

Grant:

Funding Opportunity Number: CDC-RFA-DP09-912ARRA09

CFDA Number(s): 93.724

Prevention and Wellness - **Communities Putting Prevention to Work**

Purpose:

Create healthier communities through sustainable, proven, population-based approaches such as broad-based policy, systems, organizational and environmental changes in communities and schools.

Lead Applicants:

Local and State Health Departments

Activities will be awarded for two categories:

Category A: Applicants addressing obesity, physical activity, and nutrition.

Category B: Applicants addressing tobacco prevention and control.

Funding:

The Recovery Act includes \$373 million for evidence-based clinical and community-based prevention and wellness strategies that support specific, measurable health outcomes to reduce chronic disease rates. Illustrative ranges are:

Category A: Obesity/Physical Activity/Nutrition

- o Large city applicants: \$10 million – \$20 million
- o Urban area applicants: \$4 million – \$10 million
- o Tribal applicants: \$500,000 – \$1.2 million
- o State coordinated small city and rural area applicants: \$3 million - \$8 million

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.

Deadlines:

Support conference calls: Sept 30 and Oct 1

Letter of Intent Deadline: October 30, 2009

Application Deadline: December 1, 2009

Summary of information available at Grants.gov link:

<http://www07.grants.gov/search/search.do;jsessionid=8GPhKyQG1QTJ7gCWx4RWf17yn9F3ZWgBgywSzTYTTJLbFXbWqFTY!1798842873?oppId=49571&mode=VIEW>

Category A - Eligible Activities: (see announcement for much more detail)

1) Program infrastructure, staffing, program management and support.

2) Fiscal management.- Provide funding to local entities and organizations that will support the goals of the initiative and the selected interventions, focus on population-based strategies, are evidence-based and policy-focused, and will reach diverse groups.

3) Leadership team and community coalition.

Encourage linkages with other community-based efforts

4) Intervention area and selection of interventions.-Ensure that the intervention area encompasses the entire jurisdiction of the health department.

See Attachment C- Communities and states have found these interventions to be successful in practice. Awardees are expected to use this list of evidence-based strategies to design a comprehensive and robust set of strategies to produce the desired outcomes for the initiative. Other evidence-based strategies may be proposed but must be documented as to their evidence base, their likely addition to the overall outcomes, and the rationale for the choice of intervention (e.g., identified need or opportunity).

Nutrition Physical Activity

Media Media and advertising restrictions

- Promote healthy food/drink choices
- Counter-advertising for unhealthy choices

Promote increased activity

Promote use of public transit

Promote active transportation (bicycling and walking)

Counter-advertising for screen time

Access_ Healthy food/drink availability (e.g., incentives to food retailers to locate/offer healthier choices in underserved areas, healthier choices in child care, schools, worksites)

Limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, high-fat snacks,)

Reduce density of fast food establishments

Eliminate transfat through purchasing actions, labeling initiatives, restaurant standards

- Reduce sodium through purchasing actions, labeling initiatives, restaurant standards
- Procurement policies and practices
- Farm to institution, including schools, worksites, hospitals and other community institutions Safe, attractive accessible places for activity (e.g. access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community designs that leads to injuries).
- City planning, zoning and transportation (e.g., planning to include the provision of sidewalks, mixed use, parks with adequate crime prevention measures, and Health Impact Assessments)
- Require daily quality PE in schools
- Require daily physical activity in afterschool/childcare settings
- Restrict screen time (afterschool, daycare)

Point of Purchase/

Promotion Signage for healthy vs. less healthy items
Product placement & attractiveness
Menu labeling

Signage for neighborhood destinations in walkable/mixed-use areas
Signage for public transportation, bike lanes/boulevards.
Price_

- Changing relative prices of healthy vs. unhealthy items (e.g. through bulk purchase/procurement/competitive pricing).\ Reduced price for park/facility use
- Incentives for active transit
- Subsidized memberships to recreational facilities

Social Support & Services Support breastfeeding through policy change and maternity care practices____ Safe routes to school

Workplace, faith, park, neighborhood activity groups (e.g., walking hiking, biking)

5) Community Action Plan (CAP).

·____ Submit a two-year CAP (Community Action Plan)

6) Community-wide and school-based policy, systems, and environmental change strategies.

7) Evaluation to monitor/measure progress.

8) Participation in Programmatic Support Activities