

## **American Recovery and Reinvestment Act Communities Putting Prevention to Work**

### **1. Purpose of Funding**

The American Recovery and Reinvestment Act of 2009 states that “\$650,000,000 shall be provided to carry out evidence-based clinical and community-based prevention and wellness strategies authorized by the Public Health Service Act . . . that deliver specific, measurable health outcomes that address chronic disease rates.” The Department of Health and Human Services (HHS) has proposed a robust initiative in response to the Act. The goal of this initiative – ***Communities Putting Prevention to Work*** – is to reduce risk factors and prevent/delay chronic disease and promote wellness in both children and adults. ***Communities Putting Prevention to Work*** will expand the use of evidence-based strategies and programs, mobilize local resources at the community-level, and strengthen the capacity of states. The initiative has a strong emphasis on policy and environmental change at both the state and local levels and will: (1) increase levels of physical activity; (2) improve nutrition; (3) decrease obesity rates; and (4) decrease smoking prevalence, teen smoking initiation, and exposure to second-hand smoke. Powerful models of success are expected to emerge to inform health reform.

Recipients will put the following five strategic interventions into practice (MAPPS Interventions), described in a community tobacco plan or obesity, physical activity and nutrition plan:

- Use **media** to promote healthy foods/drinks and increase activity; restrict advertising and employ counter-advertising for tobacco and unhealthy foods/drinks;
- Increase **access** to healthy food/drink choices and safe locations to be active and improve the built environment; reduce the availability of tobacco and unhealthy food/drinks;
- **Use of point of decision** labeling/signage/placement to discourage consumption of tobacco, increase consumption of healthy foods/drinks, and prompt physical activity;
- Use **price** to discourage consumption of tobacco and to benefit consumption of healthy foods/drinks; and
- Use **social support/services** to promote tobacco cessation, breastfeeding, and increased activity.

### **2. Means of Execution**

***Community Program (\$449.4 million; 69.1%)*** – The Centers for Disease Control and Prevention (CDC), will support intensive community approaches to chronic disease prevention and control in selected communities (urban and rural), to achieve the following prevention goals:

- 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.

The five evidence-based MAPPS strategies (media, access, point of decision information, price, and social support), when combined, can have a profound influence on improving health behaviors by changing community environments. Communities will implement a focused set of prescribed interventions, to be outlined in the funding opportunity announcement, in tobacco and/or obesity and related risk factors to achieve broad reach, high impact, and sustainable change. The specific amount of funding per community will be determined by mix of interventions, population size, ability to reduce health disparities, and likelihood of success. The official local, state or tribal health department (or its bona fide agent, equivalent, or other fiscal intermediary as designated by the mayor, county executive, or other equivalent governmental official), will serve as the lead/fiduciary agent on behalf of an effective community-wide consortium. Consortium partners could include local and state health departments and other governmental agencies, health centers, schools, businesses, community and faith-based organizations, academic institutions, and health care providers. Mental health/substance abuse organizations, health plans and other community partners working together to promote health and prevent chronic diseases are encouraged.

Applicants should clearly articulate how activities will be sustained after Recovery Act spending is complete. Applicants will also be asked to demonstrate through letters of support that they have political support and connections with other community development and livability efforts, and that they build on and leverage existing place-based revitalization and reform projects funded by the US Government, including the US Department of Health and Human Services (HHS), and programs supported by other agencies such as the US Department of Housing and Urban Development, the Environmental Protection Agency, the US Park Service, US Department of Transportation, US Department of Agriculture, the Corporation for National and Community Service, and the US Department of Education. Applicants will also be encouraged to coordinate with other US Government-funded Recovery Act efforts in multiple sectors, such as transportation, education, health care delivery, agriculture and others, as well as coordinating with HHS Regional Offices.

This component also includes a robust support plan to ensure funded communities are successful, and that the agencies are able to evaluate the impact of their efforts. The plan consists of a three-pronged approach:

(1) *Community Programmatic Support (\$27.1 Million)* – intervention design, expertise, implementation support, and national dissemination and training. These activities will occur before, during, and after the program implementation period. Elements of this support will be embedded in communities based on community needs;

(2) *Community Mentoring (\$10.0 Million)* – fund up to 10 communities to provide mentoring to less experienced communities based on their previous success in specific policy strategies; and

(3) *Evaluation (\$39.5 Million)* – through a multi-component evaluation strategy that includes community and state level risk factor surveillance, case studies in funded communities and states, cost tracking, and modeling. Plans will focus on a small set of behavioral outcomes linked to chronic disease and community-level policy and environmental change. Program logic models will be developed to illustrate how the set of chosen interventions and the processes encompassed by these interventions will drive outputs which, in turn, will drive the policy/environmental and

behavioral outcomes of interest. These models will guide decisions about what aspects of interventions, outputs, and outcomes to measure. Modeling will also be used to extrapolate the expected impact of expected proximal outcomes to make progress during the duration of the funding on the more distal chronic disease outcomes for which change may not be seen until later. Behavioral outcomes will be tracked using existing BRFSS and YRBSS tools, and the CDC CHANGE Tool data collected in funded communities. Applicants will be asked to participate in monitoring and evaluation efforts within funded communities, including pre and post measurement. This includes the use of biometric measurements for those applicants who wish to improve the quality of those efforts, already in place, as they relate to collection of height and weight in school-age children and youth.

