

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Communities Putting Prevention to Work

Centers for Disease Control and Prevention (CDC) / American Recovery and Reinvestment Act of 2009

Funding Opportunity Number: CDC-RFA-DP09-912ARRA09 / Application Deadline: December 1, 2009

Executive Summary: The American Recovery and Reinvestment Act of 2009 (Recovery Act), signed into law February 17, 2009, includes \$650 million for evidence-based clinical and community-based prevention and wellness strategies that support specific, measurable health outcomes to reduce chronic disease rates. The Centers for Disease Control and Prevention (CDC) and related centers have announced the opportunity to apply for Recovery Act funds to reduce risk factors, prevent and/or delay chronic disease, and promote wellness. This initiative, entitled ***Communities Putting Prevention to Work (CPPW)***, will address obesity, physical inactivity, poor nutrition and tobacco use/exposure. The legislation provides an important opportunity to advance public health across the lifespan and to reduce health disparities. The CDC will support **intensive community approaches** to chronic disease prevention and control in selected communities (urban and rural), to achieve the following prevention outcomes:

- Increased levels of physical activity;
- Improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and trans fats);
- Decreased overweight/obesity prevalence;
- Decreased smoking prevalence and decreased teen smoking initiation; and
- Decreased exposure to secondhand smoke.

Measures specified for communities addressing physical activity and nutrition:

Adults

- Stabilize or begin to decrease (up to 2%) adult overweight/obesity prevalence, thus reversing long term trends.
- 20% increase in the percentage of adults getting adequate physical activity, meaning 20% more adults meeting Physical Activity Guidelines.
- 5% decrease in consumption of sugar-sweetened beverages, for adults, a decrease of about 5 gallons per person per year.
- A 20% increase in average daily fruit and vegetable consumption, an increase of approximately 1 serving.
- 15% increase in the percentage of adults with a heart-healthy diet based on USDA's Healthy Eating Index (HEI), meaning 15% more adults with diet including adequate fruits and vegetables and reduced intake of fats.
- 6% decrease in the percentage of adults getting excess calories based on USDA's Healthy Eating Index (HEI).

Youth

- Stabilize or begin to decrease (up to 2%) youth overweight/obesity prevalence (up to age 2- 18), thus reversing long term trends.
- 35% increase in the percentage of high school students getting adequate physical activity (duration, frequency, intensity) meaning 35% more high school students meeting Physical Activity Guidelines.
- 5% decrease in consumption of sugar-sweetened beverages in high school students, a decrease of approximately 4 gallons per person per year.
- A 30% increase in average daily fruit and vegetable consumption among high school students, an increase of approximately 1 serving.
- 15% increase in the percentage of youth (ages 2-18) with a heart-healthy diet based on the USDA's Healthy Eating Index (HEI), meaning 15% more youth with diets including adequate fruits and vegetables and reduced intake of fats.
- 6% decrease in the percentage of youth (ages 2-18) getting excess calories based on USDA's Healthy Eating Index (HEI).

Background

This effort aims to address the needs of the diverse demographics of the United States by identifying four well-established population areas: large cities, urban areas, tribal communities, and state-coordinated small cities and rural areas. The focal points for the implementation of plans for this effort are state health departments, local health departments, and tribes (see section III. 1. “Eligible Applicants” for specific requirements), which possess the infrastructure to rapidly deploy programs and interventions to their citizens.

The State of Connecticut has selected New Haven as a local community partner under the State-coordinated small cities and rural areas category under which State health departments will coordinate the small city and rural area applications.

This FOA focuses on two categories of activities: Category A: Obesity prevention, physical activity and nutrition and Category B: Tobacco prevention and control. **New Haven will partner with the State on Category A application.**

In order to address the selected risk factors, awardees will implement population-based approaches such as policy, systems, and environmental changes across 5 evidence-based MAPPS strategies –Media, Access, Point of decision information, Price and Social support services – in both communities and schools such that the **entire jurisdiction of the health department is impacted.**

Reach across both components (community and school) is necessary to achieve behavior change in youth and to sustain healthy behavior into adulthood. Awardees will work from a prescribed menu of MAPPS strategies and interventions (see below) and will be required to implement specific high priority interventions.

Awardees may also propose evidence-based interventions not listed within the prescribed MAPPS menu, but must provide a strong justification of how the proposed intervention will have sufficient reach and potential impact consistent with the short and long-term goals of the initiative. The Centers for Disease Control and Prevention (CDC) will provide community programmatic support and tools to strengthen effective strategies tailored to community needs.

States that propose coordinating community awards will ensure that at least 75% of the total award is distributed to the identified communities in the state-coordinated application.

Monitoring and evaluation of the Recovery Act-funded efforts in communities will focus on the implementation of **community-wide policy, systems, and environmental changes.** These are the expected changes during the funding period, and are also demonstrated to be major drivers of the more downstream changes in risk behaviors and risk factors. Awardees are also expected to participate in national evaluation activities, including tracking relevant behavioral outcomes using BRFSS and YRBSS, participating in modeling studies, and examining cost and context within which community change occurs. Applicants will be asked to participate in monitoring and evaluation efforts within funded communities, including pre and post measurement. This may include the collection of biometric measurements especially among applicants who already have such measurement systems in place. Applicants may also wish to include plans to improve the quality of these efforts.

The intent of this announcement is to fund highly qualified applications from applicants with the following experience and support in place:

- active coalitions and demonstrated experience working with community leaders to implement policy, systems, and environmental change strategies;
- demonstrated support from the mayor;
- demonstrated support the public school districts within the intervention area for the collection of Youth Risk Behavior Surveillance System (YRBSS) data among a representative sample of 9th-12th grade students for baseline during fall 2010 and follow-up at the end of the project period using standard YRBSS protocol; and demonstrated ability to meet reporting requirements such as programmatic, financial, and management benchmarks as required by the Recovery Act.

Awards will vary with size of jurisdiction, the proposed activities, and the needs of each community. Approximately 30-40 awards will be made for the CPPW Initiative, but the number of awards will depend on the preceding factors and may be outside of this approximate range of number of awards and amount of funding per award. Awardees will be funded with awards beginning on or about February 26, 2010 for a 24-month budget period.

Following the award of funds, up to \$10 million will be made available for a limited set of awardees to provide peer-to-peer mentorship to other funded communities (more information can be found in Category A, item 9 and Category B, item 9 under Recipient activities). These funds will be awarded as a competitive supplement.