The primary purpose of the REACH FOA is to fund national and/or multi-state organizations to fund, manage, support, and monitor sub-recipients to implement evidence- and practice-based strategies that reduce health disparities for selected intervention populations experiencing high burden of disease or risk factors.

Awardees may choose to implement strategies that address disparities in cardiovascular disease, diabetes, breast and cervical cancer, infant mortality, asthma, or child and adult immunization. In addition, the REACH FOA focuses on changes in weight, proper nutrition, physical activity, tobacco use, and emotional well-being and overall mental health.

Applicants should be able to demonstrate national or multi-state reach through local partnerships or program activities. At least 75 percent of funding will be disseminated to local partners. Applicants must be able to fund these sub-recipients in multiple states, tribal nations, or territories. In this FOA, the term multi-state means at least three states. These states do not

have to be geographically contiguous. Organizations applying to serve intervention populations within tribes or U.S. territories should be able to reach at least three different tribal nations or three different territories. The term “multi-state” in the FOA is used inclusively to refer to states, tribes, or territories.

There are several key pieces of information that need to be included in each application:

- First, applicants should provide a description of the geographic area to be served by the proposed project, including the overall reach of the applicant’s network.
- Second, applicants should provide information about the selected intervention population, which is the group that will be reached by program activities.
- Third, applicants must describe the documented health or risk factor burden experienced by the selected intervention population.
- Fourth, applicants should indicate the anticipated number of individuals that will be reached with sub-recipient activities, and

- Finally, the specific health improvements that will result from these activities.

Additional details about each of these items are included in Section one of the FOA.

Applicants should be able to demonstrate several specific capacities in order to score well in the application process. In particular, applicants must be able to demonstrate that they have access to, and can fund, a network of local partners as sub-recipients. These partners may include local community-based organizations or associated partner or member organizations. In addition, applicants must be able to demonstrate their successful experience addressing health disparities, experience working with the selected intervention populations, and their ability to support funded sub-recipients to achieve program outcomes, improve health, and reduce health disparities.

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

I am now going to talk about the kinds of activities that will be supported by the REACH FOA. Proposals are required to focus on activities that will

result in changes within one or more of the following five outcome measures:

- Changes in weight, proper nutrition, physical activity, tobacco use, and emotional well-being and overall mental health.

In addition, awardees may also choose to implement activities that address disparities in the following areas: cardiovascular disease, diabetes, breast and cervical cancer, infant mortality, asthma, or child and adult immunization.

All proposals should include approaches that reduce or eliminate chronic disease disparities in an identified racial or ethnic group, 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. Applicants are free to select more than one racial or ethnic group and/or choose to describe and track one or more specific populations within a group for focused activities. Additional factors that contribute to health disparities may be used to describe and focus the selected intervention population.

Intervention populations must be selected based on the burden of chronic disease or risk factor identified. For example:

- African American residents with high documented rates of overweight and obesity.
- Latino individuals with high documented rates of tobacco use, or
- Children within an American Indian tribal nation with high documented rates of overweight, obesity, and diabetes.

Recipients of this funding will be responsible for identifying and supporting local partners by: providing management and oversight of sub-recipient funding awards; ensuring that sub-recipients are implementing appropriate strategies to address health disparities; supporting sub-recipients by providing specialized technical assistance, performance monitoring, and evaluation support; and, finally, disseminating successes. In addition, recipients will support the development and implementation of a community health action plan, developed in collaboration with CDC.

Grantees will be responsible for ensuring that sub-recipients:

- Address the same intervention population with demonstrated health disparities as selected by the recipient,

- Conduct implementation work that will reduce health disparities for as many people as possible and have high impact,
- Culturally tailor all implementation work to fit the needs of the selected intervention population, and
- Reach at least 75% of the selected intervention population in their geographic area with at least some activities.

Applicants should propose to fund sub-recipients to conduct implementation work that aligns with the recipient's selected intervention population, selected risk factor, and disease condition.

3) Eligibility Criteria & Funding Levels (10 minutes) – Dr. Rebecca Bunnell
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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 Marianna 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 now turn to the funding levels for this REACH FOA.

The current fiscal year funding for this FOA is approximately 20.2 million dollars. CDC expects to make approximately six to ten awards. The average award for the 12 month budget period will be approximately 3 million dollars. The smallest award will be approximately 2 million dollars and the largest will be approximately 4 million dollars.

Letters of Intent must be **received by** the Procurement and Grants Office here at CDC by 5:00 pm, Eastern Daylight Time on July 11th. CDC will only accept Letters of Intent which are submitted via express mail, delivery service, first-class mail, or hand-delivery. Applications are due on August 7th by 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 by 5:00 pm Eastern Daylight Time. See section four of the Funding Opportunity Announcement for the CDC address. CDC will only accept LOIs which are submitted 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 by the recipient,
- A description of the selected intervention population and their racial or ethnic group,

- 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 must be written in plain English, avoiding the use of jargon. A sample LOI template is provided in Appendix A of the FOA.

Although the LOI will not be scored as part of the application process, it is considered 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/Jenny Kohr*.

<p>6) Website and Submitting Questions (2 minutes) – Graydon/ Jenny</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 and frequently asked questions.

We have established a special website for this initiative, which was referenced earlier in the call; it can be found at www.cdc.gov/REACH/.

Again, information about two separate funding opportunity announcements can be found on this site, so please be sure to select “REACH FOA” to get information about the announcement we are discussing today. 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 FOA section of the website, complete the requested information, and click the “Submit” button to send. Responses to the questions will be posted on the FAQ section of the website. Due to an anticipated high volume of inquiries, there may be a delay in posting your reply. Also, there is a possibility that

your specific question may not appear in the FAQ section. When similar questions on the same topic are received, one comprehensive question and answer is posted to the FAQ page.

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

And, now we will turn to Dr. Shannon Griffin-Blake, and Jennifer Kohr for questions and answers.

Dr. Griffin-Blake...

<p>7) Questions and Answers (20 minutes) – Graydon Yatabe/Jenny Kohr Shannon Griffin-Blake, Becky Bunnell, Jenny Kohr responding</p>
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Thank you Graydon/ Jenny.

Before we go to the phones, Jennifer and 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 bit of time to work through them. Once we have read those questions, we will ask the operator to open up the lines to answer any additional questions that you may have.

All FAQs can be found online at:

<http://www.cdc.gov/reach/foa/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/Jenny Kohr

Thank you for all of the questions you posed today. If you think of additional questions, please go to the REACH FOA section of our website, www.cdc.gov/reach, and submit the questions in the provided form.

All questions captured from today's call will be posted in the FAQ section.

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 FOA. This is an exciting and extraordinary time for chronic disease prevention and we look forward to receiving your letters of intent and applications. 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*.