



Health Promotion and Disease Prevention Research Centers (PRC) – Notice of Funding Opportunity: RFA DP-24-004

Pre-application Informational Webinar

April 26, 2023

DIVISION OF POPULATION HEALTH
Centers for Disease Control and Prevention
National Center for Chronic Disease and Health Promotion



NOFO RFA DP-24-004 CORRECTION

- During the April 26th PRC NOFO Informational Webinar CDC incorrectly stated that the evaluation plan is to be developed and submitted as part of the application.
- CORRECTION
 - An evaluation plan is not required as part of the application. The application should include and describe an evaluation approach that engages the CAB in utilization-focused process and outcome evaluation planning and implementation throughout the five-year cycle. The evaluation approach does count towards the 25 page limit for the research strategy.

Welcome and housekeeping



This meeting is being recorded




Attendees will be muted for the duration of the webinar



For **technical assistance**, please use the chat. Send to “Hosts and Panelists” only



For **questions about the NOFO**, please type them into the Q&A. You can upvote others’ questions by clicking the “thumbs up” icon 



Automated captioning is available through Zoom. Live captioning is available on a second screen via the link in the chat

Audio Settings ^



Chat



Raise Hand



Q&A

Leave Meeting

We will not be using the “Raise Hand” function during this webinar. Please use the Q&A.



Welcome and Review of Agenda

Jaya Raman, Director, Extramural Research Program Operations and Services (ERPOS),
NCCDPHP



NOFO RFA DP-24-004 Information Call Agenda

- Funding Opportunity Description
- Award Information
- Eligibility Information
- Application and Submission Information
- Application Review Information
- Award Administration Information
- Agency Contacts
- Questions & Answers



Section I. Information & Opportunity Description

Section II. Award Information

RFA DP-24-004

Brigette Ulin, Director, Prevention Research Centers Program and Branch Chief, Prevention Research and Translation Branch, DPH, NCCDPHP



PRC Program Background

- Established by Congress in 1984 (Public Law 98-551)
- Support research that identifies practical public health solutions to the leading causes of death in the US
- Utilize community engagement as a central research principle
- Focus on communities experiencing health disparities
- Increase the skill and capacity of the public health workforce

NOFO Purpose

1. Fill critical gaps in chronic disease prevention research
2. Identify effective strategies to reduce or eliminate health disparities and health inequities.
3. Address translation gaps between research and public health practice
4. Facilitate adoption and effective implementation of EBIs
5. Contribute to the collective impact of the PRC Network

NOFO Approach

I. PRC Center Component

- *30% of funding*
- *10 pages*

II. PRC Core Research Project Component

- *60% of funding*
- *12 pages*

III. PRC Network Component

- *10% of funding*
- *3 pages*

Implementation Timeline on pages 25-27 lists the expectations for completion of all three component activities

NOFO Approach: PRC Center Component

- Aligned with the PRC core research project topic
- Center infrastructure's main purpose should be to support the completion of the PRC core research project and associated translation activities.
- All center activities, should focus on communities who are experiencing high levels of health disparities or health inequities.
- Maintain a Community Advisory Board (CAB) that will be engaged in all components of this NOFO

NOFO Expectations: PRC Center Component

1. Establish and maintain a PRC infrastructure to conduct applied prevention and health promotion public health research
2. Engage the Community Advisory Board (CAB) and other partners to inform all research projects
3. Build capacity to conduct prevention research
4. Communicate information about PRC activities to intended audiences

NOFO Approach: PRC Core Research Project

- Dissemination and Implementation (D&I) research using Evidence-Based Interventions (EBIs).
- D&I core research projects should focus on EBIs that address chronic disease prevention and health promotion priority health topics listed in Appendix 1.
- This NOFO will NOT support etiological research or efficacy research.

NOFO Expectations: PRC Core Research Project

1. Complete one D&I PRC core research project (CRP)
2. Engage community members throughout the CRP
3. Partner with national, regional, state, and/or local organizations
 - Required: At least one partnership with state, local, tribal, or territorial health department.
4. Disseminate the PRC CRP's approaches, methods, tools, products, lessons learned, and findings to multiple audiences
5. Translate the core research project to facilitate adoption and implementation of EBIs into public health practice.

NOFO Expectations: PRC Core Research Project Appendix 1

1. Select one Chronic Disease Prevention Priority
2. Select at least one population of interest
3. Select at least one implementation science gap
4. Evidence Based Interventions (EBI)
 - a. Select EBI from Appendix 1
 - OR*
 - b. Provide evidence of effectiveness for other EBI proposed

APPENDIX 1. Required Chronic Disease Prevention Priority Categories for the PRC Core Research Project

1	Improve Health and Wellness Among Older Adults
2	Reduce UV overexposure and mitigate the effects of extreme heat.
3	Dissemination strategies to address stigma as a barrier to diabetes self-management education and support services uptake in people with comorbid mental, emotional, behavioral, and developmental disorders (MEBDD).
4	Increase awareness, readiness, and uptake of diabetes self-management education and support (DSMES) services and programs for underserved populations/communities.
5	Hypertension control among populations with hypertensive disorders in pregnancy.
6	Improve the nutrition, physical activity, health and wellness among overweight or obese children from households with lower incomes.
7	Improve healthy food offerings served, sold, and distributed in community settings.
8	Improve the nutrition and physical activity among children (0-5 years) in early childhood education (ECE) settings.
9	Increase physical activity and reduce disparities in physical activity participation.
10	Prevent and control tooth decay (caries) among youth aged 5 to 18 years in school settings.
11	Increasing communication between older adult patients and providers.
12	Improve arthritis management and outcomes.
13	Improve social connectedness in at-risk populations.
14	Reduce excessive alcohol use and alcohol-related harm.
15	Managing chronic health conditions for persons with Alzheimer's disease and related dementias (ADRD).
16	Prevent and reduce disparities in sudden unexpected infant death (SUID).
17	Increase commercial tobacco cessation among person living in the United States who currently use commercial tobacco products.

Appendix 1 : Required Chronic Disease Prevention Priority Categories and Elements for the PRC Core Research Project

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
<p>1 Improve Health and Wellness Among Older Adults</p>	<ul style="list-style-type: none"> Older Adults 	<p>A. The literature on successful interventions for specific (sub)populations is sparse; for example, subpopulations include individuals with a history of cancer, non-U.S. born/foreign born persons, people with lower incomes, people who are underserved by age, race, ethnicity, disability status, or language.</p> <p>B. There are also important gaps in research, dissemination, and implementation and understanding impact on disparities across groups such as by race, ethnicity, education, income, age, sex, geography [rural/urban], disability status, and sexual orientation or gender identity.</p> <p>C. Strategies to address social isolation and social connectiveness with sufficient rationale, literature, and evidence may also be examined.</p>	<ul style="list-style-type: none"> Enhance®Fitness - Project Enhance https://projectenhance.org/enhancefitness/ Physical Activity: Social Support The Community Guide - https://www.thecommunityguide.org/findings/physical-activity-social-support-interventions-community-settings.html Phys Activity: Park, Trail, Greenway multicomponent The Community Guide - https://www.thecommunityguide.org/findings/physical-activity-park-trail-greenway-infrastructure-interventions-combined-additional-interventions.html Nutrition, Physical Activity: Digital Health--Worksite The Community Guide - https://www.thecommunityguide.org/findings/nutrition-and-physical-activity-worksite-digital-health-and-telephone-interventions-increase-healthy-eating-and-physical-activity.html Physical Activity: Digital Health for Adults 55+ The Community Guide- https://www.thecommunityguide.org/findings/physical-activity-digital-health-interventions-adults-55-years-and-older.html Depression Care Older Adults, Exercise-Based The Community Guide - https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults.html Alleviating Depression Among Patients With Cancer (ADAPT-C) Evidence-Based Cancer Control Programs (EBCCP) - https://ebccp.cancercontrol.cancer.gov/programDetails.do?programId=3551008
<p>2 Reduce UV overexposure and mitigate the effects of extreme heat.</p>	<ul style="list-style-type: none"> Children Adolescents Adults Older Adults 	<p>A. How can CDC-funded states or communities interested in using an evidence-based intervention improve uptake through implementation science frameworks, constructs, or logic models? Areas of interest include acceptability, cost, and maintenance.</p> <p>B. Using implementation science models and frameworks to determine barriers and facilitators to the implementation of interventions.</p> <p>C. Ensuring equitable implementation. Determining if there are cultural or linguistic adaptations are needed to support uptake within some populations.</p>	<ul style="list-style-type: none"> The Community Guide provides evidence-based strategies to reduce UV overexposure, prevent sunburn, and reduce skin cancer risk: https://www.thecommunityguide.org/pages/task-force-findings-cancer-prevention-and-control.html#skincancer The National Cancer Institute's Evidence-Based Cancer Control Programs website provides the links to materials for specific evidence-based interventions: Sun Safety Evidence-Based Programs Listing Evidence-Based Cancer Control Programs (EBCCP): https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102269&choice=default The U.S. Environmental Protection Agency provides a database of community actions to address heat islands, which includes a drop-down filter to select those that include trees and vegetation. Heat Island Community Actions Database US EPA:

NOFO Approach: PRC Network Component

- PRCs will be expected to actively participate in the PRC Network in collaboration with other PRCs and CDC.
- The funded network of PRCs will implement a collective impact approach
 - Network backbone support system
 - Common Agenda
 - Mutually reinforcing plan of action
 - Shared measurement or progress
 - Continuous communication

NOFO Expectations: PRC Network Component

1. **Participate** in PRC Network activities to share information, resources, and inform network-wide decisions.
 - Workgroups
 - Committees
 - Meetings
 - Conferences
 - Electronic Communications
2. **Collaborate** with PRCs in the network to advance PRC core research projects and other PRC projects (as appropriate).

NOFO Expectations: Evaluation/Performance Measurement

- PRCs will report data and information to CDC
 - **Monitoring** is focused on recipient inputs, activities, and outputs
 - **Evaluation** is focused on understanding and demonstrating program processes and outcomes.
- Recipients will report data and information through collection systems
 - Research Performance Progress Report [eRA/RPPR]
 - PRC Program Evaluation Reporting System [PERS]
 - CDC Award Management Platform [AMP]
- CDC will provide more information about monitoring and evaluation activities post award

Additional NOFO Expectations: With Application

- **Evaluation Approach (*p. 25*)**
 - Intended evaluation approach that engages the CAB in utilization-focused process and outcome evaluation planning and implementation throughout the five-year cycle.
 - Recipients will be required to report on milestones for all components
- **Annual Action Plan (*Appendix 2*)**
 - 12-month Annual Action Plan for Center, Core Research Project, and Network Component activities for the first budget period
 - 20 page limit

NOFO Expectations: Required Plans After Award - Year 1

- **Dissemination and Translation Plan (p. 28)**
 - Process and steps needed or taken to ensure effective and widespread distribution of core research project findings and maximize impact of the research findings.
- **Center Communications Plan (p. 15)**
 - Promote the center, including skills, knowledge, expertise, or products and engagement of partners

Summary of Application Sections and Page limits

Section	Sub Section	Elements within Sub Section	Page limit	May be included in Appendix
Research Plan	Introduction		Not applicable	
	Specific Aims (p.34)		1	
	DMP (pp.35, 49)		N/A	
	Research Strategy (p.36)		25 Total	
		PRC Center Component	(10)	
		PRC Core Research Project Component	(12)	
		PRC Network Component	(3)	
		Evaluation Approach		
Appendix	Research Plan Supporting Materials (pp. 35,46,47)		30 Total 10 PDF Files	X
	Action Plan		(20)	X

Award Information

- Cooperative Agreement
- New award
- Estimated total Funding: \$100,000,000
- Total period of performance length: 5 years
- Anticipated number of awards: 20
- Award ceiling: \$1,000,000 per project period
- Award floor: \$500,000 per project period
- Estimated total funding first 12 months : \$20,000,000



Section III. Eligibility Information

Natalie Darling, Scientific Program Official, Extramural Research Program Operations and Services (ERPOS), NCCDPHP



Eligibility Information –

Section III, 3. Additional Information on Eligibility

In accordance with Section 1706 of the Public Health Services Act, as amended, 42 U.S.C. 300u5, **academic health centers**, as defined in 42 U.S.C 300u-5(d) and Section 799B, as amended 42 U.S.C. 295p, are eligible to apply for funding under this NOFO.

An application is eligible if it is from an **academic health center** - which have been defined under the above statute as:

1. Schools of Public Health (SPH) accredited by the **Council on Education in Public Health (CEPH)** or SPH in the process of obtaining CEPH accreditation.
 - *Programs of Public Health are **NOT** eligible to apply for funding under this NOFO*
2. Schools of Medicine (or Osteopathy) accredited by the **Accreditation Council for Graduate Medical Education (ACGME)** that offer an accredited preventive medicine residency (PMR) program or are in the process of obtaining ACGME accreditation for a PMR program.

Responsiveness Criteria - Section III, 5. Responsiveness

An application will be considered responsive to NOFO DP-24-004 if it meets the following requirements:

- Complies with requirements stated in Section III., 3 (previous slide)
- The specific aims section of the research plan lists the PRC Core Research Project's chronic disease priority category (1-17) from Appendix 1. (*see slide 13*)
- Etiological or efficacy research will not be supported and will be deemed non responsive.
- The proposed budget does not exceed the ceiling amount \$1,000,000 (direct and indirect costs) for the first 12 month budget period.

Applications that are non-responsive will not enter the review process.

Applicants will be notified if their application is deemed non-responsive.



Section IV. Application & Submission Information

Sharon Cassell, Grants Management Officer, Office of Grants Services (OGS), CDC



Overall Application Information

Key Areas of the NOFO:

- **Section II Award Information** for information on funding ceilings and other key info regarding funding.
 - Applications will be deemed unresponsive if the proposed budget is greater than the ceiling.
- **Section III Eligibility Information** to ensure your organization is eligible to apply
- **Section IV Application and Submission Information** – Applications are due no later than June 23, 2023, 11:59 PM U.S. Eastern Time.
 - Must be validated successfully by Grants.gov by 11:59 pm. No exceptions!!
- **Section V Application Review Information, Scored Review Criteria**

Overall Application Information

Tips for Preparing Your Budget and Justification

- All budgets should include a narrative with details and justification for each cost.
- Costs should be grouped and sub-totaled by budget category within your budget narrative. The costs must be linked to activities and objectives outlined in your project.
- Even though budgets are typically not a scored portion of your application, it provides key information to how you propose to implement your project and should always link to the activities outlined in the NOFO.
- For specific guidelines for preparing your budget, visit:
- <https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf>
 - Review the requirements for contractual/consultant agreements in the preparation guidance
- Required forms that must always accommodate new applications
 - Indirect cost rate agreement, if applicable (pdf)
 - Risk Assessment form (See NOFO for hyperlink)

Overall Application Information

Application Notification E-Mails

- Once the application is submitted the AOR will receive 3 notification e-mails from Grants.gov:
- The first Confirmation of receipt: Grants.gov has received your application.
- Second, is the Validation status: States whether your application passed validation and has been forwarded to the agency OR whether errors were found that must be addressed prior to being accepted and made available for us to download. If your application has NO errors, it has been forwarded to the agency for processing.
- Third, Successful Download: Notifying you that your application has been successfully downloaded, A grant tracking number will be provided Ex: “GRANT0123456.”

Important Reminders

- HHS/CDC grant submission procedures do not provide a grace period beyond the application due date time.
- It is critical that applicants follow the instructions in the How to Apply - Application Guide except where instructed to do otherwise in this NOFO. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.
- Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC.



Section V. Application Review Information

Catherine Barrett, Health Scientist, Extramural Research Program Operations and Services (ERPOS), NCCDPHP



Two Stage Scientific Merit Review Process

1. Special Emphasis Panel (SEP)

- Initial Scientific Merit Review
- Scientific and Technical merit
- External, primarily non-federal scientists

2. Secondary Review Committee (SRC)

- Funding preferences and relevance
- Internal CDC staff

Initial Scientific Merit Review

- Special Emphasis Panel (SEP) members are recognized experts from a range of key disciplines in Public Health
- Goal: fair, objective, and transparent
- Task:
 1. Evaluate the scientific merit of each application against the intent and provisions in the NOFO
 2. Provide scientific and programmatic suggestions to the PIs
 3. Review Human Subjects Protections, inclusion of minorities, budget, and budget justification

Reviewer Instructions/Scoring

- Review Criteria
 1. **Significance**
 2. **Innovation**
 3. **Investigators**
 4. **Approach**
 5. **Environment**
 - Human Subjects
 - Inclusion Plans

Impact	Score	Descriptor	Additional Guidance on Strengths/Weaknesses
High	1	Exceptional	Exceptionally strong with essentially no weaknesses
	2	Outstanding	Extremely strong with negligible weaknesses
	3	Excellent	Very strong with only some minor weaknesses
Medium	4	Very Good	Strong but with numerous minor weaknesses
	5	Good	Strong but with at least one moderate weakness
	6	Satisfactory	Some strengths but also some moderate weaknesses
Low	7	Fair	Some strengths but with at least one major weakness
	8	Marginal	A few strengths and a few major weaknesses
	9	Poor	Very few strengths and numerous major weaknesses

Budget and Data Sharing/Management Plans also receive comments

Specific considerations defined in Section V of NOFO template

Review Criteria

- **PRC Center Component; PRC Core Research Project Component; PRC Network Component**
 - Combined review criteria across all components
 - Overall impact assessment

- **Overall Impact - Overall Application**

Reviewers will provide an overall impact score to reflect their assessment of the likelihood of the PRC to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria.

- Does the PRC center address a problem of great importance to applied public health prevention research and public health practice that aligns with a chronic disease prevention priority topic listed in Appendix 1?
- Does the evidence-based intervention identified for the PRC core research project have the potential to be adopted and implemented more widely for populations experiencing high levels of health disparities or health inequities and improve health outcomes?
- Others detailed in Section V

Streamlining

- NCCDPHP ERPOS anticipates receipt of numerous applications to be reviewed by appointed reviewers.
- All responsive applications will be reviewed.
- To facilitate the review process, the intention is for the review panel to discuss the top applications.
- Those applications deemed to have the highest scientific and technical merit will be discussed by the review panel and assigned an overall impact/priority score.
- Applications with poorer preliminary scores might not be discussed. "Not discussed" applications will not receive a priority score.

Review Outcomes

- **Final overall impact score** (For discussed applications)
 - Average score of entire panel times 10
 - Range of 10-90
- Summary Statement
 - **Resume and Summary of Discussion**
 - Application Abstract
 - **Three or more critiques**
 - **Criterion scores**
 - Summary of other review criteria and considerations
 - Data Sharing/Management Plans
 - Budget
 - SEP Roster

Secondary Review Committee (SRC)

- Examine Scientific Merit Review scores and Summary Statements in light of the intent of the NOFO
- CDC senior staff & experts outside of sponsoring program without conflicts of interest
- Provide input to the Center and sponsoring program for decisions about awards
- Alignment with CDC goals, priorities, and published funding preferences
 - Scientific & technical merit of proposed project determined by scientific peer review
 - Availability of funds
 - Relevance of the proposed project to program priorities
 - Equitable geographic distribution across the U.S.
 - Mix of Core Research Project category types



Section VI. Award Administration Information

Sharon Cassell, Grants Management Officer, Office of Grants Services (OGS), Office of Financial Resources (OFR), CDC



Overall Application Information

Award Notifications

- Every applicant receives a summary statement
- Applicants selected for funding will receive a formal notification in the form of a Notice of Award (NOA) from Office of Grants Services (OGS)
- Signed by the Grants Management Officer (GMO)
- Any cost incurred before receipt of the NOA are at the recipient's risk
- General Terms and Conditions for Research Grant and Cooperative Agreements - <https://www.cdc.gov/grants/federal-regulations-policies/index.html>,
- Approved but not funded applications remain on file for one Year

Overall Application Information

Reporting

- Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF425 is required and must be submitted no later than 90 days after the end of the budget period in the Payment Management System.
- Annual Performance Reporting: The Research Performance Progress Report (RPPR) serves as the annual performance report and is due no later than (NLT) 120 days prior to the end of the budget period, or the date identified in the guidance distributed by the GMS/GMO.
- eRA Commons sends notification advising you that your RPPR is due 120 prior to the application due and may indicate a specific date, please disregard this notice. Adhere to the due date outlined in the RPPR Solicitation Guidance.

Overall Application Information

Regulations

- 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. [eCFR: Title 45 of the CFR - Public Welfare](#)
- HHS Policy Requirements [HHS Grants Policy Statement - PDF](#)
- HHS Grants Policy Statement [Grants Policy Statment \(hhs.gov\)](#)



Section VII. Agency Contacts

Jaya Raman, Director, Extramural Research Program Operations and Services (ERPOS),
NCCDPHP



Agency Contacts

- Application Submission Contacts: support@grants.gov
- eRA Help Desk: commons@od.nih.gov
- Scientific Research Contact: Natalie Darling, researchnofo@cdc.gov; RFA-DP-24-004 in subject line
- Peer review contact: Catherine (Katie) Barrett, ohi6@cdc.gov
- Financial/Grants Management Contact, scassell@cdc.gov
- **NOFO Website:** <https://www.cdc.gov/prc/> Follow link to: **Funding Opportunity: RFA-DP-24-004 Prevention Research Centers**
<https://www.cdc.gov/prc/funding/PRC-NOFO-RFA-DP-24-004.htm>



Question/Answer

Jaya Raman, Director, Extramural Research Program Operations and Services (ERPOS),
NCCDPHP



Submit Questions Through the Q&A Tab



This meeting is being recorded




Attendees will be muted for the duration of the webinar



For **technical assistance**, please use the chat. Send to “Hosts and Panelists” only



For **questions about the NOFO**, please type them into the Q&A. You can upvote others’ questions by clicking the “thumbs up” icon 



Automated captioning is available through Zoom. Live captioning is available on a second screen via the link in the chat

Audio Settings ^



Chat



Raise Hand



Q&A

Leave Meeting

We will not be using the “Raise Hand” function during this webinar. Please use the Q&A.

A large, semi-transparent blue overlay covers the top two-thirds of the page. Inside this overlay is a photograph of a diverse group of seven people of various ethnicities and ages, all smiling warmly at the camera. The text "Thank You" is centered in white over the lower part of this image.

Thank You

DIVISION OF POPULATION HEALTH
Centers for Disease Control and Prevention
National Center for Chronic Disease and Health Promotion