***National Prevention Media and National Organizations Initiative (\$40.0 million; 6.2%)*** – To foster effective and hard-hitting prevention and wellness messages and advertisements, investments will be made by the CDC in national media to provide communities with high-quality communications expertise to assist in achieving measurable health outcomes. Communications materials will be tailored to address the unique needs of communities and will provide materials and templates to give the initiative a powerful brand. The communications component will draw on the full array of materials available across HHS, the Federal Government, and non-governmental organizations, ensure consistency and quality, provide support, and aggregate outreach materials so that they can be easily and widely accessed. National organizations will be funded as part of the effort to support community outcomes. Under the direction of CDC and HHS Office of Public Health and Science, this nationally coordinated investment will focus on community-linked prevention and wellness media.

***States and Territories (\$157.3 million; 24.2%)*** – The total initiative has three major State and Territory components:

(1) *Policy and environmental change (\$75 million)* – under direction of CDC, states will receive funding to promote state-wide policy and environmental changes in support of the goals of this initiative. These policy activities, applying the five strategies, will support and institutionalize healthy behaviors related to nutrition, physical activity, obesity control and tobacco use. Strategies should be grounded in evidence. All states and territories will be eligible for a base funding amount determined by population, and additional competitive funds for special policy initiatives;

(2) *Tobacco cessation (\$50 million)* – under direction of CDC, all currently funded states and territories will be eligible to apply for and expected to receive funding to expand tobacco quit lines, in concert with expanded media campaigns. States and territories would receive funding based on the number of smokers in their jurisdiction. Additional funds will be used for national efforts to support surge capacity, additional quit line monitoring and quality improvement measures; and

(3) *Chronic disease self-management program (CDSMP) (\$32.5 Million)* – expands the Administration on Aging (AoA) and Centers for Disease Control and Prevention (CDC) partnership to leverage the public health and aging networks at the state and community level to deploy evidence-based prevention programs targeted at the elderly.

States will have the option of applying for funds, and Governors will decide through which state government entity the funding would flow (State Units on Aging or State Health Departments). Regardless of which state agency is designated the lead; these projects must involve a full partnership between the public health and aging networks. Applicants will be asked to include sustainability plans in their applications for the Chronic Disease Self-Management Program. Outcomes will be measured and tracked using program milestones, a pre- and post survey of participants to measure changes in behaviors and health status, and self reported hospital use a prototype system will be developed and tested for using Medicare claims data to track the actual health care utilization of participants served through these program and comparing it with the claims data of comparable groups of Medicare beneficiaries who did not participate in the program. States will subsequently be able to use this system as part of their own quality assurance programs.

**Management and Oversight (\$3.25 million; 0.5%)**

A total of \$3.25 million will be used for management and oversight of the entire Communities Putting Prevention to Work initiative. This amount is equal to 0.5% of the \$650 million appropriated for the initiative: \$3,087,500 for CDC and \$162,500 for AoA.

**3. Method of Selection**

Activity	Method of Selection
<b>Community Program</b> ► Community Awards ► Mentoring Awards ► Programmatic Support ► Evaluation	New competitive funding opportunity announcement, new and existing contracts, and supplement to an existing funding announcement
<b>National Prevention Media and National Organizations Initiative</b>	New and existing contracts and new funding opportunity announcement
<b>States and Territories</b> ► Policy and Environmental Change ► Quitline Efforts ► CDSM	Supplement to existing funding announcements and new and existing contracts

**4. Intended Award Recipients**

Funds disbursed through this program will be obligated through a combination of new and existing cooperative agreements and contracts, as well as transfers to other operating divisions within HHS. Funds will be awarded in accordance with the applicable provisions of the Recovery Act, and all applicable HHS-specific and government-wide policies related to such actions whether the policies are general or specific to Recovery Act funds.

Activity	Intended Award Recipients
<b>Community Program</b> ► Community Awards ► Mentoring Awards ► Programmatic Support ► Evaluation	Official local, state or tribal health department (or its bona fide agent, equivalent, or other fiscal intermediary as designated by the mayor, county executive, or other equivalent governmental official) on behalf of an established community coalition; contracts; and non-profit organizations

<b>National Prevention Media and National Organizations Initiative</b>	Contracts and non-profit organizations
<b>States and Territories</b> ▶ Policy and Environmental Change ▶ Quitline Efforts ▶ CDSM	States, District of Columbia, Puerto Rico and Virgin Islands, Pacific Island Territories; contracts; National Institute of Health; Center for Medicare and Medicaid Services; non-profit organizations; and Universities.

**5. Fiscal Year of Expenditure**

All funds will be obligated in fiscal year (FY) 2010.

**6. Designation of funding by organizational structure**

Funding will be provided to the Centers for Disease Control and Prevention (CDC), the Administration on Aging (AoA), and the HHS Office of this Secretary (OS) for this effort. Funds will be provided to CDC and AoA via Intra-Departmental Delegation of Authority (IDDA) by HHS.

**7. Accountability Measures**

The Department of Health and Human Services Office of the Inspector General reviewed this spend plan and no significant problems were identified. CDC, AoA, and HHS OS will use the Recovery Act risk assessment tool to be provided by the HHS-Office of Finance to mitigate any risk. In accordance with current practice, there will be frequent communication between grant recipients and program staff, including regular conference calls. Program staff will ensure site visits are conducted according to Recovery Act requirements, and that technical assistance is provided. Approved allowable and unallowable expenditures will be clearly communicated to grantees, according to the statutes and the Federal Acquisition Regulations (FAR).